

PREA Facility Audit Report: Final

Name of Facility: Maui Community Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 10/11/2023

Date Final Report Submitted: 04/26/2024

| 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: 04/26/2024 |

| AUDITOR INFORMATION | |
|-------------------------------------|----------------------|
| Auditor name: | Striplin, Deborah |
| Email: | dstriplin@doc.nv.gov |
| Start Date of On-Site Audit: | 09/13/2023 |
| End Date of On-Site Audit: | 09/15/2023 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | Maui Community Correctional Center |
| Facility physical address: | 600 Waiale Drive, Wailuku, Hawaii - 96793 |
| Facility mailing address: | |

| Primary Contact |
|-----------------|
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| | |
|--------------------------|-------------------------|
| Name: | Pita Totau |
| Email Address: | pita.f.totau@hawaii.gov |
| Telephone Number: | 808-243-8684 |

| Warden/Jail Administrator/Sheriff/Director | |
|---|-------------------------|
| Name: | Liane Endo |
| Email Address: | liane.a.endo@hawaii.gov |
| Telephone Number: | 808-243-5030 |

| Facility PREA Compliance Manager | |
|---|-------------------------|
| Name: | Pita Totau |
| Email Address: | pita.f.totau@hawaii.gov |
| Telephone Number: | O: 808-243-8684 |

| Facility Health Service Administrator On-site | |
|--|--------------------------------------|
| Name: | Jillian Bermejo-Barrera |
| Email Address: | jillian.c.bermejo-barrera@hawaii.gov |
| Telephone Number: | 808-123-1242 |

| Facility Characteristics | |
|--|------------------------|
| Designed facility capacity: | 301 |
| Current population of facility: | 317 |
| Average daily population for the past 12 months: | 310 |
| 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 |

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| Age range of population: | 20-88 Years |
| 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: | 134 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 27 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 114 |

AGENCY INFORMATION

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| 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

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| 1. Start date of the onsite portion of the audit: | 2023-09-13 |
| 2. End date of the onsite portion of the audit: | 2023-09-15 |

Outreach

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| 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: | For the pre-onsite phase, the auditor contacted the Maui Sexual Assault Center community victim advocate organization. Refer to standards 115.21 and 115.53. The auditor also reached out to Just Detention International. |

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 301 |
| 15. Average daily population for the past 12 months: | 310 |
| 16. Number of inmate/resident/detainee housing units: | 14 |
| 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

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| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 299 |
| 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: | 25 |
| 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: | 60 |
| 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: | 0 |
| 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: | 0 |
| 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: | 5 |

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| 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: | 6 |
| 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 |

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| <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 26 interviews (13 random) (13 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. The lead auditor reviewed rosters selecting a diverse population of offenders to be interviewed from each housing unit. The offenders were listed as having a physical or developmental disability/mental health condition; however, the roster did not include cognitive impairment or specific physical disability. The rosters did not indicate an offender's sexual orientation or gender identity and information was provided by the PCM and backup PCM. The facility 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 standards 115.16, 115.33, 115.41, and 115.42 for onsite phase interviews with random and target offenders.</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>75</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> |

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| <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>0</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. As such, interviews were completed with staff available from each watch. The facility stated that they did not have contractors onsite and the audit team did not observe contractors during the physical plant review.</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>19</p> |
| <p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p> | <p> <input type="checkbox"/> Age <input 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> |

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| <p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p> | <p>For the onsite phase of this audit, the auditor followed the Department of Justice Auditor Handbook version 2.1 which indicated that a minimum of 13 random offender interviews were required to be completed. The facility provided their current male and female offenders housing unit rosters and the audit team utilizing the random offender PREA interview protocols, interviewing eleven male and eight 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</p> <p><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>17</p> |
| <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> | |
| <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>2</p> |

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| <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>5</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>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 who were blind or had low vision.</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> |

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| <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 affirming 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>4</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> |

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| <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>5</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> |

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| 70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews): | No text provided. |
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

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| 71. Enter the total number of RANDOM STAFF who were interviewed: | 22 |
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| 72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply) | <input type="checkbox"/> Length of tenure in the facility <input type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None |
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| 73. Were you able to conduct the minimum number of RANDOM STAFF interviews? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
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| 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): | For the onsite audit review, the facility provided the daily staff rosters for each watch and informed the audit team they had many security staff working overtime. The audit team selected and interviewed twenty security staff assigned to housing units, work, and/or program areas, and two non-security staff from the administration building. |
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Specialized Staff, Volunteers, and Contractor Interviews

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.

