

PREA Facility Audit Report: Final

Name of Facility: Kauai Community Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 10/11/2023

Date Final Report Submitted: 04/09/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Deborah Striplin	Date of Signature: 04/09/2024

AUDITOR INFORMATION	
Auditor name:	Striplin, Deborah
Email:	dstriplin@doc.nv.gov
Start Date of On-Site Audit:	09/11/2023
End Date of On-Site Audit:	09/12/2023

FACILITY INFORMATION	
Facility name:	Kauai Community Correctional Center
Facility physical address:	3-5351 Kuhio Highway, Lihue, Hawaii - 96766
Facility mailing address:	

Primary Contact

Name:	Puanani Cummings
Email Address:	puanani.p.cummings@hawaii.gov
Telephone Number:	808-241-3053

Warden/Jail Administrator/Sheriff/Director	
Name:	Jerry Jona Jr
Email Address:	jerry.k.jona@hawaii.gov
Telephone Number:	808-241-3057

Facility PREA Compliance Manager

Facility Health Service Administrator On-site	
Name:	Landon Labrador
Email Address:	landon.j.labrador@hawaii.gov
Telephone Number:	808-241-3067

Facility Characteristics	
Designed facility capacity:	125
Current population of facility:	140
Average daily population for the past 12 months:	122
Has the facility been over capacity at any point in the past 12 months?	Yes
Which population(s) does the facility hold?	Both females and males
Age range of population:	24-67 years old
Facility security levels/inmate custody levels:	Community, Minimum, Medium
Does the facility hold youthful inmates?	No

Number of staff currently employed at the facility who may have contact with inmates:	72
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	1
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	33

AGENCY INFORMATION	
Name of agency:	Hawaii Department of Public Safety
Governing authority or parent agency (if applicable):	
Physical Address:	1177 Alakea Street, Honolulu, Hawaii - 96813
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	Tommy Johnson
Email Address:	tommy.johnson@hawaii.gov
Telephone Number:	808-587-1339

Agency-Wide PREA Coordinator Information			
Name:	Cheyenne Evans	Email Address:	cheyenne.l.evans@hawaii.gov

Facility AUDIT FINDINGS
Summary of Audit Findings
The OAS automatically populates the number and list of Standards exceeded, the number of

Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

45

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-09-11
2. End date of the onsite portion of the audit:	2023-09-12

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	In the pre-onsite phase, the auditor contacted the Kauai YWCA victim advocate and Just Detention International. Refer to standards 115.21 and 115.53 for additional information.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	200
15. Average daily population for the past 12 months:	120
16. Number of inmate/resident/detainee housing units:	8
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	116
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	11
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	9

44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	7
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>For the pre-onsite and onsite phase of this audit, the auditor followed the Department of Justice Auditor Handbook version 2.1 for the number of offender interviews and required a minimum of 20 interviews (10 random and 10 specialized/target). This facility houses male and female offenders, on day one of the onsite audit, the PCM provided offender rosters separated by housing unit and gender of offenders. The lead auditor reviewed rosters selecting a diverse population of male and female offenders from each housing unit. The facility provided rosters for offenders tracked for targeted interviews. Twelve offenders were listed as having a physical or developmental disability/mental health condition; however, the roster did not include cognitive impairment. The auditor selected offenders and communicated with mental health to determine an offender's disability with one offender having several disabilities and was interviewed as cognitively impaired. The facility did not have a roster documenting sexual orientation or gender identity and learned through communication with the PCM. Additionally, they did not have any limited English proficient offenders and the audit team was informed they rarely receive offenders speaking languages requiring a translator. The numbers reported for this target group are to the best of the ability of the auditor from the documentation provided. Refer to standard 115.42 onsite phase interview with a Transgender offender.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>24</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>1</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>1</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>On the day of the onsite audit, the facility had many security staff working overtime to ensure they met staffing ratio requirements.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>15</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>For the pre-onsite and onsite phase of this audit, the auditor followed the Department of Justice Auditor Handbook version 2.1 for the number of offender interviews and required a minimum of 20 interviews (10 random) (10 specialized/target). This facility houses male and female offenders, on day one of the onsite audit, the PCM provided offender rosters separated by housing unit and gender of offenders. The lead auditor reviewed rosters provided by the facility selecting a diverse population of offenders to be interviewed from each housing unit. The audit team members utilized the PRC offender interview protocols for both random and target interviews of male and female offenders.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>12</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Onsite observations and interviews with staff and offenders affirmed the facility did not have offenders with physical disabilities.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>4</p>

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>For the pre-onsite phase, the PAQ indicated that the facility did not have offenders requiring translation or interpretation services. Onsite observations and interviews with staff and offenders affirmed the facility did not have limited English-proficient offenders.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>3</p>

<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>On day one of the onsite audit the PCM stated offenders who had reported sexual abuse at this facility had been released. Reviewing documentation supported the information provided.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>For the pre-onsite phase, the PAQ indicated that the facility did not house any offenders in restrictive housing for risk of sexual victimization. Onsite observations and interviews with staff and offenders affirmed the facility did not house offenders in restrictive housing.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>In the pre-onsite phase, the auditor contacted the Kauai YWCA victim advocate and Just Detention International. Refer to standards 115.21 and 115.53 for additional information.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>13</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>For the onsite audit review, the facility provided staff rosters for the dates the audit team was at the facility. The audit team selected random staff from all shifts and each housing unit, work, and program area. Due to staffing shortage, the audit team interviewed the majority of security staff assigned to work during the onsite review.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>13</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	Refer to standards 115.21 and 115.53 for interviews with the community victim advocate and Kauai Police Department.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>September 11, 2023, was the first day of the onsite phase of the audit. The audit team arrived around 0430 and met with the PREA Compliance Manager (PCM) who coordinated space for the audit team to interview staff from the 1st watch. The audit team held a meet and greet with the PCM, PREA Coordinator, PREA support staff from headquarters, and the Warden discussing the onsite process, interim report time frame, corrective action, and final report time frames. After the meeting, the onsite review commenced with the audit team escorted by the PCM, PREA Coordinator, and PREA support staff. The physical plant review included all housing units, work and program areas, and other buildings. Upon entering offender housing units staff completed cross-gender announcements and the audit team made observations including, but not limited to the PREA audit notifications in English, unannounced supervisor log entries, audit team tested critical functions (i.e. internal/ external reporting methods and outside emotional support service hotline). The audit team conducted informal interviews with random staff and offenders and observed interactions between offenders and staff with offenders. Day two of the onsite review consisted of final interviews with staff and offenders, document review, and onsite audit out brief. During the out brief, the auditor discussed positive things observed and learned through informal and formal interviews.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	4	0	4	0
Staff-on-inmate sexual abuse	1	0	1	0
Total	5	0	5	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	7	0	7	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	7	0	7	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	3	1
Staff-on-inmate sexual abuse	0	0	1	0
Total	0	0	4	1

Sexual Harassment Investigation Outcomes

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

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	7
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	7

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	5
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<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>7</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>7</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: 0

112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

Yes

No

NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

Yes

No

NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

For the pre-onsite phase, the auditor completed an internet search for potential sexual abuse arrests involving staff and offenders at this facility. The auditor prioritized and reviewed all sexual abuse and sexual harassment investigations closed during this audit time frame including those the facility closed during the corrective action phase.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

Non-certified Support Staff	
<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
AUDITING ARRANGEMENTS AND COMPENSATION	
<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input checked="" type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<p>Identify your state/territory or county government employer by name:</p>	<p>Nevada Department of Corrections</p>
<p>Was this audit conducted as part of a consortium or circular auditing arrangement?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act • Interoffice memorandum • Agency organization chart

- Facility organization chart
- Facility Coordinated Response Plan
- Position Description for Litigation Coordinator
- Position Description for the Program Specialist V

Interviews

- Agency PREA Coordinator
- Facility PREA Compliance Manager
- Random staff

(a) The Department of Public Safety (PSD) has a zero-tolerance policy (ADM .08.08) concerning all forms of sexual abuse, sexual harassment, and retaliation for reporting incidents in a PSD prison, jail, lockup, community correctional center, and privately contracted prison operating under the direct control of PSD or under contract with PSD. When referencing staff in this audit report "staff members" will include contractors and volunteers per policy. The agency's "zero-tolerance" 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 is also prohibited and will be investigated.

(b) The agency has designated a Litigation Program Specialist as the state-wide PREA Coordinator. This position is assigned to the Litigation Coordination Office and is a branch of the Director's Office.

For the pre-onsite phase, the auditor interviewed the Agency PREA Coordinator who stated that they have sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards. The PREA Coordinator maintains consistent and regular communication with the facility PREA compliance managers, and they have direct access to the executive leadership. The Director affirmed that the agency has appointed a PREA Coordinator, and they have direct contact and communication with the executive leadership.

(c) Agency policy requires 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 facility PREA Compliance Manager (PCM) has been designated as the facility PCM for almost six years and PCM, PREA is not their only assigned duty of responsibilities. The PCM has a good knowledge and understanding of the PREA responsibilities, however they do not always have sufficient time to complete some tasks. The PREA Coordinator discussed their concerns with the Warden and Chief of Security who designated another staff member to support the PCM and would be the primary facility PREA administrative investigator. The PCM stated they have direct access to the Warden, Chief of Security, and the agency PREA Coordinator.

During the onsite physical plant review, the audit team observed PREA information posted in all housing units, the visiting room, programming, and work areas. Informal

	<p>discussion and interviews with staff and offenders affirmed knowledge of the agency's zero-tolerance policy. Observations of upper-level facility leadership appeared disengaged, on the second day of the onsite audit out brief, the auditor recommended that the Warden and acting Chief of Security be more involved with the PREA program and responsibilities of the PCM.</p> <p>Post-onsite while monitoring corrective action, the auditor contacted the PCM for some corrective action documentation and learned that the Chief of Security during the onsite audit had pulled the backup PCM after the onsite audit. This caused a delay in meeting time frames for documentation review in the beginning months of the corrective action time frame. The auditor coordinated a status check meeting with the PCM and Agency PREA Coordinator and was informed that the facility recently promoted a new Chief of Security who was very proactive. Additionally, the Warden designated a new backup PCM and emailed all watch commanders and supervisors they had designed another staff member to support the PCM. Documentation supporting this appointment was provided to the auditor.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act • PSD contract with CoreCivic, Saguardo Correctional Facility, Eloy Arizona. • Saguardo Correctional Facility Final PREA audit report • PSD and U.S. DOJ Bureau of Prisons contract U.S. DOJ Bureau of Prisons, FDC Honolulu Final PREA audit report • Agency public website

Interviews

- Agency PREA Coordinator
- Agency Contracts Administrator

(a) ADM.08.08 requires 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 shall adopt and comply with PREA, specifically the finalized PREA Standards.

(b) ADM.08.08 states that 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 policy also requires that the private entity is responsible for complying with the audit requirements of the PREA Standards and any cost associated with audits as required by standards §115.401 to §115.404.

For the pre-onsite phase, the auditor reviewed the agency's public website and located the agency's audit compliance checklist. This checklist includes a PREA section and the applicable provision they are required to review onsite is listed on pages 16 and 17. The agency has posted contracted facility information for Core Civic, Saguaro Correctional Center, FDC Honolulu, and their final PREA audit reports. The agency has an open-ended contract with the U.S. Department of Justice, Federal Bureau of Prisons (FBOP) to house PSD offenders in the Federal Detention Center (FDC) Honolulu. There is an understanding by this auditor that all FBOPs are required to comply with the National Standards upon their release in August 2012. During this audit time frame, PSD did not have any offenders housed at FDC and was informed they have not had any offenders housed at this facility over the last three years.

The lead auditor interviewed the Agency Contract Administrator who stated they oversee the staff assigned to the contracts division. The contracts division has four contract monitors responsible for conducting quarterly onsite audit inspections at the Saguaro Correctional Center in Eloy, Arizona. The agency employs one onsite contract monitor at the Saguaro facility and they have direct contact and oversight of contract compliance. Contract staff attend the weekly Warden’s meeting and receive notifications if one of their offenders reports an allegation of sexual abuse and sexual harassment. Contract facilities provide copies of all reported incidents and investigation reports to PSD.

Corrective action: There was no corrective action to take.

Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.

At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.

