

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

Interim Final

Date of Report 09/02/2020

Auditor Information

Name: Jeneva M Cotton

Email: jmcotton@doc1.wa.gov

Company Name: WA State Department of Corrections

Mailing Address: PO Box 41118

City, State, Zip: Olympia, WA 98504-1118

Telephone: 360.725.8792

Date of Facility Visit: 01/28/2020 – 01/30/2020

Agency Information

Name of Agency:

Hawaii Department of Public Safety

Governing Authority or Parent Agency (If Applicable):

Click or tap here to enter text.

Physical Address: 919 Ala Moana Blvd, Ste 400

City, State, Zip: Honolulu, HI 96814

Mailing Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

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: 808-587-1350

Agency-Wide PREA Coordinator

Name: Shelley Harrington

Email: shelley.d.harrington@hawaii.gov

Telephone: 808-587-1260

PREA Coordinator Reports to: Director of Public Safety	Number of Compliance Managers who report to the PREA Coordinator 8
--	--

Facility Information

Name of Facility: Women’s Community Correctional Center

Physical Address: 42-477 Kalaianoaole Hwy **City, State, Zip:** Kailua, HI 96734

Mailing Address (if different from above):
Click or tap here to enter text. **City, State, Zip:** Click or tap here to enter text.

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> 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 2016

Warden/Jail Administrator/Sheriff/Director

Name: Eric Tanaka / Calvin Pagharion (Acting Warden)

Email: eric.g.tanaka@hawaii.gov / calvin.a.pagharion@hawaii.gov	Telephone: 808-266-9590
---	--------------------------------

Facility PREA Compliance Manager

Name: Nicole Fernandez

Email: nicole.c.fernandez@hawaii.gov	Telephone: 808-266-9658
--	--------------------------------

Facility Health Service Administrator N/A

Name: Maureen Camacho

Email: maureen.camacho@hawaii.gov

Telephone: 808-266-9694

Facility Characteristics

Designated Facility Capacity: 265

Current Population of Facility: 244

Average daily population for the past 12 months: 278

Has the facility been over capacity at any point in the past 12 months? Yes No

Which population(s) does the facility hold? Females Males Both Females and Males

Age range of population: 21 - 73

Average length of stay or time under supervision: 4 years

Facility security levels/inmate custody levels: Community, Minimum, Medium, Close, Maximum

Number of inmates admitted to facility during the past 12 months: 688

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: 669

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: 542

Does the facility hold youthful inmates? Yes 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. 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)? Yes No

- 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):**
- Federal Bureau of Prisons
 - U.S. Marshals Service
 - U.S. Immigration and Customs Enforcement
 - Bureau of Indian Affairs
 - U.S. Military branch
 - State or Territorial correctional agency
 - 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:	162
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	8
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	3
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	67
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	206
Physical Plant	
Number of buildings: 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.	10
Number of inmate housing units: 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.	11

Number of single cell housing units:	2
Number of multiple occupancy cell housing units:	1
Number of open bay/dorm housing units:	8
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	22
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:	8 Agency / 2 Onsite
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 type="checkbox"/> Local police department <input checked="" 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?	2 facility investigators, plus 8 statewide 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.

Jeneva Cotton, a US Department of Justice (USDOJ) Certified PREA Auditor for adult facilities, conducted the Prison Rape Elimination Act (PREA) Audit of the Women's Community Correctional Center (WCCC) in Kailua, Hawaii. WCCC is operated by the Hawaii Department of Public Safety (known as PSD). The audit was conducted as part of the Western States PREA Audits Consortium agreement. The Consortium participates in reciprocal audits and, at the time of this report, includes the Departments of Corrections from Oregon, Washington, California, Hawaii, Nevada, Montana, and New Mexico.

It should be noted that original scheduled dates for the onsite portion of the WCCC audit were slated for September 2019. However, due to an injury sustained by Ms. Cotton, hereinafter known as the Auditor, that required surgery and limited mobility, the PSD PREA Coordinator and WCCC Warden agreed to postpone the onsite portion of the audit until the Auditor could be medically cleared for travel. As such, the dates were rescheduled and the onsite portion was completed between 01/28/2020 and 01/30/2020. The Auditor is thankful for the cooperation and collaboration by both PSD and WCCC Administration.

The Auditor was assisted by a Barbara Kopecky, a Washington State Department of Corrections

(WADOC) employee acting as support staff.

During the course of the audit, Ms. Cotton conducted the documentation review and reviewed the most recent WCCC PREA Audit Report from 11/08/2016. Ms. Cotton and Ms. Kopecky, hereinafter referred to as the Audit Team, conducted informal interviews with random staff and inmates, as well as formal interviews with random staff and inmates, and specialized staff and inmates. The Audit Team conducted the site review together. Ms. Cotton authored this report.

Phase I: Pre-Onsite Audit

The original Notice of Audit was sent to the WCCC PREA Compliance Manager (PCM), Nicole Fernandez, via email from a Program Specialist delegated as a representative for the PSD PREA Coordinator, on 08/12/2019, to be posted in every housing unit, facility access points, and other areas where staff and inmates congregate. Once the audit was rescheduled, an updated notice was sent to be posted in the same areas on 12/02/2019. WCCC staff placed 85 audit notices throughout the facility, and a list was provided to the Auditor on 01/08/2020 of all posters placed, as well as photos of each notice posted with the updated information.

The audit notice read as follows:

*DOJ PREA AUDIT
WOMEN'S COMMUNITY CORRECTIONAL CENTER
JANUARY 27, 2020 to JANUARY 31, 2020*

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:

*Jeneva Cotton
Correctional Program Administrator
PO Box 41118
Olympia, WA 98504-1118*

All correspondence must include "for WCCC 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.*

In conversations with the Program Specialist, it was noted that inmates in Hawaii are not able to send mail without putting their own personal information on the envelope in the return address section. However, she did verify that mailroom staff at all facilities have been instructed to treat mail to PREA Auditors as Legal Mail, which means the mail is to be unopened and uninspected. No correspondence was received by the Auditor from any inmates at WCCC; therefore this information could not be verified.

While onsite, the Audit Team observed the audit notice posted in various locations throughout the facility, to include all inmate housing units, kitchens, inmate work and services areas, and public access areas to include the lobby, ensuring that WCCC staff, inmates and visitors had the opportunity to contact the Auditor.

The Auditor received proof documents via flash drive from the Program Specialist on 08/13/2019, with updated documents received on 12/26/2019. The flash drive contained documentation pertaining to the PREA standards and the audit, including the pre-audit questionnaire (PAQ), agency policies, memorandums of understanding and contracts, inmate posters, brochures and handbooks, and training documentation. Documentation also included a mapped layout of WCCC, an admission log and the list of security staff. Initial review assisted the Auditor in preparing her requests for additional documents to review both in advance and during the onsite portion of the audit. In addition, prior to the onsite review, the Auditor exchanged numerous emails with the Program Specialist regarding the received documentation. Answers were received in a timely manner, and further clarification was provided onsite as well.

As noted above, the Auditor also reviewed the WCCC PREA Audit Report from their most recent, PREA Audit dated 11/08/2016. The Auditor reviewed the PSD public website and related PREA information which included the PSD Annual PREA Report from 2017 (the most recent posted) and the PSD Report to the 2017 Legislature regarding Sexual Assaults in Correctional Facilities for Hawaii, dated December 2016. Prior to arrival, the Auditor conducted telephone interviews with the PSD Agency Head Designee Agency Contract Administrator, Agency Human Resources Administrator, PSD Internal Affairs, and the PSD VolinCor Administrator. VolinCor is the Volunteer and Contractor Services Program for PSD.

Additionally, it is important to provide clarification regarding the PSD PREA Coordinator position. It was confirmed that the PREA Coordinator is a dual role of the PSD Litigation Coordinator, who reports directly to the PSD Director. The Litigation Coordinator supervises a Program Specialist V whose job description includes, "Reviews and revises departmental policies and procedures and conducts audits based on PREA for all PSD correctional facilities and law enforcement lock ups in compliance with the federal standards." However, the current Litigation Coordinator has yet to take over PREA Coordinator duties. Therefore, the Intake Services Division Administrator (who is also the previous Litigation Coordinator) continues to maintain PREA Coordinator duties in her current role. Therefore, she is noted as the PREA Coordinator throughout this report.

The Auditor sent an introductory email to the WCCC Warden and WCCC PCM with courtesy copies to PSD PREA Coordinator and Program Specialist on 12/26/2019. On the same date, the WCCC Warden, Eric Tanaka, responded that he would be away from the facility during the onsite portion of the audit,

and that Chief of Security Calvin Pagharion would be serving as Acting Warden.

An email was sent to Just Detention International (JDI) on 12/27/2019 to ascertain about any complaints of sexual abuse or sexual harassment from WCCC inmates or community members. JDI responded via email on 01/06/2020 that there have been no reports of any such complaints received at JDI.

Phase II: Onsite Audit

On Tuesday, 01/28/2020, the Audit Team arrived at WCCC at 0700 as previously agreed to. The PCM and, WCCC PCM and PSD Program Specialist met the Audit Team in the Administration Building outside of the secure perimeter of the facility. Upon arrival, the Audit Team was provided a conference room area to congregate.

At 0800, an initial meet and greet was held in the Administrative Building conference/break room. In attendance were the following:

- C. Pagharion, Acting Warden (hereinafter referred to as Warden)
- N. Fernandez, Offender Services Administrator / PCM
- Lt. Meredith, Acting Chief of Security
- Lt. Uperesa, Watch Commander
- M. Camacho, Clinical Section Administrator
- Dr. Tao, Clinical Psychologist Supervisor
- Sgt. Owens, Investigations
- Sgt. Kamelamela, Operations
- S. Harrington, PSD PREA Coordinator
- C. Evans, PSD PREA Program Specialist
- B. Kopecky, Audit Team Member
- J. Cotton, Auditor

During this meet and greet, the Audit Team introduced themselves and the Auditor explained the entirety of the PREA Audit process, namely pre-onsite, onsite (including agenda), and post-onsite phases. The Auditor also answered questions from the facility administration.



The PCM provided the Team with a roster of both security and non-security staff, as well as a listing of a roster for each post by shift for the duration of the onsite audit. A listing of all inmates was provided alphabetically. The Auditor asked for, and received, a listing of inmates by housing assignment as well. The PCM verbally indicated which staff members filled specialized staff roles and provided information as to when they would be onsite for the Auditor to choose who to interview. The Auditor also requested full lists of all inmates meeting targeted interview criteria. A list was provided that reflected inmates that answered “yes” to being a victim of prison rape or sexual assault either within or outside of a correctional setting with the last 10 years, and those with a predatory history sexual abuse or sexual assault within or outside of a correctional setting. Another list was provided for those that had been determined to have a physical or developmental disability or a mental health condition.

PSD does not track certain data within their system to be able to pull reports. However, the PCM was able to provide a list of inmates who met criteria as follows: Those with Limited English Proficiency (LEP), Lesbian/Gay/ Bisexual/Transgender/Intersex (LGBTI) inmates, inmates who had reported a sexual abuse allegation, and inmates who had disclosed prior abuse during screening. The request for a list of inmates in segregated housing for risk of sexual victimization was not fulfilled as WCCC had no inmates meeting that criteria. This was verified through interviews during the onsite portion of the audit – that inmates were not housed in segregation if they reported a PREA allegation. Therefore, additional specialized inmate interviews in other categories were conducted.

All rosters and lists noted above were used to select the staff and inmates to participate in random and specialized interviews throughout the onsite review, to include during the facility tour. Due to the small facility size, and limited number of staff working during each particular shift, random staff were interviewed as the Audit Team conducted the onsite review. Team members were able to interview security staff at their posts, due to lack of availability of additional staff to come cover post areas. A Sergeant assisting with the tour would cover work areas while the security staff could be interviewed. As such, nearly two-thirds of the security staff working during the dates of the audit were able to be interviewed, to include four staff from graveyard shift. Additionally, for non-security staff, the Audit Team interviewed random staff from all areas within the facility to include the Therapeutic Community, Food Services, Correctional Industries, Education, Offender Services and Health Services. The Auditor verified that those interviewed a varied sample of demographics (age, race, gender) and that all housing units were represented, as well as a variety of other posts. For random interviews of inmates, every 15th inmate was selected, with representation from all housing units, as well a varied sample of age, race, gender, custody level (from Community to MAX), and length of sentence.

Upon conclusion of the meet and greet, the Audit Team reviewed the lists noted above and the Auditor chose random staff and inmates to be interviewed during the facility tour. Once these names were split between the Audit Team, they began the facility tour with the PCM, PREA Coordinator, Program Specialist and Investigations Sergeant. While touring all areas, the Audit Team paid particular attention to camera placements (when applicable), lines of sight, potential blind areas, and privacy for inmates in appropriate areas. The Audit Team also paid attention to areas that could potentially be isolated for staff and inmates, noticed placement of PREA and Advocacy posters, as well as Audit Notice postings in housing areas. Information regarding the tour is noted below in Facility Characteristics.

Document Review

As noted, during the pre-audit phase, the Auditor was provided a flash drive with documentation to support responses on the PAQ. Documentation reviewed prior to being onsite include facility

schematics, agency policies, organizational charts, appropriate contracts with outside agencies, WCCC staffing plan, training curricula, staff training records, inmate orientation documents, hiring documents and verification of background checks, specialized training records, PREA screening instruments, investigations, disciplinary documentation, and other miscellaneous documents.

Upon initial documentation review, the Auditor noticed several discrepancies on the PAQ (i.e, items were unanswered or information did not coincide with documentation provided). Therefore, the Auditor requested to see additional documentation onsite. Additionally, the Auditor randomly selected 15 inmates to review their PREA Risk Screening tools to compare with their intake date, inmate orientation completion date, and any necessary follow up appointments with medical and/or mental health for both initial and follow up assessments.

While onsite, the Auditor reviewed all investigative files from the audit period, as well as several that were started prior to the audit period as they were still showing as pending. However, upon review it appears that there a miscommunication in data entry, and the files had in fact been closed.

The Auditor reviewed all PREA allegations and related investigations from the documentation period. During the documentation period (01/01/2019 – 12/31/2019), WCCC received 10 total allegations, as follows:

- 9 allegations of staff on inmate sexual abuse
- 0 allegations of inmate on inmate sexual abuse
- 0 allegations of staff on inmate sexual harassment
- 1 allegations of inmate on inmate sexual harassment

There were also two separate reports and investigations by inmates stating they were retaliated by staff for making historical PREA allegations.

Also reviewed onsite were grievance records, medical records to ensure appropriate responses to allegations, unit log books, intake documents, housing rosters, and other documents as requested by the Auditor.

Interviews

During the facility tour, the Audit Team began conducting all types of staff and inmate interviews when possible due to staffing and space availability. Remaining interviews were completed post-tour, but most were conducted within the units in appropriate private areas. Staff interviews were conducted either in private offices or empty classrooms. Inmate interviews were conducted in private offices, empty classrooms, or in visitation rooms. As noted earlier, random staff and inmates were selected to ensure equitable representation from all shifts, housing units, and programming / operational areas of the facility. Random staff were equally chosen for a fair and adequate representation of both security and non-security staff. For non-security staff, the Auditor chose representation from food services, physical plant, health services, offender services, and clerical support staff. As there were no inmates in segregated housing for high risk of sexual victimization (nor any records of any being housed for such reason during the past 12 months) and no youthful offenders, additional specialized inmate interviews were conducted in other areas.

A total of 54 staff interviews and 25 inmate interviews were completed as noted below:

Staff Interviews		Completed	
Agency Level Staff			
Agency Head or Designee			1
PREA Coordinator			1
Agency Contract Administrator			1
Agency Human Resources Staff			1
Agency Investigative Staff (Internal Affairs)			1
Volunteer/Contractor Services			1
Facility Level Staff & Others			
Random Staff			15
Warden			1
PREA Compliance Manager			1
Intermediate or Higher Level Staff			3
Medical Staff			1
Mental Health Staff			1
Non-Medical Staff involved in Cross-Gender Strip or Visual Searches			0
Investigative Staff			1
Staff who Perform Screening for Risk of Victimization and Abusiveness			2
Staff who Supervise Inmates in Segregated Housing			2
Incident Review Team			2
Designated Staff Member Charged with Monitoring Retaliation			1
Security Staff and Non-Security Staff who have acted as First Responders			11
Intake Staff			2
SAFE/SANE Staff			1
Volunteers who have Contact with Inmates			2
Contractors who have Contact with Inmates			1
Community Victim Advocates			1
Total Staff/Other Interviews			54
Inmate Interviews		Required	Completed
Random Inmates		10	13
Inmates with a Cognitive Disability		1	1
Inmates with a Physical Disability			1
Inmates who are Blind, Deaf, or Hard of Hearing		1	1
Inmates who are Limited English Proficient			
Inmates who Identify as Gay, Lesbian and/or Bisexual		1	3
Inmates who Identify as Transgender or Intersex		1	1
Inmates who Reported Sexual Abuse		2	3
Inmates who Reported Sexual Victimization during Risk Screening		1	2
Inmates in Segregated Housing for High Risk of Sexual Victimization		1	0
Youthful Inmates		2	0
Total Inmate Interviews		20	25

During random and targeted interviews, inmates confirmed understanding about the facility's rules against sexual abuse and sexual harassment as well as information about their rights to not be sexually harassed or abused and how to report. Every interviewed inmate was able to detail several different ways to report PREA allegations to include via third party. Most indicated they would report to an ACO, as many did not trust that the hotline was confidential.