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| 75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors): | 18 |
| 76. Were you able to interview the Agency Head? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 77. Were you able to interview the Warden/Facility Director/Superintendent or their designee? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 78. Were you able to interview the PREA Coordinator? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 79. Were you able to interview the PREA Compliance Manager? | <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) |

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

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| | <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 |

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| <p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p> | <p>Target interviews were completed during the pre-onsite and onsite phases of the audit. The PREA Compliance Manager is responsible for several areas and interviewed using target protocols for the PREA Compliance Manager, Administrative PREA Investigator, and retaliation monitor. Refer to standards 115.21 and 115.53 for target interviews with the community victim advocate and local law enforcement.</p> |
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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.

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| <p>84. Did you have access to all areas of the facility?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
|---|---|

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

| | |
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| <p>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)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
|--|---|

| | |
|---|---|
| <p>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)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
|---|---|

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

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).

September 13, 2023, was the first day of the onsite phase of the audit. The audit team, the agency PREA Coordinator, and PREA coordinator support staff arrived at the facility around 0730. The audit team was met by the facility PREA Compliance Manager (PCM), backup PREA compliance manager, and escorting staff. The audit team was escorted to the facility program building for a meet and greet that included the Warden and Chief of Security. While the auditor held a pre-onsite virtual kick-off meeting discussing the audit process and logistics, the team formalized a plan for the physical plant review and interview locations. The team provided follow-up information from the kickoff meeting, the 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, backup PCM, Chief of Security, 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.

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.

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?

Yes

No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

Onsite the audit team utilized the PREA Resouce Center inmate document review guide. Documentation requested to complete this review was provided by the facility.

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 | 2 | 4 | 2 |
| Staff-on-inmate sexual abuse | 1 | 0 | 1 | 0 |
| Total | 5 | 2 | 5 | 2 |

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 | 5 | 0 | 5 | 0 |
| Staff-on-inmate sexual harassment | 1 | 0 | 1 | 0 |
| Total | 6 | 0 | 6 | 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 | 1 | 3 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 1 | 0 |
| Total | 0 | 1 | 4 | 0 |

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 | 5 | 0 | 3 | 2 |
| Staff-on-inmate sexual harassment | 1 | 0 | 1 | 0 |
| Total | 6 | 0 | 4 | 2 |

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

| | |
|---|---|
| <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> |

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| <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>6</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>5</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: | 1 |
| 112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> 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? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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 reviewed all closed sexual abuse and sexual harassment investigations before the onsite audit. The remaining investigations were reviewed post-onsite, refer to standard 115.71. |
| 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. | <input type="radio"/> Yes <input checked="" type="radio"/> 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-on-site through the post-on-site 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 interviews, the Agency PREA Coordinator stated 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 appointed a PREA Coordinator and they have direct contact and communication with agency executive leadership.

(c) Agency policy requires each facility to designate a 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.

For the pre-onsite phase of the audit, the lead auditor interviewed the facility PREA Compliance Manager (PCM). The PCM stated they were new to this role and were designated after the previous PCM retired. They indicated that PCM is not their only assigned duty and the Chief of Security recently assigned a back-up to assist with PREA responsibilities. The PCM has been learning PREA responsibilities and stated they have direct access to the Warden, Chief of Security, and the agency PREA coordinator.