Policy(s) and supporting documentation

- Agency policy ADM.08.08: Prison Rape Elimination Act
- Facility Staffing Plan

Interviews

- Warden
- PREA Compliance Manager
- PREA Coordinator
- Target Supervisors
- Random Staff

(a) ADM.0808 requires that the Department PREA Coordinator in conjunction with the Institutions Division Administrator (IDA) shall ensure that each facility develops, documents, and makes its best efforts to comply on a regular basis with a written staffing plan. The review must include that the facility provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against sexual abuse and that the facility takes into consideration the following:

1. Generally accepted detention and correctional practices.
2. Any judicial findings of inadequacy.
3. Any findings of inadequacy from federal investigative agencies.
4. Any findings of inadequacy from internal or external oversight bodies.
5. All components of the facility's physical plant (including "blind spots" or areas where staff or inmates may be isolated);
6. The composition of the inmate population.
7. The number and placement of supervisory staff.
8. Generally accepted detention and correctional practices.
9. Any judicial findings of inadequacy.
10. Any findings of inadequacy from federal investigative agencies.
11. Any findings of inadequacy from internal or external oversight bodies.
12. All components of the facility's physical plant (including "blind spots" or areas where staff or inmates may be isolated);

13. The composition of the inmate population.
14. The number and placement of supervisory staff.

Pre-onsite target interviews confirmed the facility leadership and designated supervisors continuously review and assess the facility staffing. During the onsite phase physical plant review, the audit team identified a restroom door in Module C dining had a keyless lock creating an area where staff or offenders could be isolated. The facility completed this action item during the interim report phase and provided photos to the auditor of the door with the key lock entry.

(b) ADM.08.08 requires that 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.

(c) ADM.08.08 states that the Warden shall review the facility's written staffing plan annually in the month of July, the start of the fiscal year, and submit his/her assessment to the Department PREA Coordinator 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 the following.

1. The written staffing plan
2. The facility's deployment of video monitoring systems and other monitoring technologies; and
3. The resources the facility has available to ensure adherence to the staffing plan.

Pre-onsite phase target interviews and documentation review confirmed the facility conducts an annual review and submits its report to the PREA Coordinator. The number of staff designated at each facility is approved by the State of Hawaii Legislative Bodies and staffing is based upon the offender population.

(d) ADM.08.08 requires that the Warden ensures that lieutenants, captains, and correctional supervisors conduct and document unannounced walk-throughs on all watches to aid in identifying and deterring staff sexual abuse and sexual harassment. The walk-through tours must be documented in the housing unit logbooks and the Supervisor's watch summary. The policy further states that agency and facility staff are prohibited from alerting other staff members of the walk-throughs by supervisors unless such an announcement is related to the legitimate operational functions of the facility.

During the onsite phase, the lead auditor interviewed target security supervisors. They stated unscheduled rounds were completed and documented the work/program area logbooks. They do not inform or notify line staff when they conduct unannounced rounds, however, staff can view supervisors on video monitors. If the supervisor hears or is made aware staff is alerting others, they will address the staff member. Interviews with random staff affirmed shift supervisors conduct

	<p>unannounced rounds and supervisors who are the opposite gender of the offenders in the housing unit, staff will complete the cross-gender announcement (115.15). During the physical plant review, the audit team informally spoke with security staff and offenders in housing units, work, and program areas and observed professional interaction between offenders and staff. The audit team reviewed supervisor logbooks in all housing units, work, and program areas and identified that the supervisor's unannounced logbook entries in the program and work areas were not documented consistently. On the last day of the onsite audit and during the audit-out brief discussion, the Warden stated he would send a directive to the Watch Commanders and Supervisors on their responsibilities for documenting rounds.</p> <p>Post onsite: The facility was placed into corrective action for provision (d) with the auditor and facility mutually agreeing that after the Warden sent out the Directive, the PCM would provide photos from housing unit logbooks for the auditor to monitor proof of practice and maintain compliance. After reviewing the documentation provided, a final analysis of the evidence indicates the facility is meeting substantial compliance with this standard. There is no additional corrective action to take.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions.</p>
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115.14	Youthful inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act • Offender population report <p><u>Interviews</u></p>

- PREA Coordinator
- Facility PREA Compliance Manager

ADM.08.08 includes the Hawaii Revised Statute (HRS) § 706-667 definition of a young adult and PREA definition of a youthful offender. PREA's definition of a youthful offender differs from the HRS §706-667 definition. The policy states PSD does not normally manage youthful offenders/detainees as defined by PREA; however, specialized requirements would apply to the housing of a youthful offender/detainee in a PSD facility. According to HRS §571-22, the Family Court may relinquish its jurisdiction over a youthful offender and transfer the case to a Court of criminal jurisdiction for prosecution of the juvenile offender as an adult.

The agency does not normally manage youthful offenders/detainees as defined by PREA; however, it is important to note that specialized requirements would apply for housing a youthful offender/detainee in a PSD facility. According to HRS §571-22, the Family Court may relinquish its jurisdiction over a youthful offender and transfer the case to a Court of criminal jurisdiction for prosecution of the juvenile offender as an adult.

(a) ADM.08.08 states that if the agency does receive a youthful offender as defined by PREA, 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. Any non-compliance with these requirements must be documented on the PREA Mandated Reporting Form (PSD 8317) and forwarded to the Department PREA Coordinator.

(b) ADM.8.08 states 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 staff supervision when youthful offenders and adult offenders have sight, sound, and physical contact. Any non-compliance with these requirements must be documented on the PREA Mandated Reporting Form (PSD 8317) and forwarded to the Department PREA Coordinator.

(c) ADM.08.08 requires the agency to document 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 are denied in order to separate them from adult offenders, The facility must document any exigent circumstances and document on the PREA Mandated Reporting Form (PSD 8317). PSD 8317 must be sent to the PREA Coordinator. The agency policy states it will make its best effort to avoid placing youthful offenders in isolation to comply with this provision.

For the pre-onsite phase, the PAQ indicated that the facility does not house youthful offenders. The PREA coordinator, Warden, and facility PCM interviews affirmed that the facility has not housed youthful offenders. During the onsite review phase, the audit team did not observe or identify any youthful offenders housed at this facility.

	<p>Corrective action: There was no corrective action to take.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions</p>
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115.15	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act • Cross-gender strip search documentation • COR.08.13 Duty Assignment for Corrections Officers • Staff training curricula related applicable standard provisions • PSD 8317 <p><u>Interviews</u></p> <ul style="list-style-type: none"> • PREA Coordinator • Random staff • Target Transgender Offenders • Random male and female offenders <p>(a) ADM.08.08 states 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. ADM.08.08 referenced agency policy COR.08.13 - Duty Assignment for Corrections Officer which outlines procedures for searches. ADM.08.08 requires staff to utilize the PREA Mandated Reporting Form (PSD 8317) when there is an incident of cross-gender strip searches and cross-gender visual body cavity searches and must submit the form to the PREA Coordinator.</p>

During the onsite phase, random staff and target offender interviews confirmed staff do not conduct cross-gender strip searches or cross-gender visual body cavity searches of offenders.

(b) ADM.08.08 states 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. Onsite interviews with female offenders affirmed male staff are not conducting pat searches on female offenders

The PAQ and interviews affirmed male staff do not conduct pat searches of female offenders.

(c) ADM.08.08 requires all cross-gender pat-down searches of female offenders to be documented by utilizing the PREA Mandated Reporting Form (PSD 8317). Facilities are required to notify the PREA Coordinator and send the PSD 8317 form.

The PCM stated they would document cross-gender pat-down searches on PSD 8317 and notify the PREA Coordinator. The facility has not conducted cross-gender searches of female offenders and will document cross-gender searches when a Transgender Female requests a search by female staff. Interviews with female offenders affirmed male staff are not conducting pat searches on female offenders

(d) ADM.08.08 requires that offenders shall be allowed 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. Staff shall document any exigent circumstances by utilizing the PREA Mandated Reporting Form (PSD 8317) and forward the form to the PREA Coordinator. Before staff of the opposite gender enter an offender housing unit, they are required to complete a "knock and announce" to alert offenders of their presence and document the announcement in the Informer or Log Book.

Onsite interviews and physical plant review. This facility houses female and male offenders with those selected for interview affirming they hear opposite gender announcements before staff of the opposite gender enter the housing unit. The female audit team was escorted by both female and male facility staff during the physical plant review and the audit team observed and heard the housing unit staff announce the opposite gender before entering male housing units, and before the male escorting staff entered the female housing units. The audit team reviewed housing unit logbooks indicating opposite gender announcements are documented. Interviews with staff supported the policy, offender interviews, and audit team observations.

(e) ADM.08.08 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. If the offender's genital status is unknown, staff may be determined from conversations with the offender, reviewing medical records, or, if necessary, by learning this information as part of a medical examination conducted by a medical

	<p>practitioner.</p> <p>Onsite random staff interviews affirmed staff do not search or physically examine a Transgender or Intersex offender for the sole purpose of determining the offender's genital status.</p> <p>(f) ADM.08.08 states 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.</p> <p>Onsite the audit team interviewed random staff from all shifts. Staff stated they received training on how to conduct pat-down searches of Transgender and Intersex offenders and described the appropriate method and hand placement. The PCM and staff indicated they did not currently have any transgender offenders onsite; however, the auditor perceived one offender as Transgender female during the physical plant review. After the audit team selected offenders for random and target interviews, the perceived Transgender offender was chosen for another target interview/ During the interview introduction and in conversation the offender indicated they identified as Transgender female. While the offender was selected for another target interview, the auditor utilized Transgender Offender interview protocol for the required interviews outlined in the auditor handbook. The offender stated she is comfortable at this facility and staff conduct respectful and professional searches.</p> <p>Corrective action: There was no corrective action to take.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions.</p>
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<p>115.16</p>	<p>Inmates with disabilities and inmates who are limited English proficient</p>
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p>

Policy(s) and supporting documentation

- Agency policy ADM.08.08: Prison Rape Elimination Act
- Staff training curricula related Limited English Offenders and Translation services.
- PSD 8317 PREA Mandated Reporting Form
- Email supporting contracted services.
- PREA posters
- Offender Informational Guide (brochure)
- PSD Limited English Proficiency (LEP) Plan

Interviews

- Director
- Target Offenders
- Random staff

(a) (b) ADM.08.08 indicates 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.

(c) ADM.08.08 states that in limited circumstances offender interpreters or other types of offender assistance are required to document the use of services by utilizing the PREA Mandated Reporting Form (PSD 8317). The facility shall forward PSD 8317 to the PREA Coordinator within three (3) days. The Civil Rights Compliance Office (CRCO) has designated procedures for the use of authorized interpreters and the PREA Coordinator or facility PCM can assist staff if needed to coordinate services.

The auditor reviewed the PSD Limited English Proficiency (LEP) Plan. The purpose of this plan is for the agency or facility to take reasonable steps to ensure LEP inmates are able to gain meaningful access to PSD's services and programs. This document defines LEP persons, and relevant factors in determining how to provide services and lists the following (6) components included in this plan.

- Departmental reporting tool designed to obtain key information about the LEP population.
- Compilation of a multi-lingual listing of PSD staff volunteers
- Notice of interpretation/translation services for qualified LEP persons
- Provision of interpretation/translation services for qualified LEP persons
- The role of the LEP Plan Coordinator; and,
- Training of PSD staff on the LEP

Pre-on-site phase target staff interviews affirmed the agency has established procedures to provide offenders who are disabled or limited English proficient. Reviewing the PAQ, it indicated that during this audit time frame, the facility did not have offenders requiring translation or interpretation services.

	<p>Onsite random and specialized offender interviews affirmed the facility provides information in a manner they can understand. At the time of the onsite audit, the facility did not have offenders requiring translation or interpretation services. Interviews with random staff identified that many were not aware that the facility could access a translation service provider and/or that they would contact a supervisor.</p> <p>On the last day of the onsite audit, the auditor and the facility discussed that this standard would be placed into corrective action. The auditor and PCM mutually agreed that the facility would provide staff refresher training and provide documentation to the auditor. Post-onsite corrective action the PCM provided the staff training PowerPoint, in-person staff training sign-in sheets, staff training acknowledgment forms, and the facility training log. Following a period of corrective action, a final analysis of the evidence indicates the facility is substantially in compliance. There is no additional corrective action to take.</p> <p>Conclusion: Based upon the review and analysis of all available evidence</p>
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115.17 Hiring and promotion decisions	
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act • Policy ADM.03.05: Live Scan and Record of Arrest and Prosecution Background • Department of Human Resources Policy 702.003 • Staff roster & documentation requested. • Contractor/volunteer roster & documentation requested • PSD 8318 • Criminal History Record Clearance form (Lautenberg Amendment) <p><u>Interviews</u></p>

- Human Resources Suitability Specialist
- Program Services Administrator for Contractors and Volunteers

(a) ADM.08.08 indicates that the agency 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 offenders if that person:

1. 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;
2. 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;
3. Has been civilly or administratively adjudicated to have engaged in the activity described in the paragraphs above.”
4. Has been the subject of substantiated allegations of sexual abuse or sexual harassment or resigned during a pending investigation of alleged sexual abuse or sexual harassment.
5. There are less stringent requirements for volunteers, who are utilized as peer mentors, but this requires a case-by-case assessment and review with the Department PREA Coordinator.