As noted, PREA reporting can be done by calling the "PREA Hotline" via inmate phones. This was tested in several units at WCCC. One attempt led to a response by the individual answering the phone stating they don't accept reports from the facility, while the other took the Auditor's information and said she would pass it along. Allegations using the PREA hotline are made by pressing #55 at the beginning of the phone recording. The "short cut" buttons that are indicated on the phone system directions indicate calls can be made to the Ombudsman's Office by pressing #06, or the PREA Coordinator by pressing #05. However, both calls required an inmate PIN number.

All inmates interviewed at WCCC reported that male staff consistently announced themselves prior to entering housing areas on a consistent basis. All inmates stated they are not seen by staff of the opposite gender while they are using the toilet, changing clothes or showering.

Team members discovered that to request a grievance form, an inmate has to ask the officer and sign in a logbook, as grievances are numbered and assigned. This indicates inmates are unable to file an anonymous report via a Grievance form, as their name is attached to the grievance log number.

Audit Team members were told there were no inmates at WCCC that required interpretation services. She indicated there were rarely inmates that were Limited English Proficient (LEP) housed at WCCC. However, the PCM did state they would use the telephonic interpreter service for LEP offenders and a video American Sign Language (ASL) interpreting site ran by Language Line to conduct interviews with inmates that are deaf or hard of hearing. Interviews with staff revealed that zero staff stated they would use an inmate interpreter for PREA reporting. However, they were unsure how they were to access interpreter services.

Phase III: Evidence Review

After the onsite portion of the audit, the Auditor utilized the Auditor Compliance Tool for Adult Prisons and Jails, the Site Review Checklist and the Checklist of Documentation as guides to determine compliance with each standard. The Auditor utilized information from the PAQ as provided from WCCC prior to the audit, information and practices observed from the onsite review, documents collected and reviewed while onsite, and lastly, information obtained from both the staff and inmate interviews to complete the review and determination of compliance.

An interim report was submitted to WCCC by the Auditor on 03/13/2020, which identified three (3) standards requiring corrective action:

- 115.31 – Employee Training
- 115.71 – Criminal and Administrative Agency Investigations
- 115.73 – Reporting to Inmates

The corrective action period began immediately upon agreement of a corrective action plan between the Auditor, PREA Coordinator and WCCC PREA Compliance Manager. As of the writing of this Final Report, corrective action has been completed and all standards have been met.

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.

WCCC Tour

According to the agency website and PAQ, WCCC is a 265-bed facility located in Kailua, Hawaii within Honolulu County on the island of Oahu. At the time of the onsite audit, the population was noted as 244. WCCC houses only adult women, ranging from Community (furlough) custody through Maximum custody. There are four housing buildings that house women based on custody level and identified needs: Maunawili, Ahiki, Kaala, and Olomanu. There are also buildings for Administration, Armory, Hydroponics Area, Work Shack, Maintenance/Warehouse, and Portable Classrooms.

The tour started by walking through the Administration Building, which is a small building with offices for the Warden and administrative staff, as well as the mailroom and a conference area that was the staging area for the Audit Team. The building is well lit with windows and clear vision throughout. Audit notices were visible, and staff restrooms were clearly marked. Inmates only enter this building to conduct janitorial duties, and are under supervision when doing so.

The Audit Team then entered the Armory, which was secured by its own gate and lock. This building also contains the facility's specialty team gear. The Armory Sergeant is also responsible for tool control. An audit notice was posted outside the main entrance, and the Sergeant verified no inmates ever enter this area due to the contents of the building.

The Audit Team was taken via van to an area a short distance north of the main facility grounds. The first stop was the Maintenance/Warehouse area, which contains several connected shops specified by work assignment. There are no cameras anywhere in the Maintenance Warehouse areas. WCCC has minimized risk in this area by ensuring inmates work in pairs with at least one Adult Corrections Officer (ACO) onsite, and attempt to have at least three inmates in the area. ACOs and inmates in the area confirmed that there is never one inmate and one staff alone in the area. Inmates able to come to this area are assigned to community work lines or are facility maintenance workers. In all areas, bathrooms are clearly designated for either inmate or staff use only. Inmate bathrooms are unable to be locked from the inside. PREA Audit Notices were visible in every single shop area, and in the inmate break area.

Shops in this area include the Maintenance Shop, Warehouse 1, Warehouse 2, and Warehouse 3. The Maintenance Shop contained a tool area that was clean and easily viewed through several windows. Two inmates were seen working in this area, with an ACO. Warehouse 1 was severely damaged in a storm several years ago and is missing half of the roof. This shop is no longer used for work due to the structural damage. What were previously rooms for tool storage are now used for archived documents. No inmates are allowed in Warehouse 1. This was clearly posted.

Warehouse 2 is used as storage only, and signs on the door noted Authorized Access Only. When

asked what this meant, the ACO onsite explained that the community work line lockers are in this area and that they can only be accessed by inmates when there are two inmates and one staff present. Warehouse 3 contains a storage area as well as Motor Pool. Again, good visibility throughout the entire area. The inmate break area was also located in Warehouse 3, which was an open air area with clear visibility. Attached to the inmate break area were three locked storage rooms. All doors were locked. The ACO opened the doors and it was clear these rooms were not accessed often due to dust and cobwebs.



After leaving the Maintenance/Warehouse area, the Audit Team was taken to the Hydroponics Area. This area is part of a collaboration with the Lani-Kailua Outdoor Circle (LKOC). More information about the collaboration with LKOC will be noted later in this report. In this work area, there are classrooms used for horticulture classes, as well as a supply room. Inmates working here are able to earn college credits while producing lettuces and other vegetation. All areas have clear visibility and lines of sight. Audit notices were placed throughout the building. Apart from this building was another building used for storage, and contained an imu pit used for holiday celebrations at the facility.

Upon returning back down to the main facility grounds, the Audit Team began to enter unit areas (Maunawili, Ahiki, Kaala, and Olomanu). Maunawili, Kaala and Olomanu are all similarly shaped, with a central courtyard area surrounded by the actual building, with specific areas noted. Classrooms, program areas, services areas, and living areas all surround the courtyard and are only accessible to inmates from the central courtyard. All of the unit areas also contain a main Control Room area with camera visibility, radio control, and control access to the unit through touchscreen systems. These Control Rooms are manned 24 hours a day. Ahiki is about half the size of the other unit areas, without a Control Room.

Maunawili

Maunawili houses the Bridge Program area, facility Medical area, the Intake area, Laundry services, Education Areas, Library/Law Library, Chapel, Program areas, and housing for residents of the Bridge Program.

The upstairs of the Maunawili building contains the Bridge Program. For the last six months of their sentence, certain inmates are eligible for this program, which is similar to work release. Inmates are able to obtain outside work, receive family therapy, and are able to earn privileges such as overnight visits with families and cell phones. In the Bridge Program area there is a Counselor's office and a staff only restroom. In this area was a locked storage area and breakroom with a kitchenette. There was good visibility into rooms and offices.

Also located upstairs was the Bridge Program Dorm, also called Maunawili D, which consists of a dayroom, an inmate bathroom area, and two separate dorms (A and B). This dorm area is considered an Honor Dorm, which means there is no actual staff post in the unit, and ACOs don't typically enter the area other than at specific count times. The Auditor asked for shower curtains in the inmate bathroom area to be raised to be 18 inches, as they went directly to the ground, which does not allow for visibility to ensure no more than one inmate is in the shower at a time. Also noted was that one half-moon type mirror needed to be added in each dorm at the far end for visibility into blind areas. The PCM provided documentation in form of completed work orders and photos to confirm these requested alterations had been completed during the corrective action period. Audit notices were placed throughout both the program office space, as well as the dorm areas.

Downstairs in Maunawili, the Audit Team entered into the Intake Area, which consists of three holding cells, a room with a video monitor for conducting the PREA Intake Video, a strip search room with a curtain, the Inmate Property Room, and an office for the Intake ACO. The ACO and inmate worker walked the Audit Team through the intake process, to include providing the Intake Packet that is given to incoming inmates. The packet contains a brochure about PREA, which includes information about advocacy services. The female ACO working this area is typically assigned to this post, and informed how the PREA Screening is completed for inmates. She indicated that inmates are kept in the holding cells until they are brought out, one by one, to go through the applicable questions with the ACO in an area unheard by the other inmates. The inmate is then placed into the room to watch the PREA video. Once that process is complete, she is strip searched in a private area by the female ACO, and provided with facility issued clothing and moved out for medical processing. There were PREA posters, as well as advocacy posters and audit notices placed throughout the area. It was recommended by the Auditor to add PREA posters in other languages, as these posters have been seen at other PSD facilities in Hawaii. The PCM provided verification during the corrective action period that this had been completed.

Next to Intake was the Medical area, which contains dental rooms, medical exam rooms, a nurse's station, and the Close Observation Area (COA)/Suicide Watch. The entryway into the area contained a lobby for inmates to wait to be seen, and PREA posters and audit notices were observed. A poster specifically detailing medical and mental health services and limitations regarding PREA was posted. There was good visibility throughout the entire area. Exam rooms had windows in doors, with curtains for privacy as needed. The COA area had good visibility for both staff in the hallway as well as from cameras that are viewable by both the control booth in the area, as well as by medical staff. If an inmate was in COA for Suicide Watch, the post mandates a female for the one-on-one watch. However, the control center post does not require a female staff. Therefore, due to camera visibility of the COA inmates, it was recommended that a sign be placed that could be viewed by inmates indicating that cameras were able to be viewed by male and female staff.

Outside of Medical was a bathroom. The PCM indicated this was an inmate bathroom. Inmate

bathrooms do not have locks, and there was no lock on this door. However, the signage on the wall indicated that this was a staff bathroom. The PCM called the Maintenance Area to ask for the sign to be removed, which was completed prior to the Auditor leaving WCCC.

Near Medical was the main Food Services kitchen area for the facility. All food is prepared here, and delivered to the other units for serving out of their own kitchen and dining areas. There were audit notices throughout, and good mirror and camera coverage. The freezers were locked and the Supervisor of the area is the only one with a key. All of the refrigerated areas contained windows that allowed for clear visibility into the rooms. The dry storage area was clean and organized with easy visibility. Audit notices were placed throughout.

Next was the Laundry facility, which again had great visibility throughout, and mirrors. There was a staff restroom clearly marked inside a locked staff office. The inmate restroom was clearly marked with no lock on the door. There was good window visibility into this area. Audit notices were placed throughout.

Also located in Maunawili was the Education area, where GED, college and vocational classes are held. This area had open windows into areas. There was one closet in one of the rooms, but it is locked unless items are needed, wherein the staff member would unlock the door and bring out items needed. A staff restroom is located in the area with appropriate signage and a lock. Next to this was the Library/Law Library. Windows into the area allow for clear visibility with no blind spots noticed. There was one locked storage room, and the Librarian indicated no inmates were allowed into the room. The other room in this area was the Chapel, which contained PREA posters and audit notices as well. Windows allowed clear views into the room.

The Maunawili Control Room had PREA signs and audit notices posted. A review of camera visibility showed that access was only allowed for common areas, such as the kitchen, sewing area and courtyard, and were all appropriate.

Ahiki

Ahiki Cottage is the smallest cottage, and consists of two separated dorms that can house up to 45 inmates each, with "cubicles" that can house up to four inmates each. The women housed in Ahiki are minimum custody. As we entered the cottage, the male Sergeant with us announced his presence. It was clear to the Auditor that this was a common occurrence and the inmates appeared used to this. In Ahiki, the inmates have to change their clothes in the bathroom area. The showers in this area contained some shower curtains that also need to be raised to be 18 inches above the ground. The PCM provided documentation in form of completed work orders and photos to confirm that the shower curtains in this area are now all 18 inches from the ground. The dorms share a common area with includes a satellite kitchen for food to be served to inmates housed here. Janitor closets were appropriately locked and only contained necessary supplies. There is a medical room that can also be used for legal calls when needed. The common area also included a handicap bathroom to be used as needed. PREA posters and audit notices placed throughout.

Outside of Ahiki was a portable type building with four classrooms. These are used as needed for classes or volunteer services. All cameras have windows into the rooms, as well as cameras. Each classroom had audit notices posted. None of the classrooms were being utilized at the time, so were used to conduct interviews throughout the onsite review.

Kaala

Kaala Cottage consists of four dorm areas, as well as Inmate Records, Recreation, and the Offender Services Area. The Control Room of Kaala is actually the facility's Central Command. All emergencies and head counts are managed by Central Command. There are four positions that are manned 24 hours per day.

Inmate Records has cameras and clear visibility. Inmate workers in the area are supervised at all times. Investigative interviews are also conducted in this area. The Recreation Area provided clear visibility throughout with several windows. The Offender Services Area contains the classification counselors, who complete all follow up PREA screenings, as well as other classification duties. They are able to conduct inmate interviews and meetings in their individual cubicles. There are mirrors placed strategically to eliminate blind areas. PREA posters and audit notices were observed throughout.

Kaala A and B dorms house up to 40 women. At the time of the onsite review, B dorm was closed for construction purposes. However, it is identical to A dorm. The dorms each contain a bathroom area for inmates with showers. Kaala C has four single cells and nine double cells. Closed custody inmates are housed here, with ample opportunity to leave their cells for programming and other assignments. Kaala D is another Honor Dorm, which holds up to 16 women. As noted previously, staff do not commonly come into this area unless it's to conduct count. The Kaala D inmate bathroom contains a bathtub, but there is a door to the room which allows for privacy to bathe. It was recommended to add a mirror in Kaala D to provide additional visibility for potential blind spots, which has been completed. Verification was provided by the PCM in the form of completed work orders and photos to confirm this was completed during the corrective action period.

The Kaala satellite kitchen had clear visibility in all areas, and a supervisor was onsite as food was being prepared to serve. Inmate bathroom was noted with signage and no lock.

Audit notices were observed throughout Kaala, including in all living areas.

Olomanu

Olomanu contains four separate housing areas. Olomanu A is a 40-bed dorm that can house minimum and medium custody women who leave Olomanu to program in other areas of the facility. The inmate bathroom contained showers. Olomanu B houses mental health inmates in 12 double cells (although most are housed in their own cell). The inmates are allowed to come out of their cells other than during count and sleeping hours. The Auditor asked for showers in Olomanu B to be raised to be 18 inches from the floor. The PCM provided documentation in form of completed work orders and photos to confirm these requested alterations had been completed during the corrective action period.

Olomanu C is WCCC's Segregation Unit, with 16 single cells for Administration Segregation and an additional 6 single cells for maximum custody inmates. There are cameras in the hallway that do not allow visibility into cells. Cells have windows to see into the area. Olomanu D is another Honor Dorm. The Auditor asked for shower curtains in this Olomanu D dorm to be raised 18 inches from the floor, as well as for mirrors to be added to provide visibility to blind areas. Also, the inmate bathroom in this area

had a lock, which was asked to be removed. These work orders were also completed, with photos for proof to the Auditor. Signage regarding PREA as well as audit notices was present throughout.

The following recommendations were made by the Auditor to address potential blind spots.

Maunawili

Dorms

Raise shower curtains to 18" from ground
Add half-moon mirror in each A and B dorms for better visibility

Intake

Add PREA Posters in languages other than English

Courtyard

Remove Staff Bathroom sign from wall next to inmate bathroom

COA

Add signs that cameras may be viewed by both male and female staff

Ahiki

Raise shower curtains to 18" from ground

Kaala

Add mirror in Kaala D for better visibility

Olomanu

Olomanu B

Raise shower curtains to 18" from ground

Olomanu D

Raise shower curtains to 18" from ground
Add mirror in Olomanu D for better visibility
Remove lock on inmate bathroom in Olomanu D

Verification was provided by the PCM in the form of completed work orders and photos to confirm all modifications and alterations were completed during the corrective action period.

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: 0
List of Standards Exceeded: N/A

Standards Met

Number of Standards Met: 43

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

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.

115.11(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017), section 6.0 (page 11 – 12), states, “PSD has a zero tolerance policy concerning all forms of sexual abuse, sexual harassment, and retaliation for reporting incidents...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.” Interviews with both staff and inmates indicated they understood the agency’s zero-tolerance policy and that they are to report all PREA allegations immediately.

115.11(b): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 7.0 (page 12) indicates that, “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 fulfill 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 with the Office of the Director Organization Chart dated 12/26/2019. It was confirmed that the Litigation Coordination Officer reports directly to the PSD Director via the position description, as well as that the Litigation Coordinator “functions as the departmental lead coordinator on the federal Prison Rape Elimination Act (PREA) through ensuring compliance with the PREA Standards at all prisons, jails and lock ups under the purview of PSD.” The Litigation Coordinator supervises a Program Specialist V whose job description includes, “Reviews and revises departmental policies and procedures and conducts audits based on PREA for all PSD correctional facilities and law enforcement lock ups in compliance with the federal standards.”

As noted above, the current Litigation Coordinator has not overtaken PREA responsibility. Therefore, the previous Litigation Coordinator, who is the Intake Services Division Administrator, continues to maintain PREA Coordinator duties in her current role.

While the position descriptions clearly indicate who the PREA Coordinator is for PSD, there is a misconception among staff at WCCC regarding who the PREA Coordinator is. Several staff indicated they believed it the Program Specialist. This is likely due to the fact the Program Specialist was the former PREA Compliance Manager (PCM) at WCCC, and is often onsite to assist in PREA audit

preparation. It is recommended that the Litigation Office provide information to educate staff and inmates at PSD facilities so they are aware of who the PREA Coordinator is, and the separate functions of that position and that of the Program Specialist.