During the onsite review, the audit team observed PREA information posted in all housing units, the visiting room, and program/work areas. Random staff, random and target offenders interviewed affirmed they had knowledge and understanding of the

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| | <p>agency's zero-tolerance policy.</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> |
|--|--|

| 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, Saguaro Correctional Facility, Eloy Arizona. • Saguaro 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 • Saguaro compliance checklist <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Agency PREA Coordinator • Agency Contracts Administrator <p>(a) ADM.08.08 requires that any new contracts or contract renewals with private agencies or other entities for the confinement of PSD's offenders shall include language that the private entity adopts and comply with PREA, specifically the finalized PREA Standards.</p> |

(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 the agency and facility meet substantial compliance.

| 115.13 | Supervision and monitoring |
|--------|---|
| | 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</p> |

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.08.08 states that the agency 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 that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against sexual abuse." The policy requires that the facility take 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.

(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 July at the start of the fiscal year and submit their assessment to the agency PREA Coordinator via email, fax, or mail by the end of the month. The agency 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 written staffing plan
- The facility's deployment of video monitoring systems and other monitoring technologies; and
- 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 log books 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 and physical plant review, the lead auditor interviewed watch commanders from different shifts. The supervisors stated they conduct unscheduled facility rounds during their shifts and document rounds in the supervisor or the work/program area logbooks. The supervisors do not inform or notify line staff when they conduct unannounced rounds, however, staff can view supervisors on video monitors. If they hear or are made aware staff is alerting others, they will address the staff member. Target and random staff interviews affirmed supervisors conduct unannounced rounds and supervisors of the opposite gender will complete the cross-gender announcement when entering a unit housing offenders of the opposite gender (115.15). The audit team informally spoke with security staff and offenders in housing units and work/program areas who stated they observe supervisors periodically in these areas. The audit team observed supervisors and interactions between offenders and staff which led the audit team to believe they were present and approachable and observed they engaged professionally with staff and offenders. The audit team reviewed supervisor logbooks in all housing units, work, and program areas to verify supervisors documented rounds on all shifts. The housing unit and program logbooks supported supervisors are documenting their unannounced rounds, however, they are not always signing with a red ink pen required by policy. The auditor recommended the Warden or their designee send a reminder to supervisors to document their rounds using a red pen. The Chief of Security addressed this immediately by sending

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| | <p>a reminder and providing written documentation to the auditor.</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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| 115.14 | 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> <ul style="list-style-type: none"> • PREA Coordinator • Facility PREA Compliance Manager <p>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.</p> <p>The agency does not normally manage youthful offenders/detainees as defined by</p> |

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 th e 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.

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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| 115.15 | Limits to cross-gender viewing and searches |
| | 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
- Cross-gender strip search documentation
- COR.08.13 Duty Assignment for Corrections Officers
- Staff training curricula related applicable standard provisions

Interviews

- PREA Coordinator
- Random staff
- Target Transgender Offenders
- Random male and female offenders

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 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.

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.08.0 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.

For the pre-onsite phase, reviewing the PAQ and target 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 on the PREA Mandated Reporting Form (PSD 8317). The facility is

required to send the PSD 8317 form to the PREA Coordinator.

For the pre-onsite phase, the PAQ indicated that the facility does not conduct cross-gender searches of female offenders. During the onsite phase female offender interviews affirmed male staff do not conduct unclothed or clothed searches on female offenders.

(d) ADM.08.08 states that offenders shall be allowed to shower, perform bodily functions, and change clothing without a 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 on the PREA Mandated Reporting Form (PSD 8317) and send the PSD 8317 form to the PREA Coordinator. The policy requires that before staff of the opposite gender enter an offender housing unit, they complete a "knock and announce" to alert offenders of their presence and document the announcement in the unit Log Book.

For the pre-onsite phase of this audit, the PAQ indicated that this facility houses female and male offenders. During the onsite review phase, and in addition to formal interviews with staff and offenders, the audit team spoke informally with staff and offenders in housing units. These interviews and informal discussions affirmed staff is completing cross-gender/opposite-gender announcements before entering the housing unit. Additionally, the audit team observed this practice while being escorted to housing units during the site review, and formal interviews. The opposite gender announcements were made before the audit team entered housing units and reviewing the housing unit logbooks indicated opposite gender announcements are documented.

(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, it may be determined from conversations with the offender, by reviewing medical records, or, if necessary, by learning this information as part of a medical examination conducted by a medical practitioner.