(b) ADM.08.08 states the agency 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.

(c) (d) ADM.08.08 requires that before new employees, contractors, or volunteers, who may have contact with offenders are hired, PSD shall:

1. Perform criminal background records checks, consistent with federal, state, and local law; and
2. 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.

(e) ADM.08.08 requires criminal background records checks at least every five years for current employees, contractors, and volunteers, who may have contact with offenders. The Personnel’s Office is responsible for ensuring compliance with the five-year cycle of background checks for employees. All employment positions that are required to carry firearms are required to have an annual Lautenberg type of background check.

(f) ADM.08.08 requires that the agency will ask all applicants and employees, who may have direct contact with offenders, about previous misconduct(s) described

above in (a) either on

1. a written application,
2. during an interview for hire,
3. a promotional interview, or
4. if applicable, during any interview or written self-evaluation conducted as part of reviews of current employees. This requirement is documented by utilizing the PREA Applicant Questionnaire (PSD 8318), during the application process for prospective employees, employee promotions, or employee transfers.

Additionally, the policy requires that staff have the affirmative duty to immediately disclose any misconduct referenced above in section (a).

(g) ADM.08.08 indicates that any agency staff, who materially omits reporting such misconduct or provides materially false information shall be subject to discipline based on the just and proper cause standard, up to and including discharge. The State of Hawaii, Department of Human Resources Policy 702.003 - Separation from Service and addresses state employees were referenced in ADM.08.08 and reviewed.

(h) ADM.08.08 requires the agency to 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 of a response.

for the pre-onsite phase of this audit, the auditor received the facility staff roster, selecting staff hired and/or promoted within this audit time frame and random current staff for file review. The documentation reviewed affirmed the agency completed background checks, internal and external PREA reference checks (as applicable), and PSD 8318 forms. The human resources specialist assigned to the suitability unit conducts background checks for prospective new staff, annual recertification, and five-year background checks. The suitability unit uses Livescan fingerprint and participates in the Rap Back service which performs continuous vetting for all staff and is a fingerprint-based check. As stated above in provision (e) the Rap Back service ensures PSD personnel receive immediate notification if staff have LE contact and meets the annual Lautenberg background checks requirement. In addition, if applicants have prior employment within a confinement setting, HR staff will conduct a reference check. All staff are considered mandatory reporters and have the affirmative duty to disclose any misconduct. This requirement is referenced under Admin Rule #10. The Program Services Administrator oversees all contractors and volunteers and processes criminal background checks for new volunteers and contractors and again every two years for all active contractors and volunteers.

Corrective action: There was no corrective action to take.

Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard

	provisions.
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Director • Warden <p>(a) ADM.08.08 states 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.</p> <p>(b) ADM.08.08 indicates that when the agency or the facility installs or updates its video monitoring system, electronic surveillance system, close circuit television (CCTV), or other monitoring technology, they will consider how such technology may enhance the agency’s ability to protect offenders from sexual abuse.</p> <p>For the pre-onsite phase, the auditor interviewed the Director and the Warden. The facility leadership and the PCM will collaborate and prioritize identified areas to install cameras when planning Capital Improvement Projects (CIP). Since the facility's last PREA audit, new cameras were installed and they recently submitted a request for additional cameras. The audit team identified video surveillance and reviewed video monitoring during the onsite physical plant review.</p> <p>Corrective action: There was no corrective action to take.</p>

	<p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions.</p>
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115.21	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act • Kapiolani Medical Center for Women and Children (KMCWC-SATC) Contract 22-HAS-01 • U.S. Department of Justice, Office on Violence Against Women National Protocol for Sexual Assault Medical Forensic Examinations <p><u>Interviews</u></p> <ul style="list-style-type: none"> • PREA Compliance Manager • Target offenders • Random staff • Kauai Police Department - Sexual Assault Response Team Program Supervisor • Community victim advocate • Facility investigator • Agency Internal Affairs (IA) Investigator <p>Pre-onsite phase review: Agency policy ADM.08.08 indicates that the agency is responsible for conducting all administrative sexual abuse investigations. All criminal sexual abuse investigations shall be referred to the county LE agency, Kauai Police Department, If the county LE declines to investigate the initial report related to a criminal case, then a referral shall be made to the State of Hawaii, Department of the Attorney General (AG) to investigate the criminal case. The agency policy requires staff to cooperate with the county LE's or AG's criminal investigation, and the agency</p>

staff shall be afforded protections based on Garrity Warnings in the administrative investigation if the facts constitute a criminal offense or warrant a criminal investigation.

(a, b) ADM.08.08 states that the agency utilizes departmental evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and preserve the crime scene for criminal investigations and prosecutions.

(c) ADM.08.08 states the Health Care Division staff shall determine, based on evidentiary or medical needs, whether a victim of sexual abuse will be transported for a forensic medical examination at the Sex Abuse Treatment Center (SATC) or a hospital emergency unit. This shall be at no financial cost to the victim. In facilities without twenty-four (24) hours of medical care will contact the on-call physician. 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 and 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.

(d) The SATC contract scope of services with the State of Hawaii, crisis response services include in-person services and they will be available to sexual assault victims at all times, 24 hours a day, 365 days a year.

(e) ADM 08.08 requires that at the request and approval of the victim, a victim advocate from the SATC or SATC contracted provider on the outer islands shall be provided to support the victim through the forensic medical examination process and the investigatory interview. The purpose of a victim advocate is to provide emotional support, crisis intervention, information, and referrals.

(f) ADM 08.08 states the agency and facilities shall ensure that internal investigations comply with the above requirements and that external investigative entities (County LE) have procedures in place to comply with the above requirement.

(g) ADM.08.08 requires 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.

(h) The State of Hawaii contract with the community victim advocate organization will respond and provide services to victims of sexual abuse.

Pre-onsite phase target interviews affirmed that neither the agency nor the facility conducts sexual assault forensic exams. Offenders reporting sexual abuse within a time frame to collect forensic evidence are transported to the local hospital emergency room. Local law enforcement is contacted and assumes control of the crime scene and criminal investigation including contacting the on-call Sexual Assault Nurse Examiner to respond. The facility investigator is responsible for conducting administrative investigations, the assigned investigator should request the criminal

	<p>case number from the LE to follow up on the status of the investigation.</p> <p>Target interviews with local law enforcement and the community victim advocate were completed during the pre-onsite phase and summarized below.</p> <p>Kauai Police Department (KPD)- Sexual Assault Response Team Program Supervisor: After an offender reports an incident of sexual abuse that occurred within time frames for the collection of forensic evidence, the facility contacts KPD. KPD detective will initiate the sexual assault response including contacting the stand-by Sexual Assault Forensic Examiner (SAFE). KPD will coordinate with the facility before transporting the victim-offender for the forensic exam. A victim advocate from the YWCA will respond to the exam location to support the victim during the exam and investigator interviews. KPD stated they contract with five SAFE nurses and one is on stand-by call.</p> <p>Community Victim Advocate: The YWCA victim advocate stated that they will respond and provide emotional support for a victim of sexual abuse regardless of incarceration status, gender identity, or sexual orientation.</p> <p>At the time of the onsite audit, this facility did not have any offenders who had reported sexual abuse at this facility. Random staff stated the facility PCM is responsible for conducting the administrative investigation, this affirmed information learned from upper-level facility staff interviews.</p> <p>Corrective action: There was no corrective action to take.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p>

Policy(s) and supporting documentation

- Agency policy ADM.08.08: Prison Rape Elimination Act

Interviews

- Director
- Facility Investigator
- Agency Internal Affairs (IA) Investigator
- PREA Coordinator
- Kauai Police Department (KPD) Sexual Assault Response Team (SART) Supervisor

(a) ADM.08.08 states PSD will ensure 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.

(b) ADM.08.08 requires allegations of sexual abuse or sexual harassment involving potentially criminal behavior, shall be immediately referred to the County Law Enforcement. PSD Internal Affairs Office ("IA") shall be immediately notified of any allegation of sexual abuse or potentially serious incident of sexual harassment. The administrative investigation may be completed by IA or at the facility level pursuant to an order of the Director or his/her designee.

(c) PSD publishes ADM.08.08, Prison Rape Elimination Act on the official department public website at www.hawaii.gov/psd.

(d) ADM.08.08 states county LE may have its own policy governing how criminal investigations of sexual abuse are conducted. PSD does not manage criminal investigations for sexual abuse or criminal sexual harassment.

For the pre-on-site phase target staff interviews affirmed that reported incidents of sexual abuse or sexual harassment are assigned administrative investigations and those involving potential criminal violations are referred to LE. The PREA Coordinator stated administrative investigations could be assigned to the Internal Affairs investigator who is assigned to headquarters on the Island of Oahu. The PAQ indicated 16 allegations assigned for administrative investigations, none referred for possible criminal violations, reviewing the incident log the facility received 12 allegations during this audit time frame, the remaining four were outside the 12-month audit period for document review in conjunction with standard 115.71. The KPD SART supervisor described their response procedures after receiving a notification of sexual abuse reported by an offender.

Corrective action: There was no corrective action to take.

Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions.

115.31	Employee training
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 340 1477 499">The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p data-bbox="256 539 1461 741">At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p data-bbox="256 779 823 813"><u>Policy(s) and supporting documentation</u></p> <ul data-bbox="331 880 1134 994" style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act • Staff training curricula • Facility staff training roster <p data-bbox="256 1037 408 1070"><u>Interviews</u></p> <ul data-bbox="331 1137 557 1171" style="list-style-type: none"> • Random staff <p data-bbox="256 1214 1453 1373">a) ADM.08.08 outlines staff training requirements to provide comprehensive training for all staff and emphasizing PSD's zero-tolerance policy and the importance of preventing sexual abuse / sexual assault and sexual harassment toward offenders. All PSD staff who may have contact with offenders trained on:</p> <ol data-bbox="320 1440 1465 2063" style="list-style-type: none"> 1. PSD's zero- tolerance policy for offender sexual and sexual harassment; 2. How to fulfill their responsibility under PSD's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; 3. Offenders' rights to be free from sexual abuse and sexual harassment; 4. The right of offenders and staff 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 victims of sexual abuse and sexual harassment; 7. How to detect and respond to signs of threatened and actual sexual abuse; 8. How to avoid inappropriate relationships with offenders based on staff over-familiarity and fraternization; 9. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and

10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

(b) 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.

(c) ADM.08.08 requires Wardens, PSD Administrators, or Sheriffs ensure that all current staff receive 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. Additionally, all staff are required to receive refresher PREA training every two (2) years. 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.

(d) ADM.08.08 requires the use of PSD training sign-in sheets and is a verification that the staff member received and understood the PREA training. The sign-in sheet documentation substantiates that the staff member has completed the required training.

For the pre-onsite phase, the auditor reviewed PREA staff training curricula and facility PREA training logs. The staff training log indicated some staff had not attended PREA refresher training required by policy. Onsite phase, staff selected for interview stated they received PREA training however in conjunction with a few other standards some staff did not appear to have knowledge that would lead the auditor to find substantial compliance. The auditor and PCM discussed the onsite review during the day two audit out brief, mutually agreeing that all staff would attend an in-person PREA refresher and documentation would be provided to the auditor. Post-onsite corrective action the PCM provided the staff training PowerPoint, in-person staff training sign-in sheets, staff training acknowledgment forms, and the facility training log. Following a period of corrective action, a final analysis of the evidence indicates the facility is substantially in compliance. There is no additional corrective action to take.

Recommendation: The facility should ensure all staff receive PREA refresher training during the same calendar year. i.e., all staff attend during odd years.

Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.

At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.