115.11(c): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 7.0 (page 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 WCCC, the PCM duties have been assigned to the Offender Services Administrator. In addition to her PCM duties, she oversees all classification and programming opportunities for the inmates at WCCC. She reports directly to the Warden. Interviews with random facility staff indicated a basic knowledge of PCM responsibilities. Most staff were aware of who the PCM, although a few staff, and many inmates, believed the PCM was the Investigation Sergeant at WCCC, who conducts a majority of the PREA interviews onsite. As such, for clarification, the Warden agreed to send out a memo to all WCCC staff and inmates clarifying who has been assigned as WCCC's PCM, and that all PREA matters would be forwarded to her for appropriate action. The Auditor was provided a copy of this memo on 01/30/2020.

Documentation provided for this standard:

Agency Policy ADM.08.08

Agency Organizational Chart

Facility Organizational Chart

Litigation Coordinator (PREA Coordinator) Position Description

Program Specialist Position Description

Based on this information, PSD and WCCC are 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.

115.12(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) 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.

PSD has contracted with CoreCivic (formerly Corrections Corporation of America [CCA]) for the confinement of inmates in the Saguaro Correctional Center in Arizona, as well as the USDOJ Federal Bureau of Prisons (BOP) for the confinement of inmates in the Federal Detention Center (FDC) Honolulu, both for overflow housing for inmates. Neither of these facilities are currently used to house female inmates.

The original PSD contract with CoreCivic (fka CCA), dated 07/19/2016 states in Section 6.t., "The PROVIDER [CoreCivic] 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." The most recent update to this contract, effective 08/01/2019, contains the same elements in regards to PREA.

The public website of CoreCivic (www.corecivic.com) contains general PREA-related information and a link to PREA Standards. On the CoreCivic site for Saguaro Correctional Facility is a link to the most recent PREA audit finalized on 12/06/2017, wherein the facility was determined to be in full compliance with PREA Standards.

USDOJ BOP and PSD have maintained a contract to house PSD offenders in the FDC Honolulu facility beginning in 2001, with updates to the contract to increase the number of inmates housed at FDC Honolulu in 2005, 2007, and 2009. There have been no contract updates since that time, and therefore prior to the August 2012 date requiring provisions regarding PREA and compliance with PREA Standards. However, the Auditor did review the public website of FDC Honolulu at <https://www.bop.gov/locations/institutions/hon/> and was able to review the most recent PREA audit, finalized on 04/23/2018, wherein the facility was determined to be in full compliance with PREA standards.

115.12(b): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) also states, “The private entity shall be subject to PSD monitoring/audits as part of its contract with PSD to ensure compliance with the PREA Standards. The private entity is responsible with complying with the audit requirements of the PREA Standards and any cost associated with audits...”

As noted above, the contract between PSD and CoreCivic provides language for ongoing compliance with PREA standards. A contract monitoring team from PSD’s Mainland Branch Unit visits the Saguaro Correctional Facility on a quarterly basis to monitor compliance with several different areas, including PREA. This was confirmed in interviews with both the former PREA Coordinator and PSD’s Mainland Branch Unit Administrator. PSD does not utilize Saguaro Correctional Facility to house female inmates, therefore WCCC is not affected by this contract.

Again, the contract between USDOJ BOP and PSD does not speak to PREA Standards, nor monitoring for compliance with the Standards due to the most recent update to the contract being in 2009. However, PSD does maintain records of PREA Audit Reports for FDC Honolulu on their agency website.

Documentation provided for this standard:

Agency Policy ADM.08.08

Contract with CoreCivic (Saguaro Correctional Facility)

Contract with USDOJ BOP (FDC Honolulu)

Public Website for CoreCivic

Public Website for USDOJ FDC Honolulu

Most Recent PREA Audit Report for both Saguaro Correctional Facility (12/06/2017)

Most Recent PREA Audit Report for FDC Honolulu (04/03/2018)

Based on this information, PSD 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?

- 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.

115.13(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 0.9.1 (page 12- requires,"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.”

Documentation provided to the Auditor during the pre-onsite audit phase reflects the most recent staffing analysis occurring on 08/02/2019. The Warden confirmed that the staffing analysis occurred with assistance and input from the PREA Coordinator.

Audit Team members were able to review camera placement throughout WCCC. WCCC currently has cameras located throughout the institution both inside and outside to include dayroom areas in housing units, law library, education, visitation areas, and exterior areas. WCCC has four video recording systems with 62 cameras. However, only 61% of the cameras are currently working. Olomanu and Maunawili have recently installed upgraded cameras, with clear visibility. Many of the cameras in Kaala do not work effectively and are in need in replacement. The cameras in Ahiki stopped working “years ago” and require upgrades. There is no current budgeted funds to upgrade camera systems at WCCC. The Warden indicates this was of extreme concern, and he shares with the staff how important staff presence is, as they cannot rely on camera systems.

The PCM verified that placement of cameras are reviewed routinely when incident reviews are completed. Auditors reviewed video monitoring from Central Command, the main control access point for the facility. Cameras were also viewed in the medical area for those on suicide watch.

115.13(b): Agency Policy ADM.08.08 *Prison Rape Elimination Act* (09/22/2017) section 9.0.2 requires, “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.”

Interviews with the Warden, PCM and PREA Coordinator all confirmed that if a “green” post (gender-specific post requiring a female staff) was unable to be filled by a female, a male staff would fill the post, but would not leave the post for any reason without someone providing relief. This would ensure no ability for a male staff to be alone with a female inmate. Log books were updated when a male staff filled a green post, and PREA Mandated Reporting Forms were filled out with clear direction. There were a handful of these occurrences, and documentation was clear in all instances noted. The PAQ indicated the number of deviating from the staffing plan as a shortage of female staff.

115.13(c): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 0.9.3 (page 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 WCCC Staffing Plan dated 08/02/2019, which included an analysis of the requirements to meeting PREA standard 115.13, an assessment of the inmate housing units and programs at WCCC, the Master Roster, technology concerns and upgrade

requests submitted, and funded versus roster staffing reconciliation.

115.13(d): Agency Policy AMD.08.08, *Prison Rape Elimination Act* (09/22/2017) section 9.0.4 (page 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." Further, Section 9.0.5 specifies, "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."

Interviews conducted with intermediate and higher-level facility staff confirmed that unannounced rounds are conducted in all areas of the facility. Supervisors interviewed indicated that they varied the course and times of rounds to ensure that staff were not alerted to these rounds. Log Books were reviewed onsite of all housing units. Sergeants, Watch Commanders, the PCM, the Chief of Security and the Warden were noted as entering housing units at varying times on different shifts throughout the logs. Inmates at both locations verified seeing higher ranking staff in their housing areas often, and clearly recognized staff during the onsite tour.

Documentation provided for this standard:

Agency Policy ADM.08.08

Review of WCCC Daily Rosters indicating Supervisors assigned to each shift

Review of Unit Log Books

WCCC Staffing Plan dated 08/02/2019

Based on this information, WCCC 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.

115.14(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 10.0.1 and .5 (page 14) state that, "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 30 days to PSD...If PSD does receive a youthful offender as defined by PREA ... then the youthful offender shall not be housed in a housing unit in which the youthful offender shall have sight, sound, and physical contact with any adult offender through the use of a shared dayroom or other common space, shower area, or sleeping quarters. The facility shall document by utilizing the PREA Mandated Reporting Form (PSD 8317) any non-compliance with the above requirement.

115.14(b): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 10.0.6 (page 15 requires, "PSD staff shall maintain sight, sound, and physical separation between the youthful

offenders and adult offenders in areas outside of the housing units, or shall provide direct supervision, when youthful offenders and adult offenders have sight, sound and physical contact. The facility shall document by utilizing the PREA Mandated Reporting Form (PSD 8317) any non-compliance with the above requirement.”

115.14(c): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 10.0.7 and .8 (page 15) require that, “PSD shall document the exigent circumstances for each instance in which a youthful offender’s access to large-muscle exercise, legally required educational services, other programs, and work opportunities re denied in order to separate them from adult offenders by utilizing the PREA Mandated Reporting Form (PSD 8317) ... PSD shall make its best efforts to avoid placing youthful offenders in isolation to comply with this provision.”

During the audit documentation period, there were no youthful inmates housed at WCCC. This was verified by reviewing assignment logs, PREA Risk Screenings, facility population reports, as well as with interviews with the Warden, PREA Coordinator, PCM, and Health Services staff.

Documentation provided for this standard:
Agency Policy ADM.08.08
WCCC Assignment Logs
PREA Risk Screenings
WCCC Population Reports

Based on this information, PSD and WCCC are in full compliance with 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.

115.15(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 11.0.1 (page 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."

There were zero occurrences of cross-gender strip searches or cross-gender visual body cavity searches indicated on WCCC's PAQ. Interviews with staff and inmates confirmed this information as well. Also, a review of strip logs onsite also verified no cross-gender strip searches or body cavity searches occurred at WCCC. Strip searches are conducted in the Intake Area, where a female staff is typically posted. The inmate worker in the area stated she had never seen of, or heard of, any male staff conducting a strip search at WCCC.

115.15(b): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 11.0.2 and .3 require, "PSD staff shall not conduct cross-gender pat-down searches of female offenders, absent exigent circumstances ... Facilities shall not restrict female offenders' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision."

Hawaii PSD does not allow any cross-gender pat searches, regardless of the gender of the inmate. Interviews with both male and female staff confirmed they are prohibited from pat searching inmates of the opposite gender. Interviews with female inmates also confirmed no cross-gender pat searches occur at WCCC.

115.15(c): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 11.0.1, 11.0.2 and 11.0.3 require, "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) ... All cross-gender pat-down searches of female offenders shall be documented by utilizing the PREA Mandated Reporting Form (PSD 8317)."

The Program Specialist and PREA Coordinator both verified no PREA Mandated Reporting Forms have been received from WCCC documenting cross-gender strip or body cavity searches. Strip searches reviewed onsite also confirmed no cross-gender strip searches or cross-gender visual body cavity searches. Additionally, PREA Mandated Reporting Forms were reviewed, and none contained information regarding cross-gender strip searches, cross-gender visual body cavity searches, or cross-

gender pat searches.

115.15(d): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 11.0.4 and .5 (pages 15–16) state, “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 ... Staff of the opposite gender are required to ‘knock and announce’ their presence when entering an offender housing unit and ensure this notice is logged in the Informer or Log Book.”

All inmates interviewed at WCCC stated they have privacy and the ability to shower, perform bodily functions and change their clothing without non-medical staff of the opposite gender viewing them. Showers in all living areas were single-stalled with a shower curtain. The Auditor made recommendations onsite to raise several shower curtains as they went all the way to the ground. One of the units had a bathtub in the honor dorm area; however, the bathroom had a door that could be closed while the inmate was bathing. During the corrective action period, the Auditor was provided verification that all shower curtains had been raised to 18” above the ground to ensure visibility while still providing privacy.

All but one restroom at WCCC was clearly marked whether it was for use by staff or inmates. The one bathroom that was meant for inmates but had a Staff Restroom sign outside was clearly only used by inmates. The PCM put in a work order while the Auditor was onsite to have the Staff Restroom sign removed.

Audit Team members consistently heard male staff announce themselves when entering housing areas. Female inmates reported that male staff always announce themselves and usually allow a few seconds for women to ensure they are appropriately dressed when the staff enter. Staff interviewed also confirmed this is a consistent practice at WCCC.

Reviews of the Unit Logbooks were inconsistent in regards to cross-gender announcements. It was recommended that staff working in the control booths enter this information on a more consistent basis.

115.15(e): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 12.0.1 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.”

The Auditor reviewed PSD’s training curriculum for PREA that is presented to staff. There is information regarding this standard and policy prohibitions surrounding searching or physically examining a transgender or intersex offender solely to determine their genital status. Training records requested and reviewed verified staff have received this training. Interviews with staff also confirmed knowledge and understanding about this policy prohibition.

115.15(f): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 12.0.3 and .4 require 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. 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.”

Training curriculum reviewed entitled PREA Corrections & Law Enforcement Training (02/02/2017) contained required elements, include, 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; use of the back of the hand to search an inmate’s chest area; using the blade of the hand to sweep across the side and bottom of the inmate’s chest; and requiring the inmate to shake out the bra.

Interviews with staff clearly reflected understanding of how to search identified transgender and intersex offenders, as well as how to be professional and respectful. An intersex inmate that was interviewed said staff were always respectful and she did not feel as though any searches were done that were in violation of policy or PREA standards.

Documentation provided for this standard:

Agency Policy ADM.08.08

Unit Logbooks

PREA Corrections & Law Enforcement Training (02/02/2017)

WCCC Training Rosters

Based on this information, WCCC 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.

115.16(a-b): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 13.0.1 (page 15) requires 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."

PREA posters throughout WCCC were only in English. However, while onsite, the PREA Coordinator showed the PCM how to locate the multi-cultural signs for Tagalog, Ilocano, and Samoan, which are languages common to those on the Hawaiian Islands. The PCM was working to print posters to place in the Intake Area. Staff stated it was rare to get an inmate at WCCC that did not speak English.

PSD published a LEP Plan (09/01/2017 – 10/31/2019) which details steps to be taken to ensure LEP inmates are able to gain meaningful access to PSD's services and programs. This document defines LEP persons, the Departmental reporting tool designed to obtain key information about the LEP population, a compilation of a multi-lingual listing of PSD staff volunteers, provision of oral interpreter and written translator services, and the role of the LEP Plan Coordinator. The plan also requires that the LEP Coordinator continue to provide regularly scheduled training for PSD staff which is to "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."

In documents provided via the PAQ, it is noted the Civil Right Compliance Office (CRCO) has designated procedures for the use of authorized interpreters. Effective August 20, 2013, Pacific Interpreters, a Language Line service provider, is the contracted interpreter service for PSD. It was confirmed in an email by the CRCO on 01/08/2020 that these services are still provided at all PSD facilities. While touring, Audit Team members were unable to identify any LEP inmates, and asked staff to assist. No WCCC staff were able to identify any current LEP inmates. Inmates interviewed were also unaware of any inmate at WCCC who was LEP.

The Auditor observed the PREA educational video being shown in a room in the Intake Area that is specifically designated for this purpose. The video had an appropriate level, and contained closed-captioning. The inmate worker in the area who was responsible for showing the video to incoming inmates clearly knew how to show the video. This educational video, produced by Just Detention International (JDI) is a video commonly used to educate inmates on PREA and their rights.

While onsite, the inmate roster provided to fulfill the request of “physical or cognitively disabled inmates, and those that are deaf or hard of hearing” consisted of a one-page report provided that is a Health Services report created during the inmate intake, with a category column for “Physical or Developmental Disability/Mental Health Condition.” Interviews conducted with inmates that met criteria for specialized interviews indicated that inmates feel respected at WCCC and feel their needs and special accommodations are met. All inmates interviewed stated they saw the PREA video in the Intake Room and received the PREA brochure.

No current inmates at WCCC are blind. The PREA Coordinator stated if a blind inmate were to come to WCCC, the PREA brochure would be read to the inmate during intake. This was verified by intake staff. The PREA Coordinator also indicated that Purple Communications is in the process of being installed at PSD facilities to provide American Sign Language (ASL) services for deaf and hard of hearing inmates. In interviews with both the PCM and mental health staff, it appears the two areas work together to ensure that if an inmate is identified to have intellectual, psychiatric, or speech disabilities, she would be met with by Mental Health staff who would go through the PREA brochure in a way for the inmate to understand all aspects of PREA and how to report.

115.16(c): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 13.0.2 and .3 (page 16) states, “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. In the limited circumstances where offender interpreters, or other types of offender assistance is utilized, it shall be documented utilizing the PREA Mandated Reporting Form (PSD 8317).”

The PAQ indicated zero instances where inmate interpreters were utilized for PREA reporting or investigations during the documentation period. All staff interviewed indicated they would not use an inmate interpreter for PREA, and knew to contact the Watch Commander if interpreter services were needed.

Staff training information presented via the PREA Corrections & Law Enforcement Training (02/02/2017) included in the PAQ does include a PowerPoint slide that stated, “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 remaining four PowerPoint slides are in reference to how to utilize interpreter services, and how to fill out the PREA Mandated Reporting Form if an inmate interpreter must be used.

Documentation provided for this standard:

Agency Policy ADM.08.08

PREA Posters in English, Tagalog, Ilocano, and Samoan

06/07/2013 Memo from CRCO verifying an account with Pacific Interpreters

01/08/2020 Confirmation Email from CRCO that Pacific Interpreters still provides interpreter services
“How to Access a Telephonic Interpreter” Brochure by Pacific Interpreters

Based on this information, PSD and WCCC are 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.

115.17(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 14.0.1 (page 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: a. 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; b. 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; c. Has been civilly or administratively adjudicated to have engaged in the activity described in the paragraphs above."

The Auditor was provided with a blank PSD application packet, which included a mandatory self-disclosure form for the applicant to complete regarding the elements of misconduct as noted in their Policy ADM.08.08.

There were 8 new hires at WCCC during the documentation period, and zero transfers from other agency facilities.

In an interview with PSD's Human Resources (HR) Administrator, she indicated that no individuals with a history of engaging in sexual abuse in any institution, nor anyone with a conviction or adjudication for sexual abuse in the community would be hired into or promoted within the PSD system. She verified the application and criminal background check process, and indicated that HR is centralized in PSD with major functions, including criminal background checks, occurring at their main Oahu office.