During the onsite random staff interviews, staff and target transgender offender interview affirmed they do not search or physically examine a Transgender or Intersex offender for the sole purpose of determining the offender's genital status.

(f) ADM.08.08 indicates 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.

During the onsite phase, the audit team interviewed random staff from all shifts who stated they received training on how to conduct pat-down searches of Transgender and Intersex offenders and described the appropriate method and hand placement.

Corrective action: There was no corrective action to take.

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| | <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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| 115.16 | Inmates with disabilities and inmates who are limited English proficient |
| | <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 • 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 <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Director • Target Offenders • Random staff <p>(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.</p> |

(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 on the PREA Mandated Reporting Form (PSD 8317) and send the form 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.

For the pre-onsite phase, the agency's Limited English Proficiency (LEP) Plan was reviewed. The plan is for the agency or facility to take reasonable steps to ensure LEP inmates are able to gain meaningful access to the agency's services and programs. The plan 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-onsite phase target staff interviews affirmed the agency has established procedures to provide offenders who are disabled or limited English proficient. The PAQ indicated that the facility did not have offenders requiring translation or interpretation services during this audit time frame.

Onsite phase offender random and target interviews affirmed the facility provides information in a manner they can understand, and they did not have any offenders at the facility requiring translation or interpretation service. Random staff selected for interview stated the facility has bilingual staff who are available for translation or they would contact the agency translation/interpretation service provider. Random and Targeted offenders interviewed stated the facility provides information in a manner they can understand.

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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| 115.17 | Hiring and promotion decisions |
| | 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
- 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)

Interviews

- 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. PSD 8318 includes the following questions.

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 staff are responsible for ensuring compliance with the five-year cycle of employee background checks. 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

- a written application,
- during an interview for hire,
- a promotional interview, or
- 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 PSD staff, who materially omits reporting such misconduct or provides materially false information shall be subject to discipline based on the just and proper cause standard, up to and including discharge. 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

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| | <p>information form. If the personnel officer receives such a request from an institutional employer, the request will be sent to the PREA Coordinator for review and a drafted response.</p> <p>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 and the Program Services Administrator, who oversees all contractors and volunteers receives and processes criminal background checks for new volunteers and contractors and again every two years for all active contractors and volunteers.</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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| 115.18 | Upgrades to facilities and technologies |
| | <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> |

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| | <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 when the agency or the facility installs or updates video monitoring system, or electronic surveillance system. Close circuit television (CCTV), or other monitoring technology, PSD shall consider how such technology may enhance the agency’s ability to protect offenders from sexual abuse.</p> <p>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). 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 |
| | 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</p> |

department and is used interchangeably for DCR.

Policy(s) and supporting documentation

- 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

Interviews

- PREA Compliance Manager
- Random staff
- Sexual Assault Response Team Supervisor
- Community victim advocate
- Facility Investigator
- IA Investigator

Pre-on-site 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, Maui 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. Agency staff are responsible for cooperating with the county LE's or AG's criminal investigation. Agency 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 the agency will utilize 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.s.

(c) ADM.08.08: 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 hospital emergency unit. This shall be at no financial cost to the victim. In facilities without twenty-four (24) hours medical they 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 will be utilized, if a SAFE or SANE is not available, the examination may be performed by other qualified medical practitioners. The SATC and its contracted representatives on the out islands have indicated that victim advocates are available during an examination.

For the pre-onsite phase, the PAQ indicated that the facility did not have victim offenders requiring a forensic medical exam during this audit time frame.

(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 states that the request and approval of the victim, a victim advocate from the SATC or SATC contracted provider on the outer islands shall be provided to support the victim through the forensic medical examination process and the investigatory interview. The purpose of a victim advocate is to provide emotional support, crisis intervention, information, and referrals. The SATC subcontracts services with the YWCA Sexual Assault Treatment Program on the island of Kauai.

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

(g) ADM.08.08 states that the agency shall ensure that internal investigations comply with the above requirements [regarding evidence protocols and forensic examinations] and external investigative entities (County LE) have procedures in place to comply with the above requirement.