Policy(s) and supporting documentation

- Agency policy ADM.08.08: Prison Rape Elimination Act
- PREA training documentation
- Volunteer and Contractor Training curricula

Interviews

- Contractor
- Volunteer

(a) ADM.08.08 requires 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 agency volunteer and contract coordinator shall ensure that all volunteers and contractors are trained on their responsibilities regarding offender sexual abuse and sexual harassment.

(b) ADM.08.08 states that 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.

(c) PSD maintains documentation confirming that volunteers and contractors received an appropriate level of training and that they understood the information provided.

For the pre-on-site phase and in conjunction with document review under standard 115.17, the auditor interviewed the Program Services Administrator for Contractors and Volunteers. The agency requires all contract staff and volunteers to attend initial PREA training before contact with offenders and again every two years. In-person PREA training is conducted at Headquarters or in the outer Islands facility. Training documentation for selected volunteers and contractors was provided confirming they received PREA training.

	<p>Onsite review, the facility had one volunteer and one contractor onsite on day one of the audit. The volunteer and contractor affirmed they received PREA training and understood the agency's zero-tolerance policy, and how to report stating they would contact security staff.</p> <p>Corrective action: There was no corrective action to take.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions.</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act • PREA Posters in Tagalog and Samoan • PREA Posters in English • PREA Offender Education brochure • Signed Education acknowledgments <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Target staff • Random and Target offenders <p>(a) ADM.08.08 states offenders shall receive verbal and written information at intake/ reception from the Intake Service Center (ISC) staff. They will be informed about PSD's zero-tolerance policy and how to report incidents or suspected incidents of sexual abuse or sexual harassment.</p>

(b) ADM.08.08 outlines offender training requirement that within thirty (30) days of intake, the PSD facility shall provide comprehensive PREA education via video (JDI video) or classroom instruction to offenders that addresses the following:

1. Prevention and intervention;
2. Self-protection;
3. 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;
4. Treatment and counseling;
5. PSD's zero-tolerance for sexual abuse/sexual assault, sexual harassment, and retaliation

(c) PSD implemented PREA in 2013 and required the agency to provide all current offenders information on PREA. Additionally, PSD requires that offenders transferring from one facility to another be re-educated only to the extent that the policies and procedures of the new facility differ from those of the previous facility.

- The facility did not have any offenders who were admitted prior to the release of the standards (August 2012.) As such, this standard provision does not apply to this facility audit.

(d) ADM.08.08 states PSD's policy is 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. Intake Service Center (ISC) and facility intake staff shall document offender education on the PREA Mandated Reporting Form (PSD 8317). If an inmate requires accommodation the PSD 8317 form will be sent to the facility PCM and Department PREA Coordinator.

(e) ADM.08.08 requires that each facility maintains electronic or written documentation of an offender's participation in the educational session (video or classroom).

(f) ADM.08.08 states the facility will ensure that key information on PSD's PREA policies is continuously and readily available or visible through posters, handouts, offender handbooks, and resources in the offender library.

Onsite phase day one, the audit team observed PREA information readily available throughout the facility during the physical plant review. The audit team discussed responses from offender interviews and found most offenders stated this was not their first time at this facility and recalled receiving PREA education. The staff member responsible for providing offender education stated offenders watch the PREA video and receive a PREA pamphlet upon intake. During the offender's 30-day

	<p>risk screening assessment (115.41) the PCM and offender discuss the PREA education pamphlet and the different reporting methods to ensure they understand. In addition to offender interviews, the auditor requested and received copies of the signed PREA education documentation for the offenders selected for interviews.</p> <p>Corrective action: There was no corrective action to take.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act • NIC Investigator training certificates <p><u>Investigation training curricula</u></p> <ul style="list-style-type: none"> • The Sex Abuse Treatment Center and Honolulu Police Department • National Institute of Corrections (NIC) - Specialized Training, Investigating Sexual Abuse in a Confinement Setting • Investigator refresher training curricula <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Internal Affairs Investigator • Facility investigator <p>(a) ADM.08.08 requires IA [Internal Affairs], or facilities, if authorized by the Director,</p>

shall conduct the internal administrative investigation for any allegations of sexual abuse. In addition to general training provided to all employees, PSD investigators shall receive training on conducting sexual abuse investigations in confinement settings.

(b) ADM.08.08 outlines PSD's specialized training including:

1. techniques for interviewing sexual abuse victims,
2. proper use of Miranda (not applicable) and Garrity warnings,
3. preserving sexual abuse evidence for collection in confinement settings, and
4. an understanding of the criteria and evidence required to substantiate a case in an administrative proceeding or
5. for a referral by a county LE agency for criminal prosecution

(c) ADM.08.08 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].

For the pre-onsite phase interviews, the Department PREA Coordinator stated they are responsible for the classroom requirement of sexual abuse investigations training. IA investigators or facility investigators may comply with this provision through the webinars for Specialized PREA Investigations Training posted on the National PREA Resource Center (PRC) website or the National Institute of Corrections (NIC) website.

The PCM or backup PCM is responsible for conducting the PREA administrative investigations. The PCM stated they completed the National Institute of Corrections (NIC) specialized training for conducting sexual abuse investigations in a confinement setting and described the training received. PSD staff do not have the legal authority to issue Miranda Warnings and would defer to Kauai Police Department Officers. Documentation of training completed was included in the PAQ.

The agency's internal affairs (IA) investigator stated they completed specialized training from the Honolulu Police Department Sex Crimes Unit and the Specialized PREA Investigations training offered by NIC. They will conduct the administrative investigation and work hand in hand with local law enforcement (LE) when the investigation is referred for potential criminal violations. The IA investigator was able to describe the investigation process.

Corrective action: There was no corrective action to take.

Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the agency and facility meet compliance with this standard and standard provisions.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.

At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.

Policy(s) and supporting documentation

- Agency policy ADM.08.08: Prison Rape Elimination Act
- Specialized training documentation

Interviews

- Target Medical staff
- Target Mental Health staff

(a) ADM.08.08 states all full-time and part-time medical and mental health practitioners, who work regularly in PSD facilities should be trained in the following:

1. How to detect and assess signs of sexual abuse and sexual harassment;
2. How to preserve physical evidence of sexual abuse;
3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

(b) This standard provision is not applicable. PSD medical staff are not responsible for conducting forensic medical examinations.

(c-d) PSD will 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. Additionally, medical and mental health practitioners shall receive training mandated for employees as outlined in 115.31 and 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.

For the pre-onsite phase, the facility medical and mental health staff stated they completed the National Institute of Corrections (NIC) specialized training for Medical Health Care and Behavioral Health Care for sexual assault victims in a confinement

	<p>setting. Documentation supporting the completion of their training was included in the PAQ.</p> <p>Recommendation: Agency policy ADM.08.08 (a) update to change “should” be trained to “shall” be trained.</p> <p>Corrective action: There was no corrective action to take.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions.</p>
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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act • Offender admissions and PREA risk screening report • Memorandum - Amendment and updates to PREA risk screening and instructions • PREA Risk Screening tool DOC 8314 <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Target staff • Random offenders • Target Offenders <p>(a) ADM.08.08 states the ISC [Intake Service Center] is required to screen offenders during the intake screening process, which occurs upon admission to a facility. The</p>

agency policy requires facility staff to review the offender's risk of sexual abuse victimization (vulnerability factors) or sexual abusiveness (predatory factors) toward other offenders and utilize the accompanying PREA risk screening instructions.

(b) ADM.08.08 states that the intake screening by ISC shall occur within seventy-two (72) hours of intake/arrival.

(c) ADM.08.08 requires ISC and facility staff to utilize the PREA Screening Tool (PSD 8314) to conduct PREA risk assessments.

(d) ADM 08.08 states 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:

1. Whether the offender has a mental, physical, or developmental disability;
2. The age of the offender;
3. The physical build of the offender;
4. Whether the offender has been previously incarcerated;
5. Whether the offender's criminal history is exclusively nonviolent;
6. Whether the offender has prior convictions for sex offenses against an adult or child;
7. Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
8. Whether the offender has previously experienced sexual victimization, in a correctional and/or non-correctional setting, within the last ten (10) years;
9. The offender's own perception of vulnerability (verbal response); and
10. Whether the offender is detained solely for civil immigration purposes, which normally does not occur at PSD facilities.

(e) The PREA Screening Tool considers prior predatory acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse if known to the facility, in assessing offenders for risk of being sexually abusive.

(f) ADM.08.08 requires the facility to conduct an affirmative reassessment of an offender's risk of victimization or abusiveness within thirty (30) days of intake screening, based upon any additional relevant information received about the offender's victimization or abusiveness, subsequent to the intake screening, by utilizing PSD 8314 form. Staff will consult various sources (e.g., mental health, disciplinary history, allegations of relevant threats or victimization) including interviewing the offender to determine whether any previously unknown triggering event or information has become available and to document such review.

(g) ADM.08.08 states that 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 and utilize PSD 8314.

(h) ADM.08.08 states offenders shall not be disciplined for refusing to answer, or for

not disclosing complete information, related to, the questions in the risk assessment provision.

(i) ADM.08.08 states the information on PSD 8314 is subject to confidentiality requirements and professional and ethical rules shall be enforced to avoid any negative impact to the offender.

For the pre-onsite phase, the auditor interviewed the PREA Coordinator and the facility PREA compliance manager. The PREA Coordinator oversees and approves designated staff and will authorize their access and view offender risk screening assessments. The only facility staff authorized are those in positions who conduct risk screening assessments and have a need and right to know the information. The PREA Coordinator will remove access for staff after they are re-assigned or promoted to a position where they no longer have the authority to view risk screening information or when they terminate employment. The facility has two staff who primarily complete PREA risk screening assessments. The intake assessment (72 hours) is completed off-site at the Intake Service Center (ISC) before the offender is transported to the facility. The PCM or their designee will complete the 30-day follow-up risk screening assessment and they will review scoring factors to determine housing, program, and work assignments. The documentation review of the facility admission report during this audit time frame identified the facility was not meeting substantial compliance with provision (f).

Onsite phase the audit team observed the location where the facility conducts the risk screening assessments and affords a level of privacy where others can not hear the conversation. Most of the offenders interviewed stated staff asked the risk screening questions at intake (ISC) and a second time after they arrived at the facility. The facility did not have offenders requiring a translator or interpretation services onsite. In conjunction with the offender interviews the auditor reviewed PREA risk screening assessment documentation for the offenders selected for interview and found some of the risk screening was not completed within the 30-day follow-up time frame. On the last day of the onsite audit out brief, the auditor discussed the concerns with provision (f) time frames and advised the facility would be placed into corrective action. The auditor and the facility mutually agreed documentation would be provided to the auditor for review and monitoring compliance.

Post onsite corrective action and in the early months of the document review the auditor found they were not making substantial improvement in completing the 30-day follow-up risk screening assessments. The auditor scheduled a meeting with the PREA Coordinator and facility PCM, during this meeting the auditor was informed that after the onsite audit, the acting chief of security at the of the onsite review had pulled the backup PCM they appointed before the onsite audit, this resulted in the delay due to the PCM's workload and other duties assigned. After this meeting, the Warden appointed a new backup PCM and the auditor noticed significant improvements in meeting and maintaining time frames. Following a period of corrective action, a final analysis of the evidence indicates the facility is substantially in compliance.

	<p>There is no additional corrective action to take.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p>.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act • PREA risk screening tool PSD 8314 • PREA risk screening tool instructions <p><u>Interviews</u></p> <ul style="list-style-type: none"> • PREA Coordinator • Warden • PREA Compliance Manager • Target staff • Target offender <p>(a) ADM.08.08 states PSD shall use the information from the risk assessment screening for housing designations, work line, program assignment, or scheduling to keep separated those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>(b) ADM.08.08 states PSD shall use the risk screening tool information to make an individualized assessment about how to ensure the safety of each individual offender.</p>

(c) ADM.08.08 states that a gender X, 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 gender X, 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. In the event that an offender's sex designation is changed as specified under Hawaii Revised Statutes §338-17.7, "Establishment of new certificates of birth", then facility, housing, and programming assignments shall conduct the case-by-case assessment and must include the PREA Coordinator.