115.17(b): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 14.0.2 (page 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."

The Auditor has reviewed the updated PSD application packet's self-disclosure form (PSD 8318) from 01/2019 and found that previous wording that was contradictory to this standard has been removed. This form is now in use throughout PSD and meets this element of standard 115.17.

115.17(c-d): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/201) section 14.0.3 (page 17) states, "Before new employees, contractors or volunteers, who may have contact with offenders are hired, PSD shall (a) Perform criminal background records checks, consistent with federal, state, and local law; and (b) 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 Auditor was provided with a blank Request, Consent and Notification for Fingerprint Clearance for State Civil Service, Non-Civil Service and Exempt Employment form. The applicant is required to complete this form to provide information needed for the completion of criminal background checks. This is done for all new employees and promotions.

Contractor and volunteer documentation is maintained by the statewide VolinCor Coordinator. She utilizes background checks via Criminal Justice Information Services (CJIS) along with the National Crime Information Center (NCIC). The Coordinator maintains separate databases for volunteers and contractors throughout the state. The records are maintained centrally as contractors and volunteers may provide services in multiple facilities. The Coordinator did state that criminal background checks are completed for contractors and volunteers every two years or upon request, and are done after the contractor has completed their training.

WCCC employs the services of 67 contractors, to include those working in the areas of education, sex offender treatment services, substance abuse treatment and reentry services. In the past 12 months, three contract staff were hired.

The Auditor randomly selected 20 volunteers (every 10th volunteer out of 206) and seven contractors (every ninth contractor out of 67) to review their background check records. A review all records show that background checks were completed within the past two years from date of request.

115.17(e): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 14.0.4 (page 17) requires that, "PSD shall conduct criminal background records checks at least every five years for current employees, contractors, and volunteers, who may have contact with offenders. (a) PSD's Personnel's Office is responsible for ensuring compliance with the five year cycle of background checks for employees. (b) It is noted that PSD does conduct Lautenberg type of background checks on those employment positions that are required to carry a firearm."

In the interview with the HR Administrator, she stated that background checks are completed each year for uniformed staff as part of the Lautenberg Amendment as they are able to carry a weapon as part of their job. For all other employees, a background check is completed every five years and logged. As noted above, volunteers and contractors undergo a background check every two years.

WCCC has 162 employees. The Auditor randomly selected 12 staff (every 12th staff name) from the master employee list to review background check records. A review all records show that background checks were completed within the requirement policy-driven timelines.

115.17(f-g): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 14.0.7 (page states, "Any PSD staff, who materially omits reporting such misconduct or provide materially false information shall be subject to discipline based on the just and proper cause standard, up to and including discharge.")

The HR Administrator indicated during her interview that all staff have a duty to disclose any previous misconduct as noted in this standard. Staff are also reminded in their yearly in-service training of their duty to report such information. A review of the PSD application forms also reflected this information as well. In addition to PSD policies, staff must also follow the State of Hawaii Department of Corrections Standards of Conduct which were last published in August 1988. The HR Administrator could not recall any employee failing to report such misconduct.

115:17(h): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 14.0.8 and .9 (page 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."

The HR Administrator indicated that when a request regarding a former employee was received from a potential outside institutional employer, she would notify the PREA Coordinator who would inform her of any PREA-related allegation findings, which the HR Administrator would then provide to the potential employer. She stated that while they do disclose the outcome of an allegation, they will not disclose allegation specifics. She also confirmed that a release of information is not required as it's within their power to give provide the information.

During the last 12 months, WCCC hired 8 staff who may have contact with inmates. As noted previously, the Auditor received a list of all WCCC employees and randomly selected staff, including both custody and non-custody, to review their HR files to confirm background investigations were completed in a timely manner. All documents reviewed, to include required documents relative to sexual misconduct reporting, criminal background checks, and institutional employer verification, were completed in a timely manner as required by PSD policy.

The Auditor also submitted names of random contractors and random volunteers to the Program Specialist to pull their background checks. Documentation provided by the Program Specialist reflected criminal background checks were completed in a timely manner for all contractor and volunteer names submitted for review.

Documentation provided for this standard:

Agency Policy ADM.08.08

PSD Application Packet including the PREA Self-Disclosure Form (PSD 8318)

Blank Request, Consent and Notification for Fingerprint Clearance For State Civil Service, Non-Civil Service and Exempt Employment Form

Applicant's Consent, Authorization, and Request to Release Information and Waiver form

Standards of Conduct for Corrections (August 1988)

Volunteer Background Checks

Based on this information, PSD and WCCC are 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.

115.18(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 15.0.1 (page

18) requires, "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."

PSD has not acquired any new facilities since the last PREA audit conducted at WCCC (final report dated 11/08/2016). However, WCCC has upgraded portions of their video surveillance system, with plans to update the remaining cameras once budgets are appropriated. The Warden and Agency Head's designee both indicated that the PREA Coordinator has been involved in conversations regarding upgrades to the camera system, and that consideration has been given for inmate sexual safety.

The interview with the Agency Head designee confirmed that facilities evaluate impact during any expansion or modification project. This evaluation includes, but is not limited to, blind spots, areas of potential low visibility, staffing patterns, the number of inmates and what activities are occurring in the area, and privacy for showers, toilets, and common areas. The evaluation is a comprehensive study involving multiple disciplines and always includes the agency PREA Coordinator.

115.18(b): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 15.0.2 (page 18) requires that, "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."

As noted above, WCCC has partially upgraded their video monitoring system, with hopes to finish the project. Camera schematics were received for WCCC. It was confirmed that the only cells with a camera inside are located in the Close Observation Area for those inmates deemed at imminent risk of self-harm and/or suicide. Viewing capability for these cameras is limited to the ACO working the post and health services staff.

Documentation provided for this standard:
Agency Policy ADM.08.08
WCCC Camera Schematics

Based on this information, WCCC 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 evidentiarily 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.

115.21(a-b): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 16.0.3 (page 18) 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 prosecutions.”

During the pre-on-site audit, the Auditor was provided with a PowerPoint presentation titled, “Administrative Investigation” which was developed by PSD Internal Affairs. The presentation addresses items such as how to conduct an administrative investigation, management of a crime scene, crime scene preservation, and how to label and inventory evidence, along with several other related topics.

115.21(c): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 16.0.4 through .7 (page 19) indicate, “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. In facilities without twenty-four (24) hour medical, then the on call physician shall be contacted. The use of Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) are utilized at SATC. On the outer islands, a comparable program is utilized. If a SAFE or SANE is not available the examination may be performed by other qualified medical practitioners. The SATC and its contracted representatives on the out islands have indicated that victim advocates are available during an examination.”

For WCCC, the emergency medical center is identified as the Kapiolani Medical Center for Women and Children (KMCWC). The rape services center / victim advocacy services for all of PSD is through the Sexual Abuse Treatment Center (SATC). KMCWC and SATC jointly work collectively to provide services to inmates at WCCC. The SATC has its main office on the island of Oahu.

Upon notification that an inmate from WCCC is in need of a forensic medical examination, the facility will transport the inmate to the KMCWC and call the Honolulu County Police Department (HPD). KMCWC has SAFE / SANE that are available 24/7 to conduct forensic examinations as needed. The SAFE / SANE would conduct the examination for the WCCC inmate and then releases all evidence to HPD. This process was confirmed in separate interviews with the PCM, PREA Coordinator, Warden, staff at KMCWC, and staff at SATC.

115.21(d): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 16.0.8 (page 19) indicates, “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.”

As noted in agency policy, PSD has contracted with the KMCWC-SATC (Contract #20-HSA-01) to provide services for victim advocacy and forensic examinations. The current contract has been in effect since 07/01/2019 and is set to expire on 06/30/2021.

Included in the PSD/SATC contract is the following language, “In situations where a victim has been sexually assaulted and is in need of medical-legal services, the program worker will respond to the examination site to provide the comprehensive services of crisis stabilization and counseling, legal systems advocacy to inform the victim of legal rights and options, and assistance with and support during the acute forensic examination. Support will be offered to the victim’s family/support system as well. Prior to ending the medical-legal contact, the program worker will discuss follow-up care and

provide information about ongoing counseling services available.”

The Auditor made contact with staff at the Oahu SATC location and verified services had been provided to women housed at WCCC. Interviews with WCCC inmates confirmed that ongoing services are provided by SATC. In fact, WCCC transports inmates to SATC for monthly follow up visits with their assigned advocate, to ensure privacy. Additionally, interviews with inmates who had reported a sexual abuse did indicate an advocate from SATC was at the hospital with them during the forensic examination.

115.21(e): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 16.0.8 (page 19) requires, “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.”

The PSD/SATC contract includes language to support policy as follows:

- Legal systems advocacy will be provided to support individuals as they face the criminal justice process. Program staff will inform victims of their legal rights and options, and will be available to support during the police reporting process, if desired.
- In situations where a victim has been sexually assaulted and is need of medical-legal services, the program worker will respond to the examination site to provide the comprehensive services of crisis stabilization and counseling, legal systems advocacy to inform the victim of legal rights and options, and assistance with and support during the acute forensic examination ... 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(g): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 16.0.9 (page 19) requires that, “PSD shall ensure that internal investigations comply with the above requirements [regarding evidence protocols and forensic examinations] and external investigative entities (County LE) have procedures in place to comply with the above requirement.”

Criminal investigations for WCCC are conducted by HPD, which was confirmed in interviews with a PSD Internal Affairs representative, the PREA Coordinator and a Deputy with HPD. The PCM and Warden indicated that they maintain contact with HPD in regards to criminal investigations initiated from PREA allegations. The Investigations Sergeant also indicated he has a close working relationship with both HPD and Internal Affairs to receive and provide updates on cases as needed.

115.21(f and h): These provisions are not applicable as PSD has a contract with SATC which includes in-person services available to sexual assault victims at all times, 24 hours per day, 365 days per year.

Documentation provided for this standard:

Agency Policy ADM.08.08

Administrative Investigation Training PowerPoint developed by PSD Internal Affairs

Current Contract between PSD and SATC (Contract #20-HSA-01).

Based on this information, PSD and WCCC are 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.

115.22(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act*, (09/22/2017), sections 17.01, .2, and .4 (pages 19 – 20) state, "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 ... 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."

During the documentation period (01/01/2019 – 12/31/2019), WCCC received 10 total PREA allegations, resulting in investigations, as follows: There were nine allegations of Staff-on-Inmate Sexual Abuse, with six Unfounded findings and three Unsubstantiated findings. There was one allegation of Inmate-on-Inmate Sexual Harassment, with a Substantiated finding.

An email was received from Just Detention International (JDI) dated 01/06/2020 confirming that JDI has not received any allegation information or reports of issues regarding offender sexual safety at WCCC during the documentation period.

115.22(b): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 17.0.4 and .6 require that, "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 ... PSD publishes the Department policy, ADM.08.08, *Prison Rape Elimination Act* on the official department website at www.hawaii.gov/psd."

115.22(c): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 41.0.11 (page 40) details responsibilities for the completion of administrative and criminal investigations, including that "...procedures for criminal investigations conducted by county LE shall be dictated by their policies ... The county LE shall refer substantiated allegations of conduct based on their investigative process that appears to be criminal for prosecution."

The Auditor confirmed that this policy is posted to the agency's public website at www.hawaii.gov/psd.

Interviews with the Warden, PCM and Investigations Sergeant also confirmed that HPD conducts any PREA-related criminal investigations that may arise from allegations at WCCC. Interviews with Internal Affairs staff confirmed that all criminal investigations are conducted by HPD and administrative investigations are completed by specially trained investigators from either WCCC or IA. An interview with the Agency Head designee confirmed that all allegations are investigated in accordance with agency policy.

Documentation provided for this standard:
Agency Policy ADM.08.08

Based on this information, WCCC 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.

115.31(a) Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 18.0.1 (pages

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.”

Prior to the onsite review, the Auditor was provided with the PREA Corrections & Law Enforcement Training (02/02/2017). PSD provides the training each year to staff needing the biennial training. The required standard elements are included in the 2017 PowerPoint training as follows:

- (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.

Random staff interviewed were able to articulate topics covered in the training, especially in the areas of first responder duties and how to detect and respond to signs of sexual abuse and sexual harassment. Staff at WCCC were able to provide examples of information they had received in their most recent training.

115.31(b): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 18.0.2 (page 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.”

This was verified via a review of the training provided to PSD staff that does address issues regarding both male and female inmates. Therefore, staff do not require additional training if they are transferred or reassigned to another PSD facility.

115.31(c): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 18.0.3, .6 and .7 (pages 21 - 22) require, “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 ... The Warden, Sheriff, or TSD 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. 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."

According to the PAQ provided prior to the onsite audit, there are 162 staff assigned to WCCC. The Auditor requested training records for 16 staff (10% of total number of staff) by selecting every tenth staff on the WCCC Employee List to review training records. Of those staff, the time of employment with PSD ranges two years to over 30 years. Of the training records pulled, 6 staff received PREA training in 2019, 2 staff last received PREA training in 2018 and 8 staff last received PREA training in 2017. This reflects that half the staff training records reviewed were out of compliance with training requirements.

During the corrective action period, WCCC immediately started providing additional trainings to staff that were out of compliance in this area. However, upon the outbreak of the current coronavirus pandemic, many trainings and other gatherings have been suspended due to requirements regarding social distancing. At the time this report is being written, WCCC has increased to a 90% compliance rate for this item, with a plan to continue to provide training as restrictions are eased in regards to training and other areas within PSD. The Auditor has been provided with verification documentation and is confident that WCCC will resume training as soon as allowed.

115.31(d): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 18.0.4 and .5 (page 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."

Initially, the Auditor received Inter-Office Memorandum Acknowledgement of Training forms for all 16 requested staff PREA training records. The forms that were received do not include the statement, "By signing this attendance sheet you acknowledge receipt of PREA Training and that you understood the PREA Training materials," required by policy. The Inter-Office memorandum Acknowledgement of Training has the following statement, "I understand that I have a duty to report any suspicious or actual sexual misconduct to my immediate supervisors and to report factual information as required by the departments Standards of Conduct."

Upon discovery of this issue, the PREA Coordinator immediately contacted the PSD Training Department and ensured WCCC was provided with the updated PSD Training Sign-In Sheets that had been corrected to include the language as required by policy. Verification of updated and signed PSD Training Sign-In Sheets were provided to the Auditor.

Documentation provided for this standard:
Agency Policy ADM.08.08

Based on the following information, WCCC 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.

115.32(a-c): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 19.0.1, and .2 (page 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 ... The level and type of training provided to volunteers and contractors shall be tailored to the level of contact and services provided to offenders. 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 ... 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 VolinCor Administrator indicated that volunteers and contractors that work less than 20 hours per week in a PSD facility are only required to attend the VolinCor training, and volunteers and contractors providing 20 hours or more of service per week at PSD facilities participate in the PREA Corrections & Law Enforcement Training (02/02/2017) PowerPoint training that staff also receive.

As noted previously in 115.31, the required standard elements are included in the 2017 PowerPoint training as follows:

- 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.

The Auditor was provided with sample documentation that is required for all volunteers and contractors to review and sign. The documents include a summary of PREA legislation indicating prohibitions and requirements, a Mandatory Reporting Form outlining requirements for mandatory reporting of all allegations, and child and/or vulnerable adult abuse or neglect, a Confidentiality form with definitions and requirements, a Volunteer Services Notice of Consent to Search form, and a Code of Ethics form outlining duties and requirements. All forms include a statement of acknowledgement and understanding which have to be signed by the volunteer or contractor.

WCCC currently has a total of 206 volunteers providing services. As noted, they receive PREA training during their orientation. The Auditor randomly selected and requested 20 training records for volunteers, and then reviewed training records and a sampling of signed forms acknowledging understanding of requirements surrounding PREA, confirming they have completed training as required and understand PSD's policy on zero-tolerance of sexual abuse and sexual harassment.

Volunteers interviewed were clearly able to articulate policy requirements regarding their duties

pertaining to PREA. They understood the importance of making immediately notification of any allegations, and were able to state how they would keep an alleged victim safe until custody staff arrived.

WCCC currently has a total of 67 contractors providing services as noted previously. They also receive PREA training during their orientation. The Auditor randomly selected and requested seven training records for contractors, and then reviewed training records and a sampling of signed forms acknowledging understanding of requirements surrounding PREA, confirming they have completed training as required and understand PSD's policy on zero-tolerance of sexual abuse and sexual harassment.

Documentation provided for this standard:

Agency Policy ADM.08.08

Forms for volunteers and contractors to sign acknowledging understanding of PREA information, Mandatory Reporting, Confidentiality, Notice of Consent to Search, and Code of Ethics

PREA Corrections & Law Enforcement Training (02/02/2017) PowerPoint

Volunteer Training Records

Contractor Training Records

Based on this information, WCCC 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.

115.33(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 20.0.1 (page 21) requires that, "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."

During the audit documentation period, 688 inmates were admitted to the facility and received PREA information upon intake. An interview with an inmate worker in the Intake Area demonstrated that she was the one who showed all new intakes the PREA education video upon arrival. The Intake ACO indicated she conducts the PREA Risk Screening with all incoming inmates, or an ACO who fills in when she is not there will do the same. She verified that verbal and written information in the form of a brochure is given to inmates upon their arrival to WCCC. The brochure, entitled, "An Informational Guide for Offenders – Offender Sexual Abuse and Sexual Harassment by Offenders Staff Volunteers and Contractors" discusses PSD's "Zero Tolerance" policy against PREA in any form, defines sexual abuse and sexual harassment and contains sections on what to do if you are sexually abused, how to avoid sexual abuse, what happens after a report of sexual abuse, and information about external/ confidential/ anonymous reporting options and emotional support counseling services. Random inmates interviewed confirmed meeting with an Intake ACO upon arrival at WCCC, and recalled being given a PREA brochure. They all recalled watching the PREA education video as well.