(h) This standard provision does not apply to this facility audit. The State of Hawaii contracts with the community victim advocate organization that will respond and provide services to victims of sexual abuse see provision (d).

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 and the assigned investigator will receive a case number from the LE to follow up on the status of the investigation. The auditor spoke to a Maui Sheriff Department (MPD) officer who stated after receiving a call from the facility, they would initiate the sexual assault response team and contact the Sexual Assault Forensic Nurse Examiner (SAFE). The facility will transport the victim to a designated location for the forensic exam and the community victim advocate will respond to provide emotional support. The Maui Sexual Assault Center community victim advocate stated they will respond to support the victim during the forensic exam and as requested by the victim, they will provide ongoing emotional support services as needed including upon release from the facility.

Onsite review, the facility did not have any offenders who had reported sexual abuse at this facility requiring a sexual assault forensic exam. Random staff interviewed stated that the facility has designated supervisors responsible for conducting PREA investigations.

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| | <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> <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 • Facility Investigator • PREA Coordinator <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, Maui 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. Agency staff are required to cooperate with the county LE's or AG's criminal investigation. Agency 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.</p> <p>(a) ADM.08.08 states the agency will ensure that an internal administrative</p> |

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| | <p>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.</p> <p>(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.</p> <p>(c) The agency publishes ADM.08.08, Prison Rape Elimination Act on the official department public website at www.hawaii.gov/psd.</p> <p>(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.</p> <p>Pre-onsite phase target staff interviews affirmed 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 assigned to headquarters on the Island of Oahu. The PAQ indicated they received 11 allegations all referred for administrative investigation and of the eleven, two were referred to LE for potential criminal violations. In conjunction with standard 115.71, the auditor received a copy of the facility incident log for this audit time frame and reviewed all closed administrative investigations.</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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| 115.31 | Employee training |
| | 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</p> |

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
- Staff training curricula

Interviews

- Random staff

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:

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 to ensure that all current staff have received PREA training. The Warden or Sheriff shall notify the Department's Training and Staff Development Office (TSD) and the PREA Coordinator of any individual who requires training. 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

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| | <p>current sexual abuse and sexual harassment policies through the PSD website, handouts, posters, memorandums, etc.</p> <p>(d) ADM.08.08 requires the use of PSD training sign-in sheets and is 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.</p> <p>For the pre-onsite phase, the auditor reviewed the staff training curricula and the facility staff PREA training logs and the PAQ indicated training was current. During the onsite phase, staff selected for random interviews indicated they had attended PREA training and PREA refreshers. Random security and non-security staff affirmed they have received and understood the PREA training provided including but not limited to; the agency's zero-tolerance policy, how to report allegations of sexual abuse and sexual harassment, responding to incident of sexual abuse, professional communication with all offenders and those who identify as Transgender.</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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| 115.32 | Volunteer and contractor training |
| | 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 training documentation • Volunteer and Contractor Training curricula <p><u>Interviews</u></p> |

- 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 standard 115.17, the auditor interviewed the Program Services Administrator for Contractors and Volunteers. All contract staff and volunteers must attend initial PREA training before contact with offenders and again every two years. All volunteers and contract staff attend in-class PREA training at headquarters on the Island of Oahu or those who live on outer Islands can attend the training at the facility. The auditor selected and reviewed training documentation from a list uploaded in the PAQ.

During the on-site phase, the facility had one volunteer who was interviewed and affirmed they had received PREA training. they understood the agency's zero-tolerance policy and they would contact security staff if they received a report of sexual abuse or sexual harassment.

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.

| 115.33 | Inmate education |
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| | 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 Posters in Tagalog and Samoan
- PREA Posters in English
- PREA Offender Education brochure

Interviews

- Target staff
- Random and Target offenders

(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.

(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:

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) The agency implemented PREA in 2013, requiring that they provide all current offenders with information on PREA. The agency 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.