For the pre-onsite phase interview, the PCM notified the auditor they received a Transgender Offender requesting to house in the female unit and provided supporting documentation. The facility review committee included the Warden, PCM, medical and mental health supervisors, and the Agency PREA Coordinator with all parties approving the request. The audit team was not able to interview this offender onsite as they posted bail and were no longer in custody

(d) ADM.08.08 requires that 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. Biannual assessments shall be documented on the PREA Mandated Reporting Form PSD 8317 and/or may be conducted as part of a classification review for the transgender or intersex offender and forward PSD 8317 to the PREA Coordinator.

(e) ADM.08.08 states that a Gender X, transgender, or intersex offender's own views with respect to his or her own safety shall be given serious consideration.

(f) ADM.08.08 states Gender X, Transgender, and intersex offenders shall be given the option to shower separately from other offenders in dorm shower situation if so requested. This provision is applicable only when individual showers are not available at the offender's assigned housing unit.

(g) ADM.08.08 states PSD facilities shall not place Gender X and 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 judgment for the purpose of protecting such offenders.

On day one of the onsite review, the audit team was informed that the facility did not have Transgender Offenders. However, during the onsite physical plant review, the auditor perceived an offender who may be transgender female or gender non-conforming. This offender was selected for a separate target interview from the rosters provided and during the conversation, the auditor asked additional questions affirming the offender identified as transgender female. The offender stated staff treated them respectfully, they felt safe at this facility and the PCM follows up with

	<p>them regularly. Target interviews with other offenders affirmed they are not assigned to dedicated facilities and supported by observations during the site review. Standard 115.41 was placed into corrective action, by default this standard was placed into corrective action and satisfied after compliance was determined under 115.41 and there is no additional corrective action to take.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions</p>
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115.43	Protective Custody
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act • Agency policy COR.11.01 downloaded from agency public website <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Warden • PCM • Target staff who work in segregated housing • Target offenders who reported sexual abuse (at this facility) <p>(a) ADM.008.08 states PSD discourages the placement of offenders in involuntary administrative segregated housing solely because of their high risk of sexual victimization status, unless an assessment of all available alternatives has been made and it is concluded that there is no available alternative for separating the victim from a likely abuser. If there are no available alternatives the facility must document</p>

utilizing the PREA Mandated Reporting Form (PSD 8317) and forward it to the PREA Coordinator. If the PSD facility is unable to conduct the 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.

(b) ADM.08.08 states that 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 (PSD 8317) and forward it to the PREA Coordinator. The documentation shall include:

1. The programs, privileges, education, or work opportunities that have been limited;
2. The duration of the limitation; and
3. The reasons for such limitations

(c) ADM.08.08 states that 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, then such an assignment should not normally exceed a period of thirty (30) days.

(d) ADM.08.08 requires that if an involuntary administrative segregated housing is made pursuant to the above section (a), the facility shall document the following reason utilizing the PREA Mandated Reporting Form (PSD 8317) and send it to the PREA Coordinator. The documentation must indicate the following information:

- The basis for the facility's concern for the offender's safety; and
- The reason why no alternative means of separation can be arranged

The policy includes that 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."

(e) COR.11.01 states that 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." In conjunction with COR.11.01, ADM.08.08 requires the facility to utilize PSD 8317 and forward to the PREA Coordinator.

For the pre-onsite phase interviews, the Warden and PCM stated that the facility did not place any offenders reporting sexual abuse or imminent threat of sexual abuse in involuntary administrative segregation. The PAQ indicated they did not place a victim

	<p>of sexual abuse in involuntary housing, this was affirmed during the onsite review and interviews.</p> <p>Corrective action: There was no corrective action to take.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions.</p>
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115.51	Inmate reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act • PSD informational guide for offenders • Agency website • Staff training curricula <p><u>Interviews</u></p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. Random staff 3. Random and Target offenders <p>(a) ADM.08.08 indicates 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. Offenders may report to any PSD employee, contract employee, volunteer, or other external reporting avenue outlined in the PREA education provided to offenders.</p>

(b) ADM.08.08 indicates PSD provides notification to offenders on how to report abuse or harassment to a public entity, private entity, or an external agency, who is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials, such as the Department PREA Coordinator and may allow the offender to remain anonymous upon request. Should the facility have an offender detained solely for civil immigration purposes, the offender will be provided information on how to contact the relevant consular officials and relevant Department of Homeland Security officials. It should be noted that PSD does not normally house offenders solely for civil immigration purposes.

(c) ADM.08.08 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.

(d) ADM.08.08 provides avenues for a staff member to privately report incidents of offender sexual abuse, offender sexual harassment, or retaliation as outlined above in provision (a).

For the pre-onsite phase, the auditor reviewed the agency's public website Department of Public Safety | PREA (hawaii.gov) for reporting options and contact information. The auditor completed two test phone calls to the following entities referenced on the website:

- (a) PSD Internal Affairs: This auditor left a message and received confirmation the message was received.
- (b) HI Office of the Ombudsman was contacted. This entity will accept reports from offenders and send the report to the PREA Coordinator. Offenders can make a free call to the Ombudsman office using a two-digit speed dial.

For the pre-onsite phase, the auditor interviewed the PCM who stated that the facility provides several options that offenders can use for reporting sexual abuse or sexual harassment. The PCM informed the auditor that most offenders have reported verbally to staff, this was affirmed by the auditor when reviewing incident reports and investigation documentation. Most offenders interviewed indicated they felt safe reporting to staff at the facility and understood they had other options available. The audit team observed PREA posters and reporting options posted by the offender phones in the housing units. The auditor called one of the PREA reporting options from a housing unit and spoke to an employee who answered the line affirming the call was accepted.

Corrective action: There was no corrective action to take.

Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions.

115.52	Exhaustion of administrative remedies
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 1477 501">The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p data-bbox="256 546 1461 748">At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p data-bbox="256 781 823 815"><u>Policy(s) and supporting documentation</u></p> <ul data-bbox="331 882 1110 960" style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Eliminate Act • Agency policy COR.12.03 Inmate Grievance Program <p data-bbox="256 994 408 1028"><u>Interviews</u></p> <ul data-bbox="331 1106 596 1140" style="list-style-type: none"> • Target offenders <p data-bbox="256 1173 1406 1330">(a) The agency policy COR.12.03 - Inmate Grievance Program outlines the administrative procedures available to offenders for reporting incidents of sexual abuse, sexual harassment, or retaliation (pages 10 through 12, section 8. PREA Standards for Sexual Abuse and Sexual Harassment.)</p> <p data-bbox="256 1375 1469 1532">(b) ADM.08.08 stated this section of the policy is an addendum to COR.12.03 Inmate Grievance Program as it relates to PREA incident. The policy states that PREA mandates that there shall be 'no time limits or deadlines' for filing a grievance that is reporting an alleged incident of sexual abuse.</p> <ol data-bbox="320 1599 1469 2013" style="list-style-type: none"> 1. PSD shall not restrict the processing of an offender's grievance regarding an allegation of sexual abuse. 2. The filing period set forth in COR.12.03: The 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. 3. PSD shall not require an offender to utilize the informal grievance process for grievances alleging incidents of sexual abuse. 4. The statutory or legal provisions to the statute of limitations are applicable to any civil action in a court proceeding. <p data-bbox="256 2047 1477 2080">(c) ADM.08.08 states offenders may submit a grievance alleging sexual abuse without</p>

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.

(d) ADM.08.08: 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.

1. Computation of the PREA 90-day time period does not include time consumed by offenders in preparing any administrative appeal.
2. PSD may claim an extension of time to respond, of up to seventy (70) days 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.
3. At any level of the administrative process, including the final level, if the offender does not receive a response within the time allotted for a reply, including any properly noticed extension, the offender may consider the absence of a response to be a denial at that level.

(e) ADM.08.08 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. The policy further outlines the procedures when a third party assists in filing an administrative remedy.

1. If a third party files such a request on behalf of an offender, the facility may require as a condition of processing the request that the alleged victim agrees 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.
2. If the offender declines to have the request processed on his or her behalf, PSD shall document the offender's decision on the PREA Mandated Reporting Form (PSD 8317) and forward it to PREA Coordinator.

(f) ADM.08.08 states the PSD grievance policy establishes procedures for filing an Emergency Grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse. This section is intended to supplement the grievance policy by requiring that:

1. An initial response is provided within forty-eight (48) hours;
2. After receiving an emergency grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, the PSD staff member shall immediately forward the grievance or any portion thereof that alleges the substantial risk of imminent sexual abuse to a level of review where immediate corrective action may be initiated;
3. PSD shall issue a final agency decision within five (5) calendar days. The

decision shall include a determination as to whether the offender is at substantial risk of imminent sexual abuse and it shall describe the action taken in response to the emergency grievance.

(g) ADM.08.08 states PSD may initiate a misconduct violation against an offender for filing a grievance or reporting related to alleged sexual abuse or sexual harassment when PSD demonstrates that the offender filed the grievance or report in bad faith.

In conjunction with ADM.08.08 the auditor reviewed agency policy COR.12.03 Inmate Grievance pages 10 through 12, section 8. PREA Standards for Sexual Abuse and Sexual Harassment. The PAQ indicated that they had not received any grievances filed by an offender reporting sexual abuse or imminent threat of sexual abuse. Reviewing incidents reported during this audit time frame supported they had not received a grievance from an offender reporting an incident of sexual abuse or imminent threat of sexual abuse.

Corrective action: There was no corrective action to take.

Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none">• Agency policy ADM.08.08: Prison Rape Elimination Act• Sexual Abuse Treatment Center (SATC) contract <p><u>Interviews</u></p>

- Random offenders
- Target offenders
- Community Victim Advocate

(a) ADM.08.08 states PSD shall provide offenders with access to outside victim advocates for support services related to sexual abuse by doing the following:

1. Providing offenders 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.
2. Providing inmates with mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes.
3. 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.

(b) ADM.08.08 requires PSD medical and mental health staff will inform offenders, prior to giving them access to outside support services, of the extent to which such communications will be monitored. Offenders will be informed 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.

(c) ADM.08.08 states that 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 awarded to SATC to document the relationship and obligations for SATC and PSD.

The Sexual Abuse Treatment Center (SATC) located on the Island of Oahu subcontracts with victim advocate organizations on the outer Islands. SATC is the primary organization providing ongoing emotional support and their contact information is posted in all housing units and included in the offender PREA education brochure. On the Island of Kauai, the SATC subcontracts with the YWCA and supports SATC providing ongoing emotional support for offenders reporting an incident of sexual abuse. The YWCA victim advocate stated they have not provided services onsite, however have assisted offenders with emotional support services over the phone. They will continue services upon request after the victim is released from the facility. At the time of the onsite audit, the facility did not have any offenders who reported sexual abuse at this facility. Target interviews with offenders reporting a history of sexual victimization indicated the victim advocate information was provided to them and the audit team observed information posted throughout the facility.

Corrective action: There was no corrective action to take.

Conclusion: Based upon the review and analysis of all available evidence, the

	auditor determined they meet substantial compliance with this standard and standard provisions.
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115.54	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act • Agency public website • Public posting from the agency website <p>(a) ADM.08.08 requires that PSD provides 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 offender sexual abuse or sexual harassment on behalf of offenders by posting on PSD's website the Departmental PREA Policy, PREA Handout, PREA poster, etc.</p> <p>The agency's public website Department of Public Safety PREA (hawaii.gov) includes information reporting options and contact information. The auditor completed two test phone calls to the following entities referenced on the website:</p> <ol style="list-style-type: none"> 1. PSD Internal Affairs: This auditor left a message requesting they email the PSD PREA Coordinator to affirm the message was received. The auditor received verbal notification from the PREA Coordinator that they received the information. 2. HI Office of the Ombudsman was contacted. This entity will accept reports from offenders and send the report to the PREA Coordinator. Offenders can place a free call to the Ombudsman office using a two-digit speed dial from the offender's phone. <p>During the onsite review, the audit team observed PREA posters throughout the</p>

	<p>facility including information posted in public areas that are accessible to others coming into the facility.</p> <p>Corrective action: There was no corrective action to take.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined they meet substantial compliance with this standard.</p>
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115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Warden • PREA Coordinator • Random staff • Target Medical and Mental Health staff <p>(a) ADM.08.08 states that PSD requires that all staff immediately report any knowledge, suspicion, or information, they receive regarding staff neglect or violation of responsibilities that may have contributed to a PREA incident or retaliation</p> <p>(b) ADM.08.08 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.</p> <p>(c) ADM.08.08 states that unless otherwise precluded by federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse and</p>

inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

Medical and Mental Health staff affirmed they are required to disclose the limitations of confidentiality and their duty to report as a mandatory reporter.