115.33(b): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 20.0.2 (pages 22 - 23) requires that, "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."

The Audit Team was shown the room in the Intake Area where the PREA educational video is shown. The volume is appropriate, and closed-captioning is in place. An inmate worker in the area shows the video to all incoming inmates. As noted previously, the PREA educational video is what is relied on to provide formal PREA educational information to the inmates received at WCCC.

115.33(c): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 20.0.3 (page 21) states that, "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."

Inmates transfer to WCCC, the only female prison in Hawaii, from reception areas at local jails on the islands. All WCCC inmates receive PREA education regardless of where they arrive from.

115.33(d): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 20.0.4 through .6 (page 23) state, "It is PSD's policy to make appropriate provisions, as necessary, for offenders with limited English proficiency through CRCO's [Civil Rights Compliance Office] identification of authorized interpreters. 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. 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."

There were no inmates coming through reception/intake at WCCC during the onsite review. This was verified in interviews with both staff and inmates, as well as the PCM. The PCM indicated it is rare to receive an inmate who is LEP, but that interpreter services would be provided for intake and PREA education if someone arrived that could not speak English. The facility was unable to provide any written documentation of the use of either a staff interpreter or Pacific Interpreters to provide intake services to a LEP inmate during the documentation period. However, staff interviewed were very familiar with the ability to request interpreter services through their Watch Commander.

Provided with the PAQ were PREA posters and the brochure, "An Informational Guide for Offenders – Offender Sexual Abuse and Sexual Harassment by Offenders Staff Volunteers and Contractors" in alternative languages. These posters were not seen at WCCC. The PCM indicated she was not aware of how to get posters in languages other than English. While onsite, the Auditor worked with the PCM and the PREA Coordinator to ensure posters in languages other than English were able to be provided at WCCC. The PCM is to send photos to the Auditor of these posters in the Intake Area once posted.

The PREA Coordinator verified that Purple Communications is in the process of being installed at PSD facilities to provide American Sign Language (ASL) services for deaf and hard of hearing inmates. She also verified that those with intellectual, psychiatric, or speech difficulties would meet one-on-one with a mental health staff to receive their orientation in a way it could be understood by the inmate. This was also verified in interviews with mental health staff onsite. The PREA Coordinator also stated the brochure provided to inmates was written "to be understood at a fifth-grade level."

115.33(e): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 20.0.7 (page 23) requires that, "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."

While onsite, the PCM provided verification that inmates chosen at random by the Auditor had signed that they had received the PREA education via watching the video. The list showed signature verification and computerized attendance rosters including all inmates received during those dates received PREA education.

115.33(f): Agency Policy ADM.08.08, *Prison Rape Elimination Act (09/22/2017)* section 20.0.8 (page 23) states that, "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."

There were PREA posters in the housing areas and throughout the facility, including in the library. The Intake Area had several PREA posters, as did the medical services area. There was signage near all inmate phones that provided information on how to call the PREA hotline, as well as for accessing victim services (SATC).

Documentation provided for this standard:

Agency Policy ADM.08.08

PREA Class Completion Verification

PREA Educational Video

PREA Brochure titled "An Informational Guide for Offenders – Offender Sexual Abuse and Sexual Harassment by Offenders Staff Volunteers and Contractors"

PREA Posters

Based on this information, WCCC 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.

115.34(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 21.0.1 (page 23) requires that, “IA [Internal Affairs], 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.”

WCCC has two trained Sergeants to conduct administrative PREA investigations; one of which is assigned as Investigations Sergeant, and is a PREA Auditor. The PCM is trained to conduct interviews and is also a PREA Auditor. All allegations that appear to potentially have criminal action involved are

immediately referred to Internal Affairs (IA), who refer for a criminal investigation by local law enforcement. At WCCC, Honolulu County Police Department (HPD) conducts all criminal investigations. As of the writing of this report, all WCCC staff who have completed a PREA investigation have been properly trained.

115.34(b): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 21.0.2 (page 23 - 24) 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."

PSD relies on the "PREA Investigating Sexual Abuse in a Confinement Setting" specialty training offered by the National Institute of Corrections (NIC), and is available on both the NIC and PREA Resource Center websites. This curriculum was reviewed and includes PREA investigative standards, evidence collection and preservation, the role of medical and mental health staff, the forensic medical examination process, the role of the victim advocate, working with victims, interviewing developmentally disabled, LEP, and minority inmates, managing biases, and red flags.

Additionally, the Investigations Sergeant has attended two specialized trainings provided by Wicklander-Zulawski & Associates called Interview with Integrity and Non-Confrontational Correctional Interviewing. The contents of both trainings include defining trauma, the potential reactions and responses to trauma, interviewing victims of sexual assault, rationalizations, and assumptive questions. The curricula for these training have been provided to the Auditor and reviewed, and determined to meet requirements as noted.

115.34(c): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 21.0.3 (page 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]."

PSD designates Wardens with the authority to select those that will conduct investigations, after ensuring they have been appropriately trained to do so.

The Auditor received verification that the individual responsible for conducting administrative PREA investigations at WCCC has completed specialized training regarding sexual abuse cases as noted above. In addition to the Wicklander-Zulawski & Associates trainings, he has attended combined training with the HPD and SATC for sexual abuse investigations, as well as Wicklander-Zulawski training entitled "Non-Confrontational Correctional Interviewing."

115.34(d): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 17.0.7 states, "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."

As noted above, HPD conducts criminal investigations for WCCC. An IA investigator interviewed confirmed they often cross-train with HPD in regards to investigations to ensure all have the same information as appropriate.

Documentation provided for this standard:

Agency Policy ADM.08.08

Curriculum for PREA Investigating Sexual Abuse in a Confinement Setting provided via NIC

Interview with Integrity PowerPoint training provided via Wicklander-Zulawski & Associates

Non-Confrontational Correctional Interviewing training provided via Wicklander-Zulawski & Associates

Training Rosters for Standard PSD PREA Training

Based on this information, WCCC 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.

115.35(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 22.0.1 (page 23) requires that, "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."

Interviews onsite with both medical and mental health staff confirmed their completion of both the specialized training offered via NIC (either PREA: Medical Health Care of Sexual Assault Victims in a Confinement Setting or PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting), as well as the PREA training scheduled for all PSD staff every other year. All interviewed were

able to discuss elements of both the standard training and specialty training curriculums. Additionally, the Auditor was provided with verification of such training.

115.35(b): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 22.0.2 (page 24) states, "PSD medical and mental health staff are not responsible for conducting forensic medical examinations."

PSD policy mandates that community providers rather than agency staff conduct all forensic medical examinations. For inmates at WCCC, these examinations are completed by SAFE/SANE provided via Kapiolani Medical Center for Women and Children (KMCWC), which is in collaboration with the Sexual Assault Treatment Center (SATC). This was confirmed in interviews with medical practitioners as well as staff at KMCWC. It was also confirmed in interviews with inmates who had undergone a forensic medical examination while housed at WCCC. Documentations reviewed in the form of investigations and medical follow-up also confirmed that forensic medical examinations were completed at KMCWC.

115.35(c-d): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 22.0.3 and .4 (page 24) state, "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. 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."

WCCC currently has 19 medical and mental health practitioners who work regularly with inmates. The Auditor was provided with documentation confirming 100% of medical and mental health staff working at WCCC have completed either a) PREA: Medical Health Care of Sexual Assault Victims in a Confinement Setting or b) PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting, based on their position. Both of these specialty trainings for medical and mental health practitioners are offered on the PRC website and the NIC website.

Documentation provided for this standard:

Agency Policy ADM.08.08

PREA: Medical Health Care of Sexual Assault Victims in a Confinement Setting training curriculum via NIC website

PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting training curriculum via NIC website

NIC Certificates of Completion

Training rosters for standard PSD PREA training.

Based on this information, WCCC 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.

115.41(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 24.0.1 (page 24) indicates, “The ISC [Intake Service Center] 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.”

All inmates entering WCCC are screened for their risk of potential sexual victimization and/or potential sexual predation immediately upon arrival. This was confirmed via interviews with the Intake ACO, PCM, and inmates. The Auditor was provided with an Intake Packet that is completed on every intake at WCCC. The Intake Packet contains a WCCC Security Unit Admission Processing Checklist identifying all actions to be completed during intake. Along with other documents for intake (i.e., property, etc) the packet includes the PREA Screening Tool, a copy of the PREA brochure titled “An Informational Guide for Offenders – Offender Sexual Abuse and Sexual Harassment by Offenders Staff Volunteers and Contractors”, and the Inmate Intake Orientation Form, which requires an inmate signature with a staff witness signature. The Orientation Form includes that the inmate was given the PREA brochure, and that they understand all information that has been provided.

115.41(b): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 24.0.2 (page 24) requires, "The intake screening by ISC shall occur within seventy-two (72) hours of intake/arrival."

At WCCC, the intake screening is completed by an ACO assigned permanently to the Intake Area. The PREA Risk Screening typically occurs immediately upon an inmate's arrival. As noted above, the inmates watch the PREA educational video, then meet individually with the Intake ACO where the Risk Screening is completed and the inmate receives the informational PREA brochure. There are two holding cells for other inmates to wait separately until they meet with the Intake ACO – this provides a confidential space for the Intake ACO to complete the PREA Risk Screening with the inmate without others overhearing any of the information.

During the onsite review, there were no inmates being admitted to the facility. However, in inmate interviews, all recalled watching the PREA educational video and answering questions as part of the PREA Risk Screening.

The Auditor pulled random inmate names from each housing area at WCCC that had completed an intake process at WCCC during the documentation period. A review of a random sample of 10 inmate PREA risk screening assessments showed that "Intake" assessments were completed within the 72-hour deadline 100% of the time, with all Reassessments being completed timely as well.

115.41(c): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 24.0.6 (page 26) requires that, "ISC and facility staff shall utilize the PREA Screening Tool (PSD 8314) to conduct PREA risk assessments."

Interviews with the Program Specialist, PCM and WCCC Intake ACO verified that PREA risk assessments are all to be completed utilizing the policy-designated PREA Screening Tool (PSD 8314). A review of a random sample of 10 inmate PREA risk screening assessments all showed the PSD 8314 was appropriately used for all PREA risk screenings that have been completed.

115.41(d-e): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 24.0.7 and 24.0.8 (pages 26 and 27) indicate, "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." And "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."

All inmates interviewed could recall being asked questions as noted on the PSD PREA Risk Screening Tool upon their intake to WCCC.

115.41(f): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 24.0.4 and .5 (page 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.”

The 30-day reassessments are completed by Offender Services staff at WCCC as part of their 30-day review upon arrival at the facility. The process for reassessment includes reviewing the initial 72-hour risk screening, and if there is no new information that has been received by the staff, they check the box on the PREA Screening Tool that states, “No additional relevant information received in 30 days for a new intake.” Staff working in Offender Services state they oftentimes meet with the inmate prior to the 30 days as part of their initial classification work with the inmates, and ask if there’s any additional information they need to aware of. As WCCC is small, the staff seem to know most of the inmates by name and meet with them on regular basis. These meetings are held in the Offender Services Area, away from other inmates. Staff felt comfortable stating that if an inmate had additional information to provide within the 30-day timeframe, they would do so.

115.41(g): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 24.0.9 (page 27) requires, “The offender’s risk of victimization or abusiveness shall be reassessed; when a referral, request, incident of sexual abuse, or receipt of additional information which may impact the offender’s risk level by utilizing the PREA Screening Tool (PSD 8314).”

As noted above, Offender Services staff meet with every inmate within 30 days of their arrival to conduct classification work, and also ask about additional information in regard to the PREA Risk Screening. The PCM is the Offender Services Administrator and consistently checks in with her staff to ensure they are completing these reassignments as directed.

115.41(h): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 24.0.10 (page 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.”

There is no indication in a review of records that any inmate has been disciplined in any way for not participating in the risk screening.

115.41(i): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 24.0.3 and .11 (pages 26 and 27) require 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 ... 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 intake process at WCCC is completed in a closed area with privacy. If more than one inmate is brought in at one time, only one inmate is out of the holding cell at a time, which allows for a sound and sight barrier for the inmate being processed. All inmates interviewed felt their intake was conducted in a

manner that allowed for confidentiality.

Very few staff at WCCC have access to the actual PREA Risk Screening Tool within the PSD computer system – OffenderTrak. All the majority of staff can see is the PREA Designator, if applicable, and any warnings for housing concerns. This was verified by asking a sample of random staff to pull up OffenderTrak and show what could be seen by the staff.

Documentation provided for this standard:

Agency Policy ADM.08.08

PREA Screening Tool (PSD 8314)

PREA Screening Tool Instructions

WCCC Intake Packet

Sample of 72-hour Intake PREA Screening Assessments

Sample of 30-day PREA Screening Reassessments

Based on this information, WCCC 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.

115.42(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 2.0.1 (page 27) requires that, "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."

PSD created PREA Screening Tool Instructions (07/2015) which state, in part, "When an offender is designated as a 'victim, potential victim, sexual predator, or potential sexual predator ... the Facility COS [Chief of Security] 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, separate status, protective custody unit, or administrative segregation ... 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."

In interviews with staff, it was verified that PREA designators and/or alert warnings, such as notifications of transgender or intersex status, are reviewed prior to making housing assignments. Interviews with inmates in specialized categories also verified that they feel they are housed accordingly and feel safe.

115.42(b): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 25.0.2 (page 27) requires that, “PSD shall use the risk screening tool information to make an individualized assessment about how to ensure the safety of each individual offender.”

As noted above, considerations are made regarding the housing of each individual for safety. The PCM indicated that if she is concerned about a housing assignment, she will discuss it with the Watch Commander, and that housing would be changed to mitigate any risk.

115.42(c): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 26.0.1, .2, and .3 (page 27 – 28) indicate, “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.”

There were no deviations from housing inmates apart from their legal status during the documentation period. A review of intake screenings and Health Status reports also verified that while there were both transgender and intersex inmates housed at WCCC during the documentation period, all were housed according to their legal status as a male or female. However, the PCM indicated each case is reviewed on its own merit to determine the most appropriate housing.

115.42(d-e): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 26.0.3, .4, and .5 (page 28) state, “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. 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. A transgender or intersex offender’s own views with respect to his or her own safety shall be given serious consideration.”

All housing and programming assignments for transgender and/or intersex inmates are reviewed every six months by the PCM. She discussed her process for reviewing these assignments, and what she would do if there were concerns brought forth. As part of her process, she meets with each identified transgender and intersex inmate to ask if they feel safe and if they are having any issues in their current assignments. She was able to provide PREA Mandated Reporting Forms confirming completion of the housing and programming reviews.

115.42(f): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 26.0. (page 28) requires that “Transgender and intersex offenders shall be given the option to shower separately from other offenders in dorm situations, if so requested.”

All showers at WCCC are single stalled, separated by a wall, with their own shower curtain. The only exception is in one honor dorm that contains a bathtub instead of a shower. However, the bathroom has a door that the inmate can close to bathe privately. Interviews with both transgender and intersex inmates confirmed they feel as though they have enough privacy to shower.

It should be noted that several shower curtains throughout WCCC went directly to the floor. The Auditor recommended raising these shower curtains to be 18” from the floor. This will allow staff to ensure only one inmate is in a shower stall at a time, without compromising privacy of the inmate to shower. All curtains are high enough to prohibit viewing from below the neckline, and provide privacy for the breast area. During the corrective action period, all shower curtains were raised to be 18” off the floor, with photo verification submitted to the Auditor.

115.42(g): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 26.0.7 (page 327) 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.”

There are no designated facilities, units or wings at WCCC to house inmates based on their LGBTI identification or status. This was verified during the onsite tour, and during interviews with the Warden, PCM, PREA Coordinator, and inmates.

Documentation provided for this standard:

Agency Policy ADM.08.08

Random Review of OffenderTrak System for Alerts and PREA Designators

Review of Housing Assignments

Health Status Reports

Based on this information, WCCC 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.

115.43(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 27.0.1 and .2 (page 28) indicate, "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. 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."

A review of PREA Mandated Reporting Forms, as well as interviews with staff who work in segregation at WCCC, confirmed that no inmate had been placed in segregated housing at WCCC solely for risk of being sexually victimized. Interviews with specialized inmates deemed at a potentially higher risk for sexual victimization also confirmed they had not been placed in segregated housing due to their potential risk. It should be noted that at WCCC, the majority of those housed in Segregation are able to still engage in daily programming. The few exceptions are for those serving a sanction or who are Maximum custody.

115.43(b): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 27.0.3 and .4 (pages 28 – 29) state, "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. 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."

Interviews with staff and inmates, and a review of PREA Mandated Forms for WCCC did not show that any inmates had been placed in segregated housing for this purpose, therefore no such documentation was able to be reviewed.

115.43(c): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 27.0.5 (page 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.

Again, interviews with staff and inmates, and a review of PREA Mandated Forms for WCCC did not show any inmates that had been placed in segregated housing for this purpose.

115.43(d-e): Agency Policy ADM.08.08, *Prison Rape Elimination Act (09/22/2017)* sections 27.0.6, .7, and .8 (page 29) require, "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. 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. 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."