(d) ADM.08.08 states the agency will 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 utilizing the PREA Mandated Reporting Form (PSD 8317). If an inmate requires accommodation this 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. *During the onsite physical plant review, the audit team noted the facility has PREA information posted and is readily available in all areas including housing units, program and work areas, etc.*

For the pre-onsite phase, the PAQ indicated that 100% of the offenders whose stay was longer than 30 days received comprehensive PREA education. During the onsite phase, the audit team observed PREA information readily available throughout the facility during the physical plant review, and the offender education process for a few recently received from another facility was observed. Assessing interview responses, most offenders stated this was not their first time in confinement and had been at this facility previously. Offenders stated they watched the PREA video, however many indicated that they did not receive the PSD PREA education brochure, or they declined the brochure. On the last day of the onsite audit, the auditor and the facility discussed that this standard did not appear to meet substantial compliance with provision (b).

Post-onsite, facility corrective action was placed in conjunction with 115.41 where the auditor and PCM mutually agreed that the facility would provide offender admission reports and random offender education documentation requested by the auditor during this time frame. They provided in-person training to staff facilitating the offender education on their responsibility to provide written documentation to the offenders. The facility provided documentation timely supporting the facility was meeting and maintaining compliance. 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.

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| 115.34 | Specialized training: Investigations |
| | 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
- NIC Investigator training certificates

Investigation training curricula

- 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

Interviews

- IA Investigator
- Facility investigator

(a) ADM.08.08 requires IA [Internal Affairs], or facilities, if authorized by the Director, shall conduct the internal administrative investigation for any allegations of sexual abuse. In addition to general training provided to all 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 requires the agency to maintain documentation substantiating that investigators have completed required specialized training and training documented on the staff member's training record with TSD [Training and Staff Development]. The Department PREA Coordinator will be responsible for the classroom requirement of

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| | <p>sexual abuse investigations training. IA investigators or Facility Investigators may comply with this provision through the webinars for Specialized PREA Investigations Training by accessing the PREA Resource Center or the National Institute of Corrections (NIC) specialized training curricula posted on their public website.</p> <p>For the pre-on-site interviews, the Department PREA Coordinator stated they are responsible for the in-person agency sexual abuse investigations training. The agency IA investigators and facility-designated investigators may comply with this standard through the webinars and training referenced under provision (c) of this standard. The PCM is the primary designated facility PREA administrative investigator, they stated they had completed the National Institute of Corrections (NIC) specialized training for conducting sexual abuse investigations in a confinement setting. They described a working knowledge and understanding of the training and how investigations are conducted. PSD staff do not have the legal authority to issue Miranda Warnings and would defer to Mau Police Department Officers. Documentation of training completed was included in the PAQ.</p> <p>The agency's internal affairs (IA) Investigator stated they have completed specialized training from the Honolulu Police Department Sex Crimes Unit and the Specialized PREA Investigations training offered by NIC. They are responsible for conducting administrative investigations primarily involving staff and work jointly with local law enforcement (LE) after referring investigations meeting potential criminal violations. The IA investigator was able to describe their knowledge of the investigation process.</p> <p>Documentation of the investigator's completed training was included in the PAQ supporting training received.</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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| 115.35 | Specialized training: Medical and mental health care |
| | 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</p> |

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:

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 and onsite interviews, the medical and mental health staff affirmed they had completed the National Institute of Corrections (NIC) specialized training for Medical Health Care and Behavioral Health Care for sexual assault victims in a confinement setting. Training certificates included in the PAQ supported they had completed their training.

Recommendation: Reviewing the agency policy ADM.08.08 (a), the auditor recommended they revise to indicate "should" be trained to "shall" be trained.

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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| 115.41 | Screening for risk of victimization and abusiveness |
| | <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 • 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 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.</p> <p>(b) ADM.08.08 states that the intake screening by ISC shall occur within seventy-two (72) hours of intake/arrival.</p> <p>(c) ADM.08.08 requires ISC and facility staff to utilize the PREA Screening Tool (PSD 8314) to conduct PREA risk assessments.</p> <p>(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:</p> <ol style="list-style-type: none"> 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 that 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 on the offender.