(d) ADM.08.08 requires incidents involving an alleged victim under the age of eighteen (18) or considered a vulnerable adult under a state or local 'vulnerable person's statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. Hawaii Revised Statute (HRS) §346, Part X: Adult Protective Services, defines a "vulnerable adult" as a person eighteen (18) years of age or older who because of mental, developmental, or physical impairment, is unable to:

1. Communicate or make responsible decisions to manage his/her own resources;
2. Carry out or arrange for essential activities of daily living; or
3. Protect oneself from abuse, including physical abuse, psychological abuse, sexual abuse, financial exploitation, caregiver neglect, or self-neglect.

HRS §346, Part X: Adult Protective Services, mandates that personnel employed in health care, social services, LE, and financial assistance are required to report suspected abuse or neglect of a vulnerable adult. The law mandates reporting when there is reason to believe abuse has occurred or the vulnerable adult is in danger of abuse if immediate action is not taken.

(e) ADM.08.08 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 PREA Coordinator.

Target and random staff affirmed their understanding of the agency policy to immediately report allegations of sexual abuse, sexual harassment, and retaliation. Reported incidents are confidential and not to be shared with anyone other than those who have a need and right to know. In conjunction with standard 115.31, staff affirmed offenders have many options for reporting including verbally to staff and offenders can report anonymously. In conjunction with standard 115.22, documentation was reviewed supporting policy and practice.

Corrective action: There was no corrective action to take.

Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Director • Warden • Random staff <p>(a) ADM.08.08 states when the department or facility 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. The policy defines immediate action assessing appropriate protective measures without unreasonable delay.</p> <p>For the pre-onsite phase interviews, the Director and the Warden described the process the agency and facility are to follow when an offender reports an imminent threat of sexual abuse. Staff receiving the report will separate the offenders, notify the watch commander and PCM will meet with the offender, assess available information, and assign the offender to an area they feel safe. During the onsite review phase, staff selected for an interview stated if an offender reported they were in fear of the imminent threat of sexual abuse, they would immediately report to the Watch Commander and keep the victim separated from the alleged aggressor. The audit team was informed that they did not have any offenders who had reported imminent threat of sexual abuse or reported sexual abuse at this facility.</p> <p>Corrective action: There was no corrective action to take.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined the facility meets substantial compliance with this standard.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.

At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.

Policy(s) and supporting documentation reviewed

- Agency policy ADM.08.08: Prison Rape Elimination Act
- Report documentation

Interviews conducted

- Director
- Warden

(a) ADM.08.08 outlines procedures for reporting incidents of sexual abuse to other confinement facilities:

1. 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.
2. The Facility Head or Warden shall include the department PREA Coordinator in the formal notification to the non-PSD facility, via "Carbon Cop" for email notifications, or by emailing the fax transmittal to the head of the facility for fax notifications.
3. Upon receiving an allegation that an offender was sexually abused while confined at a PSD facility, the receiving Facility Head or Warden shall immediately notify the alleged PSD Facility Head or Warden of the PREA sexual abuse allegation.
4. The Facility Head or Warden at the receiving facility shall include the department PREA Coordinator in the formal notification to the PSD facility, via "Carbon Copy" for email notifications, or by emailing the fax transmittal to the head of the facility for fax notifications.

(b) ADM.08.08 requires the Facility Head or Warden shall provide such notification as soon as possible, but no later than seventy-two (72) hours after receiving the allegation.

	<p>(c) ADM.0.08 requires the Facility Head or Warden shall document that he/she has provided such notifications within seventy-two (72) hours of receiving the allegation.</p> <p>(d) ADM.08.08 states the Facility Head or Warden shall require and advise the non-PSD or PSD facility that the allegation must be investigated as required by PREA Standards.”</p> <p>For the pre-onsite phase, the Director and the Warden described the process that is followed and their responsibility when an offender reports an incident of sexual abuse that occurred at another facility or agency and when they receive a report from another agency or facility. The PAQ indicated the facility received one report from another confinement facility. Reviewing documentation the report was received by an employee from a community hospital, not a confinement setting. The facility accepted the report in compliance with standard 115.54 and assigned an investigation.</p> <p>Corrective action: There was no corrective action to take.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined the facility meets substantial compliance with this standard and standard provisions.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Target security and non-security staff

- Target offender
- Random staff

(a) ADM.08.08 outlines the requirements for the first person who receives a report of sexual abuse. PSD's first responder policy 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:

- Separate the alleged victim and abuser;
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence by county LE and IA;
- If the abuse occurred within a time frame (PSD Health Care Division's standard is seventy-two (72) hours) that still allows for the collection of physical evidence. Staff will request that the alleged victim and, 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.

(b) ADM.08.08 requires that if the first staff responder is not a security staff member, the staff responder will 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.

For the pre-onsite phase, the PAQ indicated the facility received five allegations requiring the initiation of a coordinated response. It should be noted that the reported incidents did not require transport for forensic evidence collection or the protection of physical evidence. Staff reports indicated that they separated the victim(s) and suspect(s).

Onsite random staff interviews led the audit team to believe many did not appear to have a clear understanding of first responder duty. Staff stated they would separate the offenders, however, they had a hard time describing the preservation and collection of physical evidence. After assessing staff interviews and considering many staff had been working mandated overtime, the auditor and the facility discussed that this standard would be placed into corrective action. The auditor and PCM mutually agreed that the facility would provide staff refresher training and provide documentation to the auditor. Post-onsite corrective action the PCM provided the staff training PowerPoint, in-person staff training sign-in sheets, staff training acknowledgment forms, and the facility training log. Following a period of corrective action, a final analysis of the evidence indicates the facility is substantially in compliance. There is no additional corrective action to take.

Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions.

115.65	Coordinated response
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 340 1474 499">The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p data-bbox="256 539 1461 739">At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p data-bbox="256 779 823 813"><u>Policy(s) and supporting documentation</u></p> <ul data-bbox="331 880 1134 994" style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act • PSD 8313 (Sample/blank) • Investigation report packets <p data-bbox="256 1037 408 1070"><u>Interviews</u></p> <ul data-bbox="331 1137 475 1171" style="list-style-type: none"> • Warden <p data-bbox="256 1214 1469 1458">(a) ADM.08.08 requires each facility to 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. Each facility’s written institution plan must incorporate the PSD 8313 checklist and other PREA forms. Following the PREA incident, a copy of the PSD 8313 must be sent to the PREA Coordinator.</p> <p data-bbox="256 1498 1474 1653">The Warden stated the facility has a response plan and the supervisor will refer to the facility-coordinated response plan. In conjunction with standard 115.71, the auditor reviewed investigations including the coordinated response PSD 8313 completed by Watch Commanders.</p> <p data-bbox="256 1693 1461 1848">The audit team selected and interviewed random staff from all housing units and other work locations. Staff stated they notify the Watch Commander when an offender reports an allegation of sexual abuse. The Watch Commander is responsible for the coordinated response.</p> <p data-bbox="256 1888 1453 1966">Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined the facility meets substantial compliance with this standard.</p>

115.66	<p>Preservation of ability to protect inmates from contact with abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act • Hawaii Government Employees Association, AFSCME Local 152 • United Public Workers/AFSCME Local 646 <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Director • Warden <p>(a) ADM.08.08 outlines the preservation of ability to protect offenders from contact with abusers.</p> <p>PSD or any other governmental entity responsible for collective bargaining on PSD's behalf shall not enter into or renew any collective bargaining agreement (CBA) or other similar agreement that limits PSD's ability to:</p> <ul style="list-style-type: none"> • Remove alleged staff sexual abusers from contact with any offender pending the outcome of an investigation; or • In a determination of whether and to what extent discipline is warranted. <p>Nothing in the PREA standards shall restrict the entering into or renewal of a CBA or similar agreement related to:</p> <ul style="list-style-type: none"> • The conduct of the disciplinary process as long as said CBA or similar agreement is not inconsistent with PREA standard §115.72 (evidentiary standard) and §115.76 (disciplinary action); or • Whether a non-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated. <p>For the pre-on-site phase, the Director and the Warden affirmed PSD and facilities can move staff from contact with offenders pending the outcome of the investigation. Depending upon the severity of the allegation, they have several options i.e. reassigned to a non-offender contact position in the facility, transferred to another facility, or placed on administrative leave.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard</p>
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115.67	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act • Investigation packets including retaliation monitoring documentation <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Director • Warden • PREA Compliance Manager (PCM) • Target offender(s) <p>(a) ADM.08.08 outlines protection measures for all offenders and staff who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation, from retaliation by other offenders, staff, or others.</p> <p>(b) ADM.08.08 requires PSD to utilize 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.</p> <p>(c - d) ADM.08.08 states the facility will monitor the offender or staff for a period of no less than ninety (90) days following a report of sexual abuse. The PCM in conjunction with the Warden and other staff shall monitor the conduct and treatment of offenders or staff who reported 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</p>

offender has suffered retaliation, then staff shall initiate proactive measures to promptly remedy any retaliation. The PCM and the Warden shall:

- Act promptly to remedy any such retaliation and report their actions through the chain of command.
- Monitor any offender disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff.
- 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, preferably conducted weekly, at a minimum.
- 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 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).

(f) ADM.08.08 states that the obligation of the PCM, Warden, and/or Sheriff to monitor shall terminate if the investigation concludes that the allegation is unfounded.

Pre-onsite phase interviews and document review. The Director stated that the facility has the authority to reassign staff during an investigation including reported incidents of retaliation by staff and the facility will separate offenders. The newly appointed Warden stated they are aware of retaliation monitoring and monitoring is completed by the PCM. The facility PCM stated they meet with offenders at least every thirty days over the 90-day time frame and conduct in-person periodic checks. If there is a report of retaliation or the PCM becomes aware of possible retaliation, they will take immediate action to prevent further retaliation.

In conjunction with 115.71, the auditor reviewed investigations affirming that PCM was documenting in-person meetings with offenders however, the auditor was unable to find documented notes where the PCM reviewed supplemental information i.e., housing/program changes, and disciplinaries. It was identified that there were a few instances where monitoring stopped after some offenders requested not to be seen in person. During the pre-onsite interview with the PCM, the auditor discussed the review of supplemental sources, and based on this finding the facility would be placed into corrective action for the provision requiring a review of supplemental information.

During the on-site phase, the facility did not have any offenders who reported sexual abuse at the facility.

Post onsite, the auditor, PREA Coordinator, and PCM mutually agreed they would update and provide a copy of the revised procedure and supporting documentation. The auditor received the revised PSD form 8317 which was included in the documentation review in conjunction with standard 115.71. Following a period of corrective action, a final analysis of the evidence indicates the facility is substantially

	<p>in compliance.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined the facility meets substantial compliance with this standard and standard provisions.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Warden <p>(a) ADM.08.08 states that 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 referenced under 27.0 of this policy. (Refer to standard 115.43 of this audit report)</p> <p>Reviewing the PAQ, the facility did not have any offenders housed in involuntary segregation during this audit time frame. The auditor interviewed the Warden who stated the facility has not placed any offenders in involuntary segregation. During the onsite audit, the facility did not have any offenders housed in segregation and observations affirmed they did not have victims of sexual abuse housed in involuntary segregation or holding.</p> <p>Corrective action: There was no corrective action to take.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard</p>

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115.71	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act • Investigation packets <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Warden • Facility Investigator • PREA Coordinator • Agency IA Investigator • Kauai Police Department Sexual Assault Response Team Supervisor <p>(a) ADM.08.08 requires the agency to conduct an administrative investigation into an allegation of sexual abuse and/or sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The agency does not have Peace Officers to conduct criminal investigations and will contact the county LE on their respective island who will conduct all criminal sexual 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.</p> <p>(b) ADM.08.08 requires that if sexual abuse is alleged, a PSD IA investigator, who has received specialized training in sexual abuse investigations 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 referenced in policy.</p>

(c) ADM.08.08 requires PSD investigators to take the following actions:

1. Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data.
2. Interview alleged victims, suspected perpetrators, and witnesses, unless a delay of an interview of a victim is requested by county LE
3. Review prior complaints and reports of sexual abuse involving the suspected perpetrator.

(d) ADM.08.08 states that when the quality of evidence appears to support a 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.

(e) ADM.08.08 indicates that 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.