As referenced in Agency Policy ADM.08.08, COR.11.01, *Administrative Segregation and Disciplinary Segregation (11/28/2014)* section 4.0.1.g (page 7) requires that every 30 days after an inmate's initial placement in administrative segregation, the inmate shall be interviewed, their case management action plan reassessed, and a written decision must be deemed to confirm ongoing placement in administrative segregation or release back to general population. The policy also requires that the inmate be provided a copy of the written decision.

Again, there was no inmate placed in segregated housing at WCCC during the documentation period, solely for being at risk of sexual victimization. Therefore, there was no secondary documentation to review to confirm compliance with policy and administrative rule specifications. As noted, interviews were conducted with staff that supervise segregated housing, as well as the PCM and the Warden, and all confirmed this information.

Documentation provided for this standard:
Agency Policy ADM.08.08
COR.11.01 *Administrative Segregation and Disciplinary Segregation*
PREA Mandatory Reporting Forms
Unit Logbooks for Segregated Housing Cells

Based on this information, WCCC 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.

115.51(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 28.0 (pages 29-30) 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." The policy further articulates that offenders may report in the following manners:

- Using available means of communication, including but not limited to verbal or written reports to any PSD employee, contract employee or volunteer;
- Calling or writing the Ombudsman or the Department of the Attorney General, the Sex Abuse Treatment Center, the agency PREA Coordinator, the Director, a relevant Deputy Director;
- Writing to a legislative or political representative or Internal Affairs;
- Contacting the facility warden or investigator at the relevant facility;
- Notifying a family member;
- Filing an emergency grievance; and/or
- Contacting the relevant county law enforcement agency.

Interviews with inmates confirmed they were aware of several of the options to report as noted in agency policy. Most inmates said they felt most comfortable either reporting directly to a staff member they felt comfortable with, any many indicated this would be either the PCM or the Investigations Sergeant. The inmates also said they would feel comfortable having their family report it. Most inmates were not trusting of the PREA Hotline, as they felt the calls were recorded. Prior to being onsite, the Auditor tested written reporting methods by writing and sending letters to the PREA Coordinator, the Ombudsman, the PSD Director, Internal Affairs, and the SATC. All letters asked for confirmation of receipt, and confirmation was received for all sent letters. Additionally, the PREA Coordinator confirmed that a grievance and an emergency grievance are both submitted on the same grievance form, and either method can be used to report a PREA allegation. Onsite tests of the inmate phone system confirmed that an inmate could report PREA directly to the SATC by using #55. An inmate PIN number was not required to make this call.

115.51(b): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 28.0.4 and .5 (page 30) state "PSD provides notification to offenders how to report abuse or harassment to a public 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 ... If an offender is detained solely for civil

immigration purposes, the offender shall be provided with 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.”

SATC is noted as an external reporting resource wherein reporting can be confidential and anonymous. Phone calls to the SATC, as well as interviews with the PCM and PREA Coordinator, verified an inmate can tell SATC they want to remain anonymous, and this will be honored. A conversation with SATC staff verified that if an inmate does not consent to release their name or other identifying information, it will not be released to the PREA Coordinator with the reported allegation.

The other outside reporting entity has been listed as the Ombudsman. Information obtained while reviewing their official website states, “We are authorized by law to receive inquiries on a confidential basis. If we can, we will investigate your identity, although this is not always possible.” The Auditor’s concern with this is that inmates do not have internet access. As noted in another PREA audit of a PSD facility, it is recommended that this information be printed in the brochure noted above with the Ombudsman contact information so inmates are aware that although they may wish to remain anonymous, this may not occur.

Documents reviewed while at WCCC for admissions confirmed no inmates were housed at WCCC solely for civil immigration services.

115.51(c): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 28.0.6 (page 27) 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.”

All staff interviewed were aware of their duty to report any allegation of sexual abuse, sexual harassment, or retaliation immediate and confidentially. They understood that inmates are able to report in several ways, as are third parties. Staff also verified they complete an Incident Report once they report the allegation to either their supervisor or the Watch Commander.

115.51(d): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 28.0.7 (page 30) indicates, “A staff member may privately report incidents of offender sexual abuse, offender sexual harassment, or retaliation as indicated in paragraph (4) of this section.”

It is noted that paragraph (4) details all the venues available for inmates to report.

While this information is included in the policy section on inmate reporting, there is nothing included in the policy section on staff reporting regarding how to privately report. It is recommended to include information about private reporting options for staff in the next policy revision and/or update.

The PAQ provided options for private reporting for staff, to include contacting the PREA Coordinator, Attorney General, PSD Director, PSD Deputy Director, or Internal Affairs. However, when interviewed, most staff were unaware of this. Several stated that if they did not feel they could report a PREA allegation to their supervisor for whatever reason, they would go directly to the Warden. This may be appropriate, but it is recommended that this information be shared with staff during one of the refresher information Inter-Agency Memorandums sent out by the PSD Director in between training years.

Documentation provided for this standard:

Agency Policy ADM.08.08

PREA Mandatory Reporting Forms

“An Informational Guide for Offenders: Offender Sexual Abuse and Sexual Harassment by Officers, Staff, Volunteers, and Contractors” Brochure (10/2018)

Written Verification of Receipt of Letters sent to the SATC, the Ombudsman, PREA Coordinator and the PSD Director

Based on this information, WCCC 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.

115.52(a-b): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 29.0.1 and .2 (page 31) state, “PSD’s policy COD.12.03: Inmate Grievance Program outlines the administrative procedures available to offenders for reporting incidents of sexual abuse, sexual harassment, or retaliation. This section is an addendum to COR.12.03: *Inmate Grievance Program* as it related 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 to the statute of limitations are applicable to any civil action in a court proceeding.”

WCCC is not exempt from 115.52 as PSD has administrative procedures in place to address inmate grievances, which includes grievances related to PREA.

Documentation reviewed both during the onsite and post-onsite audit phases verify that WCCC inmates, and PSD inmates as a whole, utilize the Inmate Grievance Program, as thousands of grievances were filed statewide during the audit documentation period. However, WCCC received zero grievances containing any type of PREA-related allegations or issues during the same timeframe. Therefore, for most elements of this standard, the Auditor was unable to review secondary documentation.

All staff and inmates interviewed knew of the ability for inmates to report allegations via the grievance process. At WCCC, and in all PSD facilities, an inmate has to ask for a grievance form from a staff. The inmate's name is then entered into a corresponding Grievance Logbook with the number of the grievance form that was given to them. While inmates can submit the grievance without entering their own identifying information on the form itself, the Grievance Logbook can be reviewed to see who was given the grievance form.

115.52(c): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 29.0.3 (page 31) allows that, "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."

When asking for a grievance form, the inmate does not have to indicate what they are requesting the grievance form, nor do they have to turn it in during any specific time. Staff at WCCC indicated that once an inmate is given a grievance form, they can do whatever they choose to do with the form. The form can be placed directly into the grievance box by the inmate, without having to give it to a staff member.

115.52(d): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 29.0.4 (page 31) states, "PSD's grievance policy and timelines may differ from the PREA requirement that a decision on the merits of the 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) day, if the normal time period for responding 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. (c) 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."

115.52(e): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 29.0.5 (page 31) states that, "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."

115.52(f): Agency Policy COR.12.03, *Inmate Grievance Program* (07/01/2015) section 8.0.3.c (page 6) indicates, "Grievances of an exigent nature requiring an immediate resolution or a more expedited process may be given emergency status, and put on a fast-track status. No stage of the grievance

program should be deleted as each step provides a level at which administrative action can be taken however ... each step can be accelerated. Emergency grievances might include, but would not be limited to grievance related to: (1) Emergency medical treatment; (2) Fire/life safety issues; (3) Claims concerning missed release dates; (4) The risk of death or serious harm, and (5) Other matters for which delay would significantly prejudice or harm the inmate, if not immediately resolved.”

Policy language is contradictory regarding how inmates may utilize the grievance system in place to report a PREA allegation, as Section 29.6 indicates emergency grievance are only for substantial risk for imminent sexual abuse. The PREA Coordinator indicated that a PREA allegation could be submitted via either a regular or emergency grievance. She stated this would be corrected in the next scheduled revision of both the agency’s PREA policy and the Inmate Grievance Program policy.

115.52(g): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 29.0.7 (page 32) indicates that, “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.”

The Auditor asked for any documentation that would reflect an inmate being disciplined for filing a grievance in relation to PREA in bad faith, and was told there were no circumstances known where this had occurred either during the documentation period or prior to.

Documentation provided for this standard:

Agency Policy ADM.08.08

Agency Policy COR.12.03

PSD Statewide Grievance Statistics reflecting zero PREA-related grievances

Based on this information, WCCC 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.

115.53(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 30.0.1 (pages 32 – 33) indicates that, "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 contracts with SATC (Contract #20-HSA-01) to provide services for victim advocacy. The current contract has been in effect since 07/01/2019 and is set to expire on 06/30/2021. This contract includes core 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.

Posters throughout the facility included the phone number for SATC, as well as the address to send written mail to. The phone list located in housing units included the “hot button” line to be connected with SATC. The brochure noted above, “An Informational Guide for Offenders: Offender Sexual Abuse and Sexual Harassment by Officers, Staff, Volunteers, and Contractors” (10/2018), also provides the telephone numbers for SATC.

115.53(b): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 30.0.2 (page 32) 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.”

A PREA poster outlining medical limitations regarding confidentiality was seen in the medical services area. Additionally, medical and mental health staff interviewed verified that they provide information about PREA and reporting obligations, as well as the limitations of confidentiality, during initial intake services.

115.53(c): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 30.0.3 (page 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.”

As noted previously, PSD contracts with SATC (Contract #20-HSA-01) to provide services for victim advocacy. The current contract has been in effect since 07/01/2019 and is set to expire on 06/30/2021. Inmates interviewed that had alleged sexual abuse confirmed they receive ongoing crisis support from SATC. WCCC transports the inmates to SATC for one-on-one services on a regular basis to ensure confidentiality. This service appears to be working well, and those interviewed that utilize the services acknowledged this is important for their continued healing.

Documentation provided for this standard:

Agency Policy ADM.08.08

Current Contract between PSD and SATC (Contract #20-HSA-01)

“An Informational Guide for Offenders: Offender Sexual Abuse and Sexual Harassment by Officers, Staff, Volunteers, and Contractors” Brochure (10/2018)

Based on this information, WCCC 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.

115.54(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 31.0 (page 33) states, "PSD provides the public notice via PSD's website of the methods for third-party reports of offender sexual abuse or sexual harassment. PSD publicly distributes information on how to report information on how to report offender sexual abuse or sexual harassment on behalf of offenders by posting on PSD's website the Department PREA Policy, PREA Handout, PREA poster, etc."

The Auditor reviewed PSD's public website at www.hawaii.gov/psd and typed "PREA" into the search bar. Three links appeared on the screen. The first, "PREA," led to a page with a link to the brochure given to inmates upon intake, "An Informational Guide for Offenders: Offender Sexual Abuse and Sexual Harassment by Officers, Staff, Volunteers, and Contractors" brochure (10/2018)" that provides information for "concerned individuals" to report PREA allegations, a link for "How to report PREA Incident," as well as a list of links for current and past PREA Annual Reports and PREA Audit Reports for PSD facilities, and a link to the PREA poster that is also inside PSD facilities with reporting information.

The reporting options listed under the "How to report PREA Incident" link listed addresses and phone numbers for PSD PREA Coordinator, PSD Internal Affairs, The Office of the Ombudsman, PSD Director, Deputy for Corrections, or Institutions Administrator; Sex Abuse Treatment Center; and

Facility Administrators, Facility PREA Compliance Manager, and the County Police Departments. The second link, "PREA Brochure" is a direct link to the brochure noted above. The third link, "Policies and Procedures" goes to a page with links for Administrative Division, Corrections Division, Law Enforcement Division, and PREA. When the PREA link is clicked, it returns to the same page as the first "PREA" link as noted above, but does not link to the agency's PREA policy.

If someone is not aware that the PREA policy is considered an "Administrative Division" policy they would not know to click on "Administrative Division" which leads to all policies under this jurisdiction. The PREA policy is located far down the page, as ADM.08.08. However, without knowing exactly what policy it is, this policy is hard to find for an individual. As such, while the policy states there is a link on the website to the PREA policy, the policy is not found under any of the PREA links on www.hawaii.gov/PSD, but rather via the Administrative Division policies link. It is recommended that the policy be added to the "PREA" page under the "Policies and Procedures" link to be much easier for someone to find the policy without internal working knowledge of the PSD policy system.

As noted previously, test letters were sent to the options noted above and responses were received, or the letters were verified to be received by the former PREA Coordinator.

Documentation provided for this standard:

Agency Policy ADM.08.08

PSD Agency Website: www.hawaii.gov/psd

Letters and Emails Verifying Receipt of Test Letters sent to Reporting Options noted on PSD Website
"An Informational Guide for Offenders: Offender Sexual Abuse and Sexual Harassment by Officers, Staff, Volunteers, and Contractors" Brochure (10/2018)

Based on this information, WCCC 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.

115.61(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 32.0.1, .2,

and .3 (page 33) state, "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. PSD requires that all staff immediately report, any knowledge, suspicion, or information they receive regarding retaliation against offenders or staff, who reported such an incident. 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."

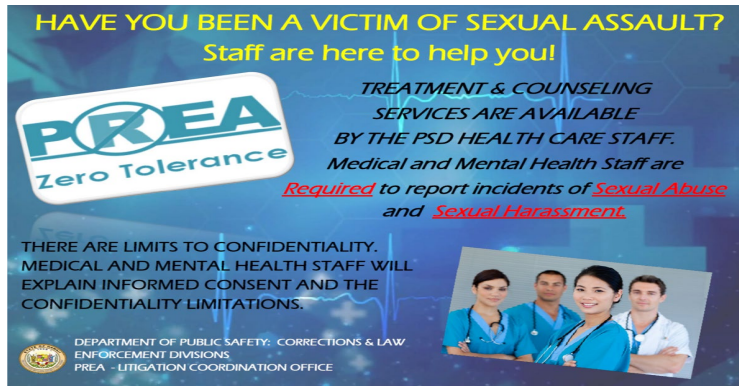
All staff interviewed at WCCC were knowledgeable about the requirement to report all allegations of sexual abuse and sexual harassment, retaliation due to submitted a report of a PREA allegation, and staff neglect or violation of responsibilities that may have contributed to a PREA incident. It is apparent that this knowledge has been engrained, and not just memorized for the sake of an audit. Staff provided information that exceeded basic policy language, such as their own experiences in having to report a PREA allegation, or for having to participate in processes such as evidence collection or maintaining a crime scene.

115.61(b): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 32.4 (page 34) indicates, "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."

Staff indicated they felt comfortable reporting required information to their supervisor, as is the policy for PSD. They all confirmed they would do so confidentially, such as in person or over the telephone, and immediately upon receipt of the allegation and after ensuring the alleged victim was safe. Staff indicated if they were in a position that they could not leave to make the report, they would radio for assistance to have someone else cover their post while they left to make their confidential report.

115.61(c): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 32.0.5 (page 33) 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."

Both medical and mental health staff indicated they were aware of requirements to disclose their duty to report to inmate upon their intake at WCCC. Both medical and mental staff also shared the limitations of confidentiality with inmates as part of their intake process. A sign noted in the health services area of WCCC also provides this information.



115.61(d): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 32.0.6 (page 34) indicates, “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.”

Interviews with the Warden, the PCM and supervisory staff reflected they were all aware of this requirement. As there were no inmates under the age of 18, nor could any documentation be found to indicate there was anyone housed at WCCC that would meet Hawaii’s ‘vulnerable person statute,’ there was no secondary documentation to review for this provision.

115.61(e): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 32.0.9 (page 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.”

Both the Warden and PCM verified that all allegations are sent to the PSD PREA Coordinator within three days of the report being made. This was confirmed in an interview with the PREA Coordinator, and by reviewing allegation and investigation records provided both via the PAQ and while onsite at WCCC.

Documentation provided for this standard:

Agency Policy ADM.08.08

Poster regarding medical and mental health services’ requirement to report, and limits to confidentiality

PREA Mandated Reporting Forms

PREA Investigation Records

Based on this information, WCCC 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.

115.62(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 33.0.1 and .2 (page 34) state, "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."

There does not appear to be any instance during the documentation period in which there was a determination that an inmate was subject to a substantial risk of imminent sexual abuse at WCCC.

Interviews were conducted with the Agency Head designee, the Warden, PCM and a random sample of staff which all confirmed knowledge of policy requirements. All staff interviewed indicated that if they received information that an inmate was at risk, their response would be immediate, that they would ensure the safety of the inmate and make required notifications. Line staff indicated they would stay with the alleged victim until provided direction from the Watch Commander on how to proceed.

Documentation provided for this standard:
Agency Policy ADM.08.08

Based on this information, WCCC 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.

115.63(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 34.0.1 and .2 (page 35) states, "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 ... 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 PSD facility Head or Warden of the PREA sexual abuse allegation."

The Warden was able to inform about the process to notify other facilities of allegations received at WCCC regarding potential PREA violations at other facilities. However, he also stated he had not received any notifications from any other facility about allegations that had occurred at WCCC during the documentation period. He also confirmed he had not received information that any inmates housed

at WCCC had made allegations about incidents at other facilities. This was confirmed in conversations with the PCM and Program Specialist as well. Additionally, PAQ responses for this item indicated zero allegations were received during the most recent 12 months, and therefore there is no documentation available for review to verify required notifications to or from WCCC.