For the pre-onsite phase interview and document review, the PREA Coordinator oversees and approves designated staff authorized to 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, including the PCM. The PREA Coordinator will remove access for staff when they are re-assigned/promoted to a position where they no longer have the authority to view risk screening information or terminate employment. The auditor reviewed admission reports for the 12-month audit time frame before the onsite

review and the facility provided admission logs for the 30 days before the onsite review up to day one of the onsite review. Reviewing the documentation the facility's 30-day follow-up risk screening assessment was not completed timely to meet substantial compliance.

Onsite interviews and document review. The facility intake assessment (72 hours) for new offenders is completed by the Intake Service Center (ISC) staff. Facility staff conduct intake PREA risk screening (72-hour) for those offenders transferring from other facilities and all 30-day follow-up risk screening assessments. Most of the offenders stated they had been asked the risk screening questions by the ISC staff however, several offenders could not recall designated facility staff asking the risk screening questions a second time. Audit support staff utilized the PREA Resource Center offender document review guide for all offenders selected for interview affirming many 30-day risk screening assessments were overdue. At the time of the onsite review, the facility did not have offenders requiring translator or interpretation services. The audit team interviewed target staff and observed the risk screening process for the 72-hour intake (offenders transferred from another facility) and 30-day follow-up. While the audit team observed the intake and 30-day follow-up risk screening assessment raised some concerns for the auditor. When the staff member responsible for conducting the risk screening assessment arrived, they set up a table in the open space in the presence of other offenders and staff, the Chief of Security immediately addressed the situation and relocated the staff member to a private area to meet with the offenders and advised this is where they will be conducted going forward.

The audit team later observed the 30-day follow-up risk screening with the auditor becoming very concerned about how the staff member asked the risk screening questions. The questioning was more like an interrogation and done in a way that may cause an offender to shut down, did not create a safe space to share personal information, and could potentially trigger past trauma. The auditor asked some additional questions once the offender departed the area and responses from the staff were insensitive and left the auditor feeling uncomfortable. The auditor requested a private discussion with the PREA Coordinator, Warden, PCM, and Chief of Security to determine the best way to address the staff member. Any action taken by the Warden to address the staff member is confidential. The auditor stated this standard would be placed in corrective action and the group immediately discussed the best way to address corrective action which was mutually agreed between all parties. There were two corrective action items for this standard and the auditor, facility leadership, and the PREA coordinator mutually agreed to the following:

1. The PREA Coordinator and facility would develop in-person training for all staff conducting risk screening assessments. The curricula would include: How to professionally communicate with offenders, how staff should ask sensitive questions, and how to refer to other sources of documentation for supplemental information.
2. The PCM or designee would send monthly offender admission reports to the auditor and the auditor would select random offenders to review the risk

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| | <p style="text-align: center;">screening assessment forms.</p> <p>Post-onsite: Corrective action item 1). The auditor received the training curricula and completed training acknowledgments. For item 2) the facility sent monthly admission logs and supporting documentation. The facility made significant improvements and maintained substantial compliance during this time frame. Following a period of corrective action, a final analysis of the evidence and documentation satisfied compliance, and there is no additional corrective action to be taken.</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><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 • Facility PREA Compliance Manager • Target staff • Target offenders <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</p> |

keep separated those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

(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.

(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, the auditor interviewed the PREA Coordinator, Warden, and facility PCM, the agency and facility will conduct case-by-case reviews when assigning housing and programming assignments.

(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 situations 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.

For the pre-onsite phase interview, the PREA Coordinator and facility PCM stated PSD facilities will not house or assign LGBTI offenders to dedicated facilities or housing units based on gender identity or sexual orientation. Facilities will conduct case-by-

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| | <p>case reviews through the PREA risk screening process including but not limited to conversations with the Transgender Offender, Medical and Mental Health. The facility will accommodate a Transgender offender's request for a private shower. During the onsite phase, target offender interviews affirmed they are not housed in dedicated wings or housing units based on gender identity or sexual orientation. The facility had one transgender man who stated that they did not request a private shower accommodation and staff are conducting professional searches.</p> <p>By default, this standard was placed into corrective action in conjunction with standard 115.41. The corrective action was satisfied after compliance was determined under 115.41, a final analysis of the evidence and documentation satisfied compliance, and there is no additional corrective action to be taken.</p> <p>Conclusion: Based upon the review and analysis of all available evidence, the auditor has determined that the facility is meeting substantial compliance with this standard.</p> |
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| 115.43 | Protective Custody |
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| | 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>Policy(s) and supporting documentation</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 |