(f) ADM.08.08 states administrative investigations shall include:

1. An effort to determine whether staff actions or failures to act contributed to the abuse, and
2. Written reports shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative findings of facts.

(g - h) ADM.08.08 outlines procedures for criminal investigations:

1. The county LE agency for each island is delegated with conducting all criminal sexual abuse and criminal sexual harassment investigations.
2. The County LE agency is charged with the responsibility to make the required referrals for criminal prosecution if warranted.
3. 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.
4. The county LE shall refer substantiated allegations of conduct based on their investigative process that appears to be criminal for prosecution.

(i) ADM.08.08 requires that PSD retains all written reports referenced above under provision (f) (2) b) for as long as the alleged abuser is incarcerated or employed by PSD, plus an additional five (5) years.

(j) ADM.08.08 states that the departure of the alleged abuser or victim from 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.

(k) (l) ADM.08.08 states that any County, State, or Department of Justice agencies conducting such investigations shall do so pursuant to agency policy and this standard. 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.

Pre-onsite phase: The facility PCM conducts PREA administrative investigations stating that they are generally assigned the day the incident report is received or the next business day. The PCM described the investigation procedures including interviews, a review of available evidence, video surveillance, and a review of any prior allegations of sexual abuse or sexual harassment involving the named aggressor(s) and assessing the credibility of all parties on an individual basis. Allegations reported anonymously are investigated in the same manner as those who provide their identity. The agency's internal affairs administrative investigator has many years of investigative experience and described the investigation process affirming they have received training and understand how to complete a thorough investigation. The Warden and PCM stated that they have a good working relationship with the Island LE and can receive status updates on cases referred to their agency. In the interview with the Kauai Police Department (KPD) Sexual Assault Response Team Supervisor, it was learned that there had not been any communication between the facility and KPD. The KPD supervisor asked if this auditor would communicate their interest in building a strong relationship and bridge the agencies to work collaboratively including providing training opportunities for the facility. The auditor contacted the PREA Coordinator to share the information and was discussed further onsite with the Warden and PCM.

Document review: In conjunction with 115.22 the facility incident log for this audit time frame noted twelve (12) investigations, however, one incident included allegations of sexual harassment and sexual abuse, and as such, there were eleven (11) investigations with six still open at the time of interim report.

Six (6) offenders on offender sexual harassment,
One (1) offender on offender sexual abuse and sexual harassment
Four (3) offender on offender sexual abuse
One (1) staff on offender sexual abuse

Closed investigations reviewed

Four (4) offender-on-offender sexual harassment closed substantiated,
One (1) offender on offender sexual abuse and sexual harassment, closed substantiated and not amounting to possible criminal violations, and
One (1) offender on offender sexual harassment closed unsubstantiated.

For the pre-onsite phase, the auditor reviewed all six closed investigations using the

	<p>PREA Resources Center auditor investigation guide. Investigations were assigned promptly; however, the auditor identified some not meeting substantial compliance for timely and thorough investigations.</p> <p>Post-onsite and corrective action, the auditor, PREA Coordinator, and PCM mutually agreed that the investigators would attend a refresher investigator training. The training included completing time and thorough investigations and determining administrative findings. The auditor received the remaining open investigations that were closed after investigator training. Following a period of corrective action, a final analysis of the evidence indicates the facility is substantially in compliance.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined the facility meets substantial compliance with this standard and standard provision.</p>
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115.72 Evidentiary standard for administrative investigations	
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act • Investigation reports <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Facility investigator • Agency Internal Affairs (IA) Investigator <p>(a) ADM.08.08: 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.</p>

	<p>For the pre-onsite phase interviews, the facility and agency IA investigator described the level of preponderance of evidence when determining a substantiated finding. In conjunction with standard 115.71, investigation reports reviewed and affirmed the level of preponderance of evidence when determining a substantiated finding.</p> <p>Corrective action: There was no corrective action to take.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act • Offender notifications <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Warden • Facility Investigator/PCM • IA Investigator <p>(a) ADM.08.08 states that upon completion of an investigation (administrative or criminal) into an offender’s allegation that he/she suffered sexual abuse in a PSD facility, facility staff shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>(b) ADM.08.08 stated that if the facility or PSD did not conduct the investigation, the facility, or PSD shall request the relevant information from the external investigative</p>

agency in order to inform the offender of the results.

(c) ADM.08.08 outlines offender notifications following an 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:

1. The staff member is no longer posted within the offender's unit;
2. The staff member is no longer employed at the facility;
3. The facility or PSD learns that the staff member has been indicted on a charge relate to sexual abuse within the facility; or
4. The facility or PSD learns that the staff member has been convicted on a charge related to sexual abuse within the facility

(d) ADM.08.08 requires the offender be notified following an allegation that he/she has been sexually abused by another offender. The facility or the agency will subsequently inform the alleged victim whenever:

1. The facility or PSD learns that the alleged abuser has been indicted on a charge related to sexual abuse with the facility; or
2. The facility or PSD learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility

(e) ADM.08.08 requires that the facility or agency shall document all notifications to offenders described under this section on the PRA Mandated Reporting Form (PSD 831) and send a copy to the PREA Coordinator.

(f) ADM.08.08 states that the facility's or PSD's obligation to report under this section shall terminate if the offender victim is released from PSD's custody

For the pre-on-site phase interviews, the Warden and PCM stated that after an investigation has been closed victims are notified of the outcome sign PSD 8317. In conjunction with standard 115.71, the auditor reviewed closed investigations and PSD 8317. While the standard requirement is to notify victims of sexual abuse, this facility are also providing notifications to victims of sexual harassment. At the time of onsite review, the facility did not have any offenders who reported sexual abuse at this facility.

Corrective action: There was no corrective action to take.

Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.

At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.

Policy(s) and supporting documentation

- Agency policy ADM.08.08: Prison Rape Elimination Act
- Incident/investigation log

Interviews

- Warden
- Facility Investigator

(a) ADM.08.08 states that staff are subject to disciplinary sanctions up to and including termination for PREA sexual abuse or sexual harassment policy violations.

(b) ADM.08.08 states that 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.

(c) ADM.08.08 indicates that 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.

(d) ADM.08.08 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.

For the pre-on-site phase interviews, the Warden and investigator stated investigations would not stop based on a staff member resigning or terminated employment. The auditor reviewed the facility incident report and investigation log during this audit time frame and they did not have any investigations with a substantiated finding involving staff.

	<p>Corrective action: There was no corrective action to take.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions.</p>
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act • Incident/Investigation log <p><u>Interview</u></p> <ul style="list-style-type: none"> • Warden <p>(a) ADM.08.08 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. PSD shall also report the incident to any relevant licensing body applicable to the contractor or volunteer.</p> <p>(b) ADM.08.08: PSD shall take appropriate remedial measures and consider whether to prohibit further contact with offenders in the case of other violations not covered under the above paragraph, such as sexual harassment by a contractor or volunteer.</p> <p>For the pre-onsite phase interviews, the Warden stated that if they received a report of sexual abuse or sexual harassment involving a volunteer or contractor they would assign an administrative investigation. If there were potential criminal violations outside Law Enforcement would be contacted to conduct the criminal investigation. The facility would temporarily restrict volunteer or contractor access while the</p>

	<p>investigations were ongoing, if the investigation closed with a substantiated finding the volunteer or contractor would be removed from the approved volunteer/contractor list.</p> <p>Corrective action: There was no corrective action to take.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act • Agency policy COR.13.03: Adjustment Procedures Governing Serious Misconduct Violations and the Adjustment of Minor Misconduct Violations • Incident/Investigation log <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Warden • Facility Investigator • Target Medical and Mental Health staff <p>(a) ADM.08.08 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. In conjunction with ADM.08.08, COR.13.03 section 5.0 Misconduct Rule Violations and Sanctions.</p> <p>(b) ADM.08.08 states sanctions will be commensurate with the nature and</p>

circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders. In conjunction with ADM.08.08, COR.13.03 section 5.0 Misconduct Rule Violations and Sanctions.

(c) ADM.08.08 states the disciplinary process shall consider whether an offender's mental disability or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.

(d) ADM.08.08 states agency 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

For the pre-onsite phase interviews, mental health stated that they would provide counseling and refer to medical as necessary to assess for treatment.

(e) ADM.08.08 states the agency 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 and be documented utilizing the PREA Screening Tool PSD 8314.

(f) ADM.08.08 states the agency 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.

(g) ADM.08.08: 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. In conjunction with ADM.08.08, COR.13.03 section 5.0 Misconduct Rule Violations and Sanctions.

For the pre-onsite phase interviews, the Warden and facility PCM stated that in investigations resulting in a substantiated finding of sexual abuse or sexual harassment, the suspect would receive disciplinary charges. The hearing officer will consider an offender's mental disability or mental illness when determining sanctions.

In conjunction with 115.71, substantiated investigations resulted in offender discipline after a substantiated finding of sexual harassment and/or sexual abuse.

Corrective action: There was no corrective action to take.

Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.

At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.

Policy(s) and supporting documentation

- Agency policy ADM.08.08: Prison Rape Elimination Act
- Facility completed follow up screenshot
- DOC 0404A Authorization to Release Medical Information

Interviews

- Target offenders
- Target staff who conduct risk screening
- Target Medical and Mental Health staff

(a) ADM.08.08: Any offender who has disclosed a prior sexual victimization during an intake screening within policy requirements referenced in standard 115.41, whether it occurred in an institutional setting or in the community the offender shall be offered a follow-up meeting with a medical or mental health practitioner within fourteen (14) days of the intake screening.

(b) ADM.08.08: Any offender who has disclosed any previous perpetration of sexual abuse during an intake screening within policy requirements referenced in standard 115.41 shall be offered a follow-up meeting with a mental health practitioner within fourteen (14) days of the intake screening.

(c) PSD Jail facilities follow requirements referenced above in paragraph (a)

(d) ADM..08.08: 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.

(e) ADM.08.08: Medical and mental health staff shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not

	<p>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.</p> <p>The auditor interviewed Medical and Mental Health staff. Most of this provision is completed by mental health staff who receive referrals for offenders accepting an offer for services during the PREA risk screening process. After a referral is received, mental health will see them within fourteen days. Medical and Mental Health staff stated offenders are informed of the limits of confidentiality when they arrive at the facility and again at the initiation of services. Reviewing the PAQ, the facility provided documentation of an offender follow up meeting with mental health.</p> <p>Target staff and Target offender interviews affirmed mental health services are offered. If the offender accepts the offer for mental health services, they are seen within a few days. The Mental Health supervisor provided additional information onsite supporting proof of practice.</p> <p>Corrective action: There was no corrective action to take.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions.</p>
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115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Target Medical and Mental Health staff

	<p>(a) ADM.08.08: Offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which will be determined by medical and mental health staff according to their professional judgment.</p> <p>(b) ADM.08.08: 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 in policy referenced under standard 115.61 and 115.64. 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.</p> <p>(c) ADM.08.08: 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.</p> <p>(d) ADM.08.08: 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.</p> <p>Medical and Mental Health staff stated offenders are offered services immediately or the next business day. They will assess the type of treatment plan and scheduled follow-up services if needed or as requested by the offender. Offenders are not charged for treatment or any related follow up services. At the time of the onsite audit the facility did not have any offenders who reported sexual abuse requiring crisis intervention and emergency medical response and treatment. All staff could be a first responder and interview protocols include staff responsibilities.</p> <p>Corrective action: There was no corrective action to take.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.

At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.

Policy(s) and supporting documentation

- Agency policy ADM.08.08: Prison Rape Elimination Act

Interviews

- Target offenders
- Target Medical and Mental Health staff

(a) ADM.08.08: PSD shall offer medical and mental health evaluations and, as appropriate, treatment to all offenders (including external referrals), who have been a victim of 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.

(b) ADM.08.08: 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.

(c) ADM.08.08: PSD shall provide offender victims of sexual abuse with medical and mental health services consistent with the community standard level of care.

(d - e) ADM.08.08: 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.

(f) ADM.08.08: Offender victims of sexual abuse, while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

(g) ADM.08.08: 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.

(h) The agency has a policy (ADM.08.08) addressing this standard provision. This facility is a jail as such this provision does not apply.