However, there was an allegation at another facility within PSD that required notification to be made to administration in another jurisdiction. This notification was provided with the PAQ for review, which shows PSD does follow this requirement when necessary.

115.63(b-d): Agency Policy ADM.08.08, *Prison Rape Elimination Act (09/22/2017)* sections 34.0.3, .4 and .5 (page 35) require, "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 Facility Head or Warden shall document that he/she has provided such notifications within seventy-two (72) hours of receiving the allegation. The Facility Head or Warden shall require and advise the non-PSD or PSD facility that the allegation must be investigated as required by PREA Standards."

WCCC did not receive any allegations of PREA from other facilities during the most recent 12 months and therefore there is no secondary documentation to review.

Documentation provided for this standard:

Agency Policy ADM.08.08

Notification from PSD PREA Coordinator to another Agency's Administrator re PREA Allegation

Based on this information, WCCC 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.

115.64(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 35.0.1 (pages 35 – 36) 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."

The Auditor reviewed both the PSD PREA Checklist (PSD 8313) and WCCC's Coordinated Response Plan that was provided with the PAQ. Both documents are clear and concise in regard to responsibilities of first responders, as well as the Watch Commander, medical and mental health staff,

and PCM.

Interviews with both random and specialized staff demonstrated knowledge and understanding of the requirements for how to act as a first responder in a potential PREA incident. Staff stated that upon receipt of an allegation, and once notification was made as well as the other above-noted actions were taken, they would complete a PSD PREA Incident Report form to detail all information they were able to obtain, and submit it to the Watch Commander.

115.64(b): Agency Policy ADM.08.08, *Prison Rape Elimination Act (09/22/2017)* section 35.0.2 (page 36) 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 evidence, and then immediately notify security staff."

First responders may be either security or non-security staff. Non-security staff have the same first responder duties as security, and while some were able to clearly articulate those responsibilities, the majority stated they would immediately notify the Sergeant in their work area and wait with an inmate until security staff took over.

During the audit period, WCCC received no known allegations of sexual abuse in which notification was made within a time period that still allowed for the collection of evidence. The Auditor reviewed all investigation files and verified this information to ensure proper procedures and policies were followed.

Documentation provided for this standard:

Agency Policy ADM.08.08

PREA Corrections & Law Enforcement Training (02/02/2017) PowerPoint

PSD PREA Incident Checklist (PSD 8313)

Agency and Facility-Level Response Plans

Investigation Files

Based on this information, WCCC 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.

115.65(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 36.0.1 (page 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."

PSD has a standard written institutional plan that each facility under its leadership amends to be facility-specific in regards to procedures and documentation. The WCCC Coordinated Response Plan was reviewed by the Auditor during the pre-onsite phase. It articulately directs actions to be taken by the First Responders, Watch Commander, the Chief of Security, the PCM and the Warden.

The most recent WCCC Coordinated Response Plan was signed on 08/01/2019. Interviews with both the Warden and the PCM verified understanding of the plan, as well as where the plan is kept for access by necessary staff members.

Documentation provided for this standard:
 Agency Policy ADM.08.08
 WCCC Coordinated Response Plan (signed 08/01/2019)

Based on this information, WCCC 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.

115.66(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 38.0 (page 37) details PSD's policy regarding preservation of the ability to protect offenders from contact with abusers. The policy indicates that PSD will not enter into any collaborative bargaining agreement (CBA) that would limit PSD's ability to "remove alleged staff sexual abusers from contact with any offender pending the outcome of an investigation..." The policy further dictates that a CBA that PSD would enter into or renew must not be "inconsistent" with PREA standard 115.72 and 115.76.

PSD staff fall under two separate American Federation of State, County and Municipal Employees (AFSCME) collective bargaining units: The United Public Workers (UPW) AFSCME Unit 10 and The Hawaii Government Employees Association (HGEA) AFSCME Local 152, AFL-CIO (07/01/2013 – 06/30/2017). Staff falling under the UPW include Food Services, Custody staff and LPNs. HGEA includes RNs, Supervisors in blue collar positions and nearly all other general staff. Staff at WCCC fall under both AFSCME CBAs.

The HGEA bargaining agreement (07/01/2013 – 06/30/2017) 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."

The bargaining agreement with the UPW (07/01/2013 – 06/30/2017) states, "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."

It should be noted that both of these current contracts have been under arbitration since the last effective date noted above. However, the Program Specialist has stated that contract language has not changed since the onset of the PREA standards, and the reason for current ongoing arbitration is solely regarding cost items.

115.66(b): There is nothing in the sections of either of the bargaining agreements reviewed that would limit the abilities required in this sub-standard.

Documentation provided for this standard:
Agency Policy ADM.08.08
HGEA Collective Bargaining Agreement
United Public Workers Collective Bargaining Agreement

Based on this information, WCCC is in full compliance with all elements of standard 115.66.

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.

115.67(a-b, e): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 39.0.1 and .2 (page 37) indicate, "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. 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 ... 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 PCM has been designated to monitor retaliation for inmates at WCCC. This was verified in interviews with the PCM and Warden. Due to sensitivity of allegations, if the circumstances warranted a higher-ranking staff member to monitor retaliation, the PSD Human Resources Administration representative stated that a PSD Human Resources management staff would be charged with monitoring retaliation for involved staff reporters or witnesses.

An interview was also conducted with the Agency Head designee, who confirmed monitoring activities occur as required by policy. Inmates interviewed that had reported a sexual abuse stated that the PCM met with them frequently to "check in" to see how they were doing and if they were experiencing any retaliation. These inmates said they felt safe and comfortable discussing these issues with the PCM at

WCCW.

115.67(c-d): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 39.0.3, .4, .5, .6 and .8 (pages 37 – 38) state, “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. 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. If it has been determined that the offender has suffered retaliation, then staff shall initiate proactive measures to promptly remedy any retaliation. 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. In the case of offenders, monitoring by the Facility PREA Compliance Manager shall also include periodic status checks, preferable conducted weekly, at a minimum ... The facility or PSD staff shall document all incidents of retaliation and the minimum ninety (90) day monitoring requirement, described under this section on the PREA Mandated Reporting Form (PSD 8317).”

The Auditor reviewed 13 investigation files at WCCC. These contained the 10 files from during the documentation period (01/01/2019 – 12/31/2019) as well as three files that were showing as “Pending” on the PSD PREA Investigations Database from 2016. Where appropriate, she reviewed applicable Monitoring Reports. Of the 10 investigations during the documentation period, five cases reflected retaliation monitoring as required.

Monitoring during the documentation period did not reveal any retaliation-related issues or reports.

115.67(f): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 39.0.9 (page 38) states that, “The obligation of the Facility PREA Compliance Manager, Warden, and/or Sheriff to monitor shall terminate, if the investigation concludes that the allegation is unfounded.”

The PCM confirmed in her interview that she meets with inmates requiring retaliation on a monthly basis, and sometimes more frequently depending on the case, to follow up with them about how they are doing, and to ask if they are experiencing retaliation of any kind. She stated a new investigation would be started if there was indication that the inmate was experiencing any type of retaliation in regard to her PREA allegation or subsequent investigation.

The PCM stated that when appropriate or justified, an inmate experiencing issues could be moved within the facility to ensure they were safe and had a sound support system. The Warden noted monitoring may be extended beyond 90 days if the initial monitoring indicated a continuing need.

Documentation provided for this standard:
Agency Policy ADM.08.08
PREA Mandatory Reporting Forms
Investigation Files

Based on this information, WCCC 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.

115.68(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 40.0 (page 38) indicates, "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."

As noted previously, the PSD policy noted above distinctly identifies all elements of the standard for 115.43 Protective Custody, as it prohibits the placement of inmates who alleged to have suffered sexual abuse in segregated housing unless an assessment of all available alternative means of separation from likely abusers has occurred. All such placements would require a clearly documented basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged.

During the documentation period, the Auditor could find no indications that WCCC held an alleged victim in segregated housing. During interviews with inmates who had reported sexual abuse at WCCC, none indicated they were placed in segregation for making any PREA-related allegations.

A review of investigation files did not indicate that any alleged victim had been placed in segregated housing.

Documentation provided for this standard:
Agency Policy ADM.08.08
PSD PREA Mandatory Reporting Forms
Investigation files

Based on this information, WCCC 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.

115.71(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 41.0.1 (page 38) indicates, "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."

In a review of the main PSD investigations database, there were three investigations showing as "Pending" at WCCC from 2016. This was concerning, and therefore while onsite, the Auditor requested more information as to the status of these investigations. The main person responsible for PREA investigations at WCCC is the Investigations Sergeant. He indicated that these files had been closed; however, the information had somehow not made it into the main PSD investigations database. He indicated he had asked for them to be re-sent but it does not appear this occurred. The Auditor subsequently requested to see these files as they were within timeframes of still being maintained for retention. In a review of those files, all three were closed with a finding of Unfounded.

More recent investigations were reviewed as well. At the time of the interim report, there appeared to be a pattern that investigations were not completed in a timely fashion. Very few cases showed closed within 30 days, and several were open for many months. Additionally, if an inmate released prior to the investigation being completed, there were no further attempts to gain additional information. Investigative reports did not appear to contain enough detail to make a thoroughly informed decision. However, during the corrective action period, the Warden began to utilize other investigators to assist in ensuring investigations were completed in a timely and thorough manner.

115.71(b): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 41.0.3 requires that, “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.”

During the interview with the PSD IA investigator, he stated that all IA officers are sworn law enforcement officers, meaning that in addition to the PREA training provided by PSD and the specialized investigator training provided by NIC, the IA investigators also participate in ongoing specialized investigation trainings with local law enforcement.

The policy discusses administrative sexual abuse investigations, but is silent on administrative sexual harassment investigations. Investigation files reviewed did reflect sexual harassment investigations conducted by WCCC investigative staff.

It is recommended that during the next policy revision, an item be added to reflect that local investigative staff conduct sexual harassment administrative investigations, unless allegations are criminal in nature wherein they would be referred to local law enforcement.

All staff conducting PREA investigations at WCCC have been through the specialized training as required by this standard and PSD policy. This was verified by reviewing training completion certificates issued by the National Institute of Corrections (NIC) as noted previously in this report.

115.71(c): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 41.0.4 (page 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.”

Investigative staff at WCCC were interviewed. It was concerning to the Auditor that the staff interviewed for this area came to the interview with prepared, typed-out answers to all questions. Unfortunately the Auditor was not made aware of this until after that interview was conducted by another Audit Team member.

Interviews indicate that investigations begin immediately and are generally completed within 30 days. However, this did not appear to be the case when reviewing WCCC investigation files. This has since been corrected, and the facility PCM ensures cases are completed for review by the Warden in a timely manner.

Investigations that requires extended investigation or are criminal in nature and forwarded to Honolulu County Police Department (HPD). The investigators also detailed the steps taken when beginning an investigation, to include, but not limited to:

- Ensure the safety of the alleged victim;
- Notify the Hawaii Police Department when the allegation appears to be criminal in nature;
- Collect all available evidence

- Interview the alleged victim, witnesses and the alleged abuser(s) unless requested to wait via Hawaii Police Department or IA; and
- Write complete and accurate investigative reports.

115.71(d): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 41.0.5 (page 39) requires, “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.”

Facility investigators do not have the authority to Mirandize witnesses and therefore do not conduct compelled interviews. However, as noted previously, IA staff are sworn officers and complete investigations involving staff, therefore the requirements of this standard are relevant.

It is strongly recommended that during the next policy revision for ADM.08.08, language should be updated regarding staff protections under Garrity, instructing investigators that they “shall” (rather than “should”) consult with law enforcement as to whether a compelled interview may be an obstacle. The conducting of an interview following the provision of Garrity information to the staff member in and of itself implies a compelled interview as the staff member has no choice but to participate in the investigation or face possible discipline.

115.71(e): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 41.0.6 and .7 (page 39) state, “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. 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 a victim or non-staff witness the option to participate in this type of technological process (polygraph, CVSA, or other truth-telling device).”

The Administrative Investigation training PowerPoint developed by PSD Internal Affairs includes their uniform evidence protocol and nearly all aspects of an investigation, with the exception of how to assess credibility of an alleged victim, suspect, or witness other than to consider motive (i.e., “Money, Revenge, Fear, Elimination of Competition, Judicial Leniency, Do-Gooder [Renounce Criminal Activity]”). The NIC training entitled, “PREA: Investigating Sexual Abuse in a Confinement Setting” does cover the requirement to assess credibility. The investigators interviewed reported factors taken into account during an investigation include whether the information provided is plausible, the demeanor of the individual, other statements that may corroborate the individual’s statements, whether the individual has provided truthful information in the past, and if the individual has a known reason to lie. The witness’s status as an inmate should have no bearing on their credibility and all witnesses are considered credible unless there is evidence to support otherwise.

In an interview with an inmate who had reported sexual abuse, she stated that she had a polygraph examination as part of the investigation into her allegations. However, she stated that she was told she did not have to participate if she didn’t want to, and she did not feel as though she had to take the examination. It appears that a polygraph examination is offered during the investigation, but inmates are told they are not required to participate, nor will they be disciplined if they choose not to participate.

115.71(f): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 41.0.8 (page 39) requires that, “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.”

In the investigation files initially reviewed, there was little to no information regarding staff actions (or lack thereof) in regards to the allegation made. There was also no indication of what reasoning was used to determine credibility of alleged victims, alleged perpetrators or witnesses. PSD relies heavily on the investigation report with the investigator’s recommendations to make a final determination; therefore it is critical that as much detail as possible be included in the report. Investigation files supplied to the Auditor during the corrective action period included much more detail to help support the findings. It is strongly recommended that the PCM continue to review investigation reports to ensure they contain necessary information prior to submitting for final review.

115.71(g-h): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 41.0.2 and .11 (pages 38 – 40) state, “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 ... The procedures for criminal investigations conducted by county LE shall be dictated by their policies. In practice, the county’s LE 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.” Investigation files reviewed did reflect several cases that had been submitted to the prosecutor’s office for consideration of filing charges. Investigators from IA and WCCC verified the process of local county law enforcement maintaining criminal investigators and working closely with the prosecutor’s office.

115.71(i): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 41.0.9 (page 40) requires that, “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.”

Interviews with investigation staff indicate that completed investigations are not provided to PSD by local county law enforcement, but rather enough relevant information to notify the inmate and to process the administrative investigation. However, conversation with the PCM and the Warden indicate they do get a report from law enforcement, just not the entire investigation file which would include confidential medical information. The investigative staff stated they share all requested information with law enforcement in order to assist with their cases, and feel as though there is a good working relationship between the two agencies.

115.71(j): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 41.0.10 (page 40) requires that, “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.”

When asked about how investigations are handled if an inmate released prior to the investigation being completed, both the investigative staff and PCM stated that the investigation would continue with whatever information was available. However, there would be no attempt to contact the released

inmate for an investigatory interview, nor to provide findings to the inmate once released.

115.71(k - l): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 41.0.12 and .13 (page 40) require that “any County, State, or Department of Justice agencies conducting such investigations shall do so pursuant to the above requirements...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.”

As noted previously, the investigation staff at WCCC stated that HPD and WCCC maintain contact during criminal investigations stemming from allegations at WCCC. This was documented in investigation files that had been referred to local law enforcement. Additionally, the IA staff stated they maintain contact with local law enforcement regarding all ongoing criminal investigations regarding allegations made regarding criminal behaviors by staff or inmates within PSD.

Documentation provided for this standard:

Agency Policy ADM.08.08

PSD PREA Investigations Database

Curriculum for PREA Investigating Sexual Abuse in a Confinement Setting provided via NIC

NIC Certificates of Completion

Administrative Investigation training PowerPoint developed by PSD Internal Affairs

Investigation Files

Based on this information, WCCC 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.

115.72(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 42.0.1 (page 40) requires that, "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."

Interviews with investigators indicated they understood this standard and the requirements therein. Files reviewed with outcomes and final reports include this information as well.

Documentation provided for this standard:
Agency Policy ADM.08.08
Investigation Files

Based on this information, WCCC 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.

115.73(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 43.0.1 states, "Upon completion of an investigation (administrative or criminal) into an offender's allegation that he/she suffered 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."

In reviewing investigation files, as well as the PSD PREA Investigations Database, the Auditor was able to verify that some inmates still in custody at the end of an investigation were notified. However, several cases only show "?" on the database log so it is not clear whether notification was complete.

A review of several investigation files show a PREA Mandated Reporting Form had been completed, with the box checked for "Notice to the Victim Offender of the results of the completed investigation, the status of the criminal case, or the employment status/location of the alleged staff abuse." However, in the Description box, there would be an indication that the inmate had released and therefore "unable to notify inmate of findings at this time." In reviewing the investigations, some of the notifications may have been able to be completed had the investigation been completed in a more timely manner.

At the conclusion of the corrective action period, investigations were completed in a timelier manner as required, and notifications were able to be completed. This was noted on the PSD PREA Investigations Database, and was also documented on PREA Mandated Reporting Forms, both of which were provided to the Auditor.

115.73(b): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 43.0.2 (page 40) 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."

As noted previously, interviews with the WCCC PCM, investigative staff and PREA Coordinator verified that HPD, IA, and WCCC investigators maintain contact throughout investigations to provide one another necessary information. This includes any findings from the criminal investigations which would be shared with the inmate victim in writing by PSD.

115.73(c): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 43.0.3 (pages 40 – 41) state, "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."