- Target offenders

(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 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
2. limited;
3. The duration of the limitation; and
4. 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

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| | <p>continued separation from the general population. In conjunction with COR.11.01, ADM.08.08 requires the facility to utilize PSD 8317 and forward it to the PREA Coordinator.</p> <p>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 have not place a victim 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 |
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| | <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 informational guide for offenders • Agency website • Staff training curricula <p><u>Interviews</u></p> <ul style="list-style-type: none"> • PREA Compliance Manager • Random staff • Random and Target offenders |

(a) ADM.08.08 indicated that the agency provides offenders with multiple internal and external ways they can privately report violations for the following:

- 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.

(b) ADM 08.08 states the agency will provide notification to offenders on how to report abuse or harassment to a public entity, private entity, or an external agency, which is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials, such as the Department PREA Coordinator. They also may allow the offender to remain anonymous upon request. Should the facility have an offender detained solely for civil immigration purposes, the policy requires that the offender be provided information on how they can contact the relevant consular officials and 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-on-site 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 requested they email the agency PRA Coordinator to affirm the message was received.
- (b) The HI Office of the Ombudsman was contacted. This entity will accept reports from offenders and send the report to the PREA Coordinator. Offenders can call the Ombudsman office using a two-digit speed dial and the offender will not be required to pay for the call.

The auditor interviewed the PCM, they stated that the facility provides several options that offenders can use for reporting sexual abuse or sexual harassment. The PCM

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| | <p>informed the auditor that most offenders have reported verbally to staff, this was affirmed by the auditor when reviewing incident reports and investigation documentation.</p> <p>During the onsite review, most offenders selected for an interview 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 selected and called PREA reporting options listed on posters in the housing unit and spoke to an employee who answered the line affirming the call was accepted.</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> <p>.</p> |
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| 115.52 | Exhaustion of administrative remedies |
| | <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 Eliminate Act • Agency policy COR.12.03 Inmate Grievance Program <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Target offenders <p>(a) The agency policy COR.12.03 - Inmate Grievance Program outlines the administrative procedures available to offenders for reporting incidents of sexual</p> |

abuse, sexual harassment, or retaliation (pages 10 through 12, section 8. PREA Standards for Sexual Abuse and Sexual Harassment).

(b) ADM.08.08 stated this section outlined within this policy is an addendum to COR.12.03 Inmate Grievance Program as it relates to PREA incident. The policy indicated 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.

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 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 of the statute of limitations are applicable to any civil action in a court proceeding.

(c) ADM.08.08 states offenders may submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. This grievance shall not be referred to the staff member who is the subject of the grievance complaint.

(d) ADM.08.08 states the agency 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 policy 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, the agency shall document the offender's decision on the PREA Mandated Reporting Form (PSD 8317) and send it to the PREA Coordinator.

(f) ADM .08.08 indicates that the 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 alleging a substantial risk of imminent sexual abuse to a level of review where immediate corrective action may be initiated;
3. The agency 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 indicates the agency may initiate a misconduct violation against an offender for filing a grievance or reporting related to alleged sexual abuse or sexual harassment when the agency has demonstrated that the offender filed the grievance or report in bad faith.

For the pre-onsite phase review of the PAQ, they indicated that the facility did not receive any grievances filed by an offender reporting sexual abuse or imminent threat of sexual abuse. Reviewing incidents reported in conjunction with 115.22 and 115.71 during this audit time frame supported they had not received a grievance from an offender who had reported an incident of sexual abuse or imminent threat of sexual abuse. Onsite interviews with staff and offenders further supported the auditor's determination of the document review findings.

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

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
- Sexual Abuse Treatment Center (SATC) contract

Interviews

- Random offenders
- Target offenders
- Community Victim Advocate

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

1. Provide 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. Provide 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. Enable 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 states agency medical and mental health staff shall inform offenders, before giving them access to outside support