Medical and Mental Health staff stated offenders are offered services consistent with the community level of care and at no cost to the offender and follow-up services and treatment plans are provided when necessary. During the onsite audit the facility did not have any offenders who had reported sexual abuse that occurred within a

	<p>confinement setting.</p> <p>Corrective action: There was no corrective action to take.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions.</p>
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115.86	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act • Sexual Abuse Incident Review form (PSD 8319) <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Warden • PREA Coordinator • PREA Compliance Manager • Target staff member <p>(a) ADM.08.08 requires that the Warden in conjunction with the facility PREA Compliance Manager schedule a sexual abuse review (SAR) at the conclusion of every sexual abuse investigation that renders a finding that the allegation was substantiated or unsubstantiated.</p> <p>(b) ADM.08.08 states that the SAR shall ordinarily occur within thirty (30) days when the Warden has been informed of the conclusion of the investigation and its findings, excluding allegations determined to be unfounded.</p> <p>(c) ADM.08.08 requires that the SAR team include upper-level management officials,</p>

with input from line supervisors, investigators, and medical or mental health staff.

(d) ADM.08.08 states that the SAR team shall document the following information on the PSD 8319 form:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
2. 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;
3. Examine the area in the facility, where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
4. Assess the adequacy of staffing levels in that area during different shifts;
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff
6. The recorder or reporting team member will document the teams' findings on PSD 8319 including, but not limited to a determination made under the above paragraph (d) (1-5), and any recommendation for improvement.

(e) ADM.08.08 requires that the SAR report be forwarded to the Warden for review and completion of the Warden's response section. The Warden shall make a decision as to whether recommendations from the SAR team will be implemented or document the reasons for not implementing the recommendations. For the pre-onsite phase interviews the Warden, PCM, and Chief of Security affirmed that they understand the policy and procedures for completing a SAR. While reviewing documentation under standard 115.71, it was identified that the facility did not conduct a SAR review for one of the investigations.

On the last day of the onsite out brief, the auditor discussed the over-due SAR. The PCM was informed this standard would be placed into corrective action with the auditor and the facility mutually agreeing documentation would be provided for the overdue SAR and any other SARs required for investigations closed during the corrective action time frame. Post onsite corrective action and during the early months the auditor did not receive documentation and contacted the PREA Coordinator. A meeting was scheduled to include the facility PCM who informed the auditor that after the onsite audit, the acting chief of security during the time of onsite audit had pulled the backup PCM they appointed before the onsite audit. This caused a delay due to the PCM's workload and other duties assigned. The PREA Coordinator contacted the chain of command with the Warden appointing another staff member to support the PCM. The auditor requested and received a written directive from the Warden to the facility supervisors. After appointing the backup support for the PCM the auditor received documentation. Following a period of corrective action, a final analysis of the evidence indicates the facility is substantially in compliance.

Conclusion: Based upon the review and analysis of all available evidence, the

	auditor determined they meet substantial compliance with this standard and standard provisions
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act • 2021 Agency Annual Report • 2021 SSV <p><u>Interviews</u></p> <ul style="list-style-type: none"> • PREA Coordinator <p>(a) ADM.08.08 states that the 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 (definitions included within ADM.08.08 section 5.0 pages 6 through 14)</p> <p>(b) ADM.08.08 states, that the PREA Coordinator shall aggregate the incident-based sexual abuse data at least annually.</p> <p>(c) ADM.08.08 states the standardized format includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice, Bureau of Justice Statistics.</p> <p>(d) ADM.08.08 requires the PREA Coordinator to maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation</p>

	<p>files, and SARs.</p> <p>(e) ADM.08.08 requires that at least once a year, the Mainland Branch Unit shall report to the PREA Coordinator for all incident-based and aggregated data from any private facility with whom it contracts for the confinement of PSD offenders.</p> <p>For the pre-onsite phase, the auditor reviewed the agency's annual report on the agency's public website. The annual report included incident data from private contract CoreCivic Facility, Saguaro Correctional Center</p> <p>(f) ADM.08.08 states 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.</p> <p>The Department of Justice, Bureau of Justice Statistics SSV, 2022 was released and sent to correctional facilities in fall of 2023. The auditor requested and received a copy of the completed 2022 SSV documentation. Additionally, the auditor reviewed the agency's public website Department of Public Safety PREA (hawaii.gov). The annual PSD PREA reports are posted and include aggregated data from all facilities including facilities they have contracted with to house their offenders.</p> <p>For the pre-onsite interview, the PREA Coordinator stated that data collected and aggregated in compliance with standard 115.88 is retained and secured in Headquarters. Facility PCMs are responsible for providing information to the PREA Coordinator and maintaining facility data in a secure location.</p> <p>Corrective action: There was no corrective action to take.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions.</p>
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115.88	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.</p> <p>At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.</p>

Policy(s) and supporting documentation

- Agency policy ADM.08.08: Prison Rape Elimination Act
- 2022 Annual Prison Rape Elimination Act Report

Interviews

- Director
- PREA Coordinator

(a) ADM.08.08 states that the PREA Coordinator is responsible for reviewing data collected and aggregated pursuant to the policy requirements referenced in standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training. The 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.

This auditor reviewed the agency's 2021 Annual PREA Report provided in the PAQ and verified the report had been posted on the agency's public website.

(b) ADM.08.08 indicates that the annual will report will include a 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.

(c) ADM.08.08 requires the annual report to be approved by the Director and be made readily available to the public through the PSD's departmental website.

(d) ADM.08.08 states 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."

for the pre-onsite phase, the PREA Coordinator stated they are responsible for completing the annual report. They strive to continually correct any issues and deficiencies by reviewing information submitted by facility PCMs throughout the year. The PREA Coordinator will review incident logs, conduct internal audit on-site reviews, and as necessary conduct more frequent on-site reviews. All personal identifying information is redacted and submitted to the Director before posting on the agency website. An interview with the Director affirmed they received the annual report from the PREA Coordinator.

Corrective action: There was no corrective action to take.

Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor triangulated relevant documentation, interviews, and available evidence for determining compliance with this standard. Reviewing policies, Offender and Inmate are used interchangeably, this audit report will reference Offender and Inmate when referring to an incarcerated person.

At the initiation of this audit, and issuance of the interim report the agency was known as the Department of Public Safety as indicated in policies. On January 1, 2024, the Department of Public Safety (PSD) was redesignated as the Department of Corrections and Rehabilitation (DCR). The final audit report includes PSD, agency, or department and is used interchangeably for DCR.

Policy(s) and supporting documentation

- Agency policy ADM.08.08: Prison Rape Elimination Act
- Agency public website - Department of Public Safety | PREA (hawaii.gov)

Interviews

- PREA Coordinator

(a) ADM.08.08 requires the PREA Coordinator to ensure that the incident-based and aggregated data are securely retained.

(b) ADM.08.08 states that the 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.

For the pre-onsite phase, the auditor reviewed the public website Department of Public Safety | PREA (hawaii.gov). PREA annual reports up through the current time frames are posted including those for contract facilities.

(c) ADM.08.08 requires the PREA Coordinator to remove all personal identifiers and comply with federal and state statutes, HRS §92(F), Uniform Information Practices Act, prior to publishing the data.

(d) ADM.08.08 requires that the PREA Coordinator maintains sexual abuse data collected based on information outlined in policy under standard 115.87. The policy states for at least ten (10) years after the date of the initial collection unless federal, state, or local laws require otherwise.

For the pre-onsite phase interview, the PREA Coordinator stated they receive and review all documentation to compile data for the annual PREA report. The report does not include any personal identifying information and is provided to the Director for

	<p>review before posting on the agency's public website. All documentation and supporting information are maintained within locked cabinets or secured electronically in encrypted folders. Each facility PREA Compliance Manager is responsible for maintaining documentation in a secure location.</p> <p>Corrective action: There was no corrective action to take.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with this standard and standard provisions.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Elimination Act • Agency public website Department of Public Safety PREA (hawaii.gov) <p>(a) PSD directly operates four jails (to include KCCC) and four prisons and the agency houses additional offenders on the mainland in a privately-operated facility. The agency policy ADM.08.08 outlines the auditing requirements with the agency posting on the PSD's website and all audits were completed by DOJ-certified auditors. PSD public website: Department of Public Safety PREA (hawaii.gov)</p> <p>(b) The audit was completed in the second audit year of audit cycle four.</p> <p>(h, i, m, n) While on-site the audit team had access and the ability to observe all areas of the facility. The auditor received copies of any requested documents from the PCM or designee, and the facility provided space where the auditors could interview staff and offenders with a level of privacy. The audit notifications were posted throughout the facility and clearly articulated that letters to the auditor would not be discussed unless required by law. The auditor did not receive letters from offenders or staff during any phase of this audit.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with the standard and standard provisions indicated in the PAQ and this report.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor triangulated relevant documentation, interviews, and available evidence related to this standard to determine compliance.</p> <p><u>Policy(s) and supporting documentation</u></p> <ul style="list-style-type: none"> • Agency policy ADM.08.08: Prison Rape Eliminate Act • Agency public website <p>(f) PSD directly operates four jails (to include KCCC) and four prisons and the agency houses additional offenders on the mainland in a privately-operated facility. The agency policy ADM.08.08 outlines the auditing requirements with the agency posting on the PSD’s website and all audits were completed by DOJ-certified auditors. PSD public website: Department of Public Safety PREA (hawaii.gov).</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor determined they meet substantial compliance with the standard and standard provision indicated in the PAQ and this report.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	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
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	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.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	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
	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
	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
	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
	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
	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
	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
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	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
	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
	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
115.13 (d)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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

115.14 (a)	Youthful inmates	
	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).)	na
115.14 (b)	Youthful inmates	
	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).)	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).)	na
115.14 (c)	Youthful inmates	
	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).)	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).)	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).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	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
	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	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	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
	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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	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
	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
115.15 (f)	Limits to cross-gender viewing and searches	
	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
	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

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	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
	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
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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
115.17 (a)	Hiring and promotion decisions	
	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
	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
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	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
	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
	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 two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	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
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	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.)	na
115.18 (b)	Upgrades to facilities and technologies	

	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.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for 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
115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	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
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these 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
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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
	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
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	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
115.32 (b)	Volunteer and contractor training	
	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
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	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
	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
	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
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	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
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	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
115.34 (a)	Specialized training: Investigations	
	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
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	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
	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
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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
	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
	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	yes

	suspicious 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.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	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
115.41 (a)	Screening for risk of victimization and abusiveness	
	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
	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
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	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
	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
	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
115.41 (f)	Screening for risk of victimization and abusiveness	
	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?	no
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	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
115.41 (h)	Screening for risk of victimization and abusiveness	
	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
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a) Use of screening information		
	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
	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
	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
	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
	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
115.42 (b) Use of screening information		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c) Use of screening information		
	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
	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	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	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
115.42 (e)	Use of screening information	
	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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	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
	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
	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	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	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
	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
115.43 (b)	Protective Custody	
	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
	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
	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
	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
	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
	If the facility restricts 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
	If the facility restricts 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
115.43 (c)	Protective Custody	

	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
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	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
	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
115.43 (e) Protective Custody		
	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
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
115.51 (b) Inmate reporting		
	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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	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.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address 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
115.52 (b)	Exhaustion of administrative remedies	
	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
	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
115.52 (c)	Exhaustion of administrative remedies	
	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	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	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
	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
	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
115.52 (e)	Exhaustion of administrative remedies	
	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
	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
	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
115.52 (f)	Exhaustion of administrative remedies	

	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
	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
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	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
115.53 (a)	Inmate access to outside confidential support services	
	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
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	yes

	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.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	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
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	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
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	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
115.63 (a)	Reporting to other confinement facilities	
	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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	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
	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
	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?	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?	no
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit 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
115.67 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	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?	no
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report 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
	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
	Except in instances where the agency determines that a report of	yes

	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?	
	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
	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
	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
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	no
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	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
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	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).)	
	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
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	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
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	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
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	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

115.73 (b)	Reporting to inmates	
	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.)	na
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	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
	Following an inmate's allegation that he or she has been sexually	yes

	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?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	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
115.78 (b)	Disciplinary sanctions for inmates	
	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
115.78 (c)	Disciplinary sanctions for inmates	
	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
115.78 (d)	Disciplinary sanctions for inmates	
	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
115.78 (e)	Disciplinary sanctions for inmates	
	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
115.78 (f)	Disciplinary sanctions for inmates	
	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	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	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
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	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? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	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
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	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
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	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
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	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
	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
	Does the agency review data collected and aggregated pursuant	yes

	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?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403	Audit contents and findings	

(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, there has never been a Final Audit Report issued.)	yes