Attached to the PAQ was an example of documentation for such a notification for an investigation that was completed during the documentation period where the inmate was notified of the findings of the

investigation. The elements required in the standard were all included on the PREA Mandated Reporting Form, wherein the inmate was notified the investigation was completed as well as the investigation finding.

115.73(d): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 43.0.4 (page 41) requires, "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."

There were no allegations that an inmate had been sexually abused by another inmate at WCCC during the documentation period. However, the PCM noted that a notification such as the one above would be completed if there was such an allegation and investigation.

115.73(e): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 43.0.5 (page 41) requires that, "The facility or PSD shall document all notifications to offenders described under this section on the PRA Mandated Reporting Form (PSD 8317)."

This documentation was provided as noted above.

Documentation provided for this standard:
Agency Policy ADM.08.08
PSD PREA Investigations Database
Completed PREA Mandated Reporting Forms
Investigation Files

Based on this information, WCCC 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.

115.76(a-c): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 33.0.1, .2 and .3 (page 41) state, "Staff are subject to disciplinary sanctions up to and including termination for PREA sexual abuse or sexual harassment policy violations. Termination shall be the presumptive disciplinary sanction for all staff, who, after an investigation and pre-disciplinary due process hearing, have been found to have engaged in sexual abuse. Disciplinary sanctions for violations of PSD policies relating to sexual abuse and 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 offenders by other staff with similar employment histories."

There were no substantiated investigations involving WCCC staff during the documentation period. However, the PREA Coordinator provided the Auditor with documentation from a prior substantiated investigation regarding staff on inmate sexual abuse, in which the involved staff member was terminated from PSD employment.

115.76(d): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 33.0.4 and.5 (page 42) states that , “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. 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.”

In the case noted above involving the staff member, there were criminal charges and subsequent prosecution.

Documentation provided for this standard:

Agency Policy ADM.08.08
WCCC PREA Incident Log
Investigation Files

Based on this information, WCCC 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.

115.77(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 45.0.1 and .2 (page 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. PSA shall also report the incident to any relevant licensing body applicable to the contractor or volunteer.”

There were no allegations involving WCCC contractors or volunteers during the documentation period. Therefore, there was no secondary documentation to review.

115.77(b): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 45.0.3 (page 42) requires that, “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.”

There were no allegations involving WCCC contractors or volunteers during the documentation period. Therefore, there was no secondary documentation to review.

Documentation provided for this standard:
 Agency Policy ADM.08.08
 WCCC PREA Incident Log
 Investigation Files

Based on this information, WCCC 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.

115.78(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 46.0.1 (page 42) states that, "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."

WCCC had no instances where PREA allegations were made that led to substantiated findings of inmate-on-inmate sexual abuse and/or sexual harassment during the documentation period. This was verified on the WCCC PREA Incident Log and in investigation files, as well as in interviews with staff and inmates. However, the policy does require that if they had investigated such cases and determined the case to be substantiated, that disciplinary sanctions would be issued.

115.78(b-c): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 46.0.2 and .3 (page 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. 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."

There was no documentation to review; however the PCM and Program Specialist provided information to support that sanctions were commensurate with the violation behavior in past cases prior to the documentation period.

115.78(d): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 46.0.4 and .5 (page 42) requires 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. 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."

Although there were no cases noted during the documentation period, interviews with mental health staff verified that historical substantiated cases involving inmate-on-inmate sexual abuse were referred to them to meet with both the victim and abuser. The staff indicated the victim usually followed up with aftercare provided, and abusers would sometimes participate but not typically.

115.78(e): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 46.0.6 (page 42 – 43) states, "PSD shall discipline offenders for sexual contact 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).”

As no applicable instances occurred at WCCC, there was no secondary documentation to review. However, the PREA Coordinator and Program Specialist were able to provide examples of past documentation from the Halawa Correctional Facility to demonstrate compliance with this standard. The documentation provided detailed action taken when an offender was accused of sexually assaulting a staff member who did not consent to the contact.

115.78(f): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 46.0.7 (page 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.”

As no applicable instances occurred at WCCC, there was no secondary documentation to review.

115.78(g): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 46.0.8 (page 43) indicates that, “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.”

A review of investigation files reviewed did show that acts of consensual sex were deemed not to meet requirements for PREA substantiation, but both inmates involved were referred for Inmate Misconduct and an Adjustment Hearing.

Documentation provided for this standard:
Agency Policy ADM.08.08
PSD PREA Investigations Database
Sample Documentation from Halawa Correctional Facility
Investigation Files

Based on this information, WCCC 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.

115.81 (a-c): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 47.0.1 and 47.0.2 (page 43) indicate that, "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...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."

Interviews with ACOs that conduct intake screenings as well as medical and mental health providers confirmed that inmates who disclose either prior sexual victimization or prior perpetration during their intake screening are immediately referred to appropriate practitioners for follow-up meetings within 14 days.

According to both the PAQ and screening assessment samples, there were 100 inmates that disclosed prior victimization during their intake screening during the audit documentation period. The Auditor was provided examples of the PREA Risk Screening, as well as verification of follow-up appointments with mental health staff. Additionally, the Auditor was provided with examples of PREA alerts within the OffenderTrak system indicating "PREA – Known Victim" based on scoring from the PREA Risk Screening tool.

115.81(d): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 47.0.3 (page 43) requires that, "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."

Provided with the PAQ was a sample of an inmate confinement record that non-medical staff have access to. The information on the screen noted a "PREA Alert" stating PREA – Known Victim, with the notation, "WCCC Initial Screening; Current Population with Classification." Interviews with the PCM and Program Specialist confirmed this type of practice when appropriate.

115.81(e): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 47.0.4 (page 43) requires that, "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."

In interviews with both medical and mental health staff, they indicated that if an inmate were to report abuse outside of a confinement setting, unless the inmate was under 18 at the time of the abuse, they would have the inmate sign a PSD Authorization to Release Medical Information (DOC 0404A) form in order for them to share the information through appropriate avenues. The form was reviewed and confirmed compliance with policies and procedures.

During the last 12 months, there have been no incidents in which this type of release was required. As such, there was no secondary documentation to review.

Documentation provided for this standard:

Agency Policy ADM.08.08

Inmate Confinement Record "PREA Alert" Sample Documents

PSD Authorization to Release Medical Information (DOC 0404A)

Investigation Files

Based on this information, WCCC 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.

115.82(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 47.0.5 (page 43) states that, "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 judgement."

The WCCC Coordinated Response Plan outlines the response protocol in the event of an alleged sexual abuse to include activating the PSD PREA Incident Checklist (PSD 8313). In WCCC's Coordinated Response Plan, the second step for a first responder after separating the alleged victim from the alleged perpetrator and making notification through the chain of command, they are to notify the Health Care Unit to "provide the victim with treatment and support services from both the Medical and Mental Health Professionals."

In interviews with supervisors, the PCM, and medical and mental health staff, all were very familiar with the standards of care outlined in the PREA standards and Agency Policy. The immediate notification to medical was also confirmed in interviews with staff who acted as first responders. Interviews with inmates who had reported a sexual abuse all stated the medical response is almost immediate. These inmates also reported that the staff were appropriate in their treatment of the inmates upon receiving the allegation, and took steps to ensure the inmate felt comfortable in the process.

115.82(b): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 47.0.6 and .7 (page 43) required that, "If qualified medical or mental health are not on duty at the time of a report of 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. 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."

As noted above, following the PSD PREA Incident Checklist (PSD 8313) results in notification to the Health Care Unit almost immediately. WCCC operates a 24/7 Health Care Unit, where the response would be immediate regardless of when the allegation was received.

115.82(c): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 47.0.8 (page 44) requires that, "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."

Interviews with medical and mental health practitioners confirmed that services are provided according to the practitioner's professional judgment and in accordance with established health services policies and procedures.

115.82(d): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 47.0.9 (page 44) requires that, "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."

This information was confirmed in interviews with inmates who had reported sexual abuse and had participated in medical and/or mental health services following their allegation.

Documentation provided for this standard:
Agency Policy ADM.08.08
WCCC Coordinated Response Plan
PSD PREA Incident Checklist (PSD 8313)

Based on this information, WCCC 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.

115.83(a-b): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 48.0.1 and .2 (page 44) state, "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. 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."

According to medical and mental health practitioners, when an inmate reports sexual abuse, an immediate mental health assessment is completed, as well as a medical assessment to include screening for suicidal ideation or thoughts. Both medical and mental health ongoing follow-up services are provided as needed and determined by a health services practitioner.

The requirements regarding follow-up medical and mental health care was confirmed in interviews with practitioners in both areas of practice. Additionally, mental health staff said they work with alleged victims to ensure they knew of resources in the community to assist them upon release from confinement. Mental health staff they reach out to provide resources to alleged perpetrators as well, although the alleged perpetrators are not as likely to come to those appointments.

115.83(c): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 48.0.3 (page 44) requires that, "PSD shall provide offender victims of sexual abuse with medical and mental health services consistent with the community standard level of care."

Interviews with both medical and mental health staff verified that WCCC practitioners provide inmate victims with care comparable to that in the community setting.

115.83(d-e): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 48.0.4 and .5 (page 44) state, "Offender victims of sexually abusive vaginal penetration, while incarcerated shall be offered pregnancy tests. 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."

All inmates coming to WCCC are offered pregnancy tests as part of the intake process. If there is information received about a possible sexual assault, alleged victims are again offered this service, as well as comprehensive information about along with access to medical services as appropriate. Interviews with medical staff confirmed that if a female inmate did become pregnant due to a sexual assault while incarcerated, she would be provided with immediate and appropriate medical services.

115.83(f): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 48.0.6 and .7 (page 44) state, "Offender victims of sexual abuse, while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the offender

victim without financial cost and regardless of whether the offender victim names the accused or cooperates with any investigation arising out of the incident.”

Medical staff confirmed via interviews that all inmate victims shall be provided testing for sexually transmitted diseases. They also stated inmates would not be charged any costs or fees for any testing or treatment related to an allegation of sexual abuse. Inmates interviewed who had reported a sexual abuse also confirmed they had not been charged for any of the medical or mental health services they had been provided.

115.83(h): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 48.0.8 (page 44) states that, “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.”

Interviews with mental health staff confirmed that they receive notification regarding known inmate predators via the Health Status Report. They will schedule an appointment to meet with the inmate and provide treatment options, if the inmate chooses to attend the appointment. Mental health staff confirmed they have held such appointments and offered continued services for those individuals.

Documentation provided for this standard:
Agency Policy ADM.08.08

Based on this information, WCCC is in full compliance with all elements of standard 115.82.

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.

115.86(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 49.0.1 (page 45) requires, "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 Auditor was provided with samples of incident reviews that had occurred during the documentation period. Interviews with the Warden and other Incident Review Team members verified that these happen upon completion of all investigations.

115.86(b): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 49.0.2 (page 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."

Interviews with the Warden and PCM confirmed that sexual assault reviews (SAR) occur upon completion of investigations that result in an Unsubstantiated or Substantiated finding, and typically occur within 30 days. However, there had not been any SARs during the documentation period, as there were no Substantiated cases during this time. Therefore, the Auditor was provided with historical documentation to review, which was appropriate.

115.86(c): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 49.0.3 (page 45) requires that the "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."

Interviews confirmed that SAR meetings include the Warden, Chief of Security, PCM, Investigations Sergeant, and appropriate representation from medical and mental health areas, and others as needed. This was also verified by reviewing attendance at historical SAR team meetings.

115.86(d): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 49.0.4 and 5 (page 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...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."

A review of historical SAR documents confirmed the elements detailed in the standard are a part of the

SAR and documented on the appropriate form. As noted previously, there has not been a Substantiated or Unsubstantiated allegation during the documentation period, which can unfortunately hinder consistency in the SAR process, as they are not a common occurrence. It was recommended to the Warden and PCM to continue to meet on a regular basis to consider circumstances surrounding allegations, although not an official sexual assault review, to determine patterns that may be developing.

115.86(e): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 49.0.6 (page 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."

Again, as noted previously, there was no situation requiring a SAR during the documentation review period. However, it does appear that past reviews have led to modifications such as adding additional mirrors in identified blind spots.

Documentation provided for this standard:
Agency Policy ADM.08.08
SAR Incident Review samples
Investigation Files

Based on this information, WCCC 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.

115.87(a-c): Agency Policy ADM.08.08 *Prison Rape Elimination Act* (09/22/2017) section 5.0.1, .2, and .3 (pages 6-11) provides PREA-related definitions.

Included in these definitions are acts prohibited under PREA standards along with definitions for staff and offenders to better understand PREA implementation procedures and strategies. These include, but are not limited to, consent, exigent circumstances, gender nonconforming, retaliation, voyeurism, and finding determinations (substantiated, unfounded and unsubstantiated).

Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 50.0.1 and .2 (page 46) state, "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 standardized format included, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence [SSV] conducted by the Department of Justice."

The PREA Coordinator oversees the collection of accurate, uniform data for all PREA allegations at all of PSD's facilities using a standardized instrument and definitions outlined in the federal Survey of Sexual Violence (SSV). The data collected and reflected in the agency's annual report currently does not include allegations of sexual harassment as the standard addresses sexual abuse. A query was submitted to the PREA Resource Center that stated that although the SSV collects sexual harassment information, it is not required in order to be compliant due to the intent noted in the final federal rule.

Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 50.0.3 (page 46) states, "The Department PREA Coordinator shall aggregate the incident based sexual abuse data at least annually."

Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 50.0.1 and .2 (page 46) 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 standardized format included, 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."

115.87(d): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 50.0.5 (page 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]."

The PREA Coordinator aggregates this data at least annually for the Directors review, and then it is provided to the Department of Justice using the most recent SSV by the due date.

115.87(e): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 50.0.5 (page 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 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.

115.87(f): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 50.0.6 (page 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."

As of the writing of this report, DOJ has not yet requested SSV data for the 2018 calendar year.

Documentation provided for this standard:

Agency Policy ADM.08.08

PSD Agency Website: www.hawaii.gov/psd

SSV data for 2016 and 2017

PSD Annual PREA Report for 2017

Based on this information, WCCC 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.

115.88(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) sections 51.0.1 and .2 (page 46) state, "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."

A review of the most recent Annual PREA Report from 2017 was completed by the Auditor. The 2017 Annual PREA Report is posted to the agency's public website at www.hawaii.gov/psd and provides an introduction, definitions and agency data confirming progression in "its efforts to detect, prevent, report, investigate, offer victim support services and prosecute criminally and/or administratively perpetrators of sexual abuse/assault and sexual harassment in its prison system and lockups."

115.88(b): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 51.0.2.a (page 47) requires, "This report shall include comparison of the current year's data and corrective actions with those from prior years. The annual report shall provide an assessment of PSD's progress in addressing sexual abuse."

While the 2017 Annual PREA Report does contain information about current year's data and an assessment of PSD's progress in addressing sexual abuse, it does not contain information about specific corrective actions in comparison to those from prior years. The PREA Coordinator and Program Specialist have verified corrective actions taken are being added to the Annual Report currently in-work, and will be included in future reports as well to be compliant with this provision of standard 115.88.

115.88(c): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 51.0.2.b (page 47) requires, "This report shall be approved by the Director and be made readily available to the public through the PSD's departmental website."

The PREA Coordinator confirmed the PSD Director has to approve all documentation placed onto the agency website, and therefore his approval to post on the website indicated his approval of the document. An interview with the Agency Head designee also confirmed the PSD Director approves the final report that is published on the agency website.

115.88(d): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 51.0.3 (page 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.”

In a review of the 2017 Annual PREA Report, it appears that personally identifying information was removed from the report.

Documentation provided for this standard:

Agency Policy ADM.08.08

PSD Agency Website: www.hawaii.gov/psd

PSD Annual PREA Report for 2017

Based on this information, PSD 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.

115.89(a): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 52.0.1 (page 47) requires that, "The Department PREA Coordinator shall ensure that the incident-based and aggregated data are securely retained."

All PSD PREA data is retained on a computerized database that is limited to personnel on a need-to-know basis approved only by the PREA Coordinator and/or Director. This was verified in interviews.

115.89(b): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 52.0.2 (page 47) Requires that, "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 was able to review data on the agency's public website at www.hawaii.gov/psd. The website currently contains the agency's annual PREA reports from 2011 through 2017, as well as PREA Audit Reports from all facilities under its jurisdiction, as well as data from the Saguaro Correctional Center, a facility in Arizona privately contracted with to house offenders.

115.89(c): Agency Policy ADM.08.08, *Prison Rape Elimination Act* (09/22/2017) section 52.0.3 (page 47) indicates that, "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."

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* (09/22/2017) section 52.0.4 (page 47) requires that, "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 data from 2011 in the form of Annual PREA Reports on the agency's public website at www.hawaii.gov/psd. Additionally, the PREA Coordinator stated the PREA / Litigation Office of PSD will continue to maintain the sexual abuse data collected for required timeframes.

Documentation provided for this standard:
Agency Policy ADM.08.08

Based on this information, WCCC 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.

The Auditor was provided with policy and proof documentation for each standard, allowed free access to every part of the facility, and was allowed to conduct private interviews with identified staff and inmates.

The Audit Notice was posted in literally every area of the facility and clearly articulated that letters to the Auditor would be confidential and not discussed unless required by law. The Auditor received zero letters from WCCC inmates prior to the onsite review.

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.

PSD publishes all PREA Audit Reports to its public website, www.hawaii.gov/psd. This includes the report from the most recent PREA audit conducted at WCCC in 2016.

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.

Jeneva M Cotton

09/02/2020

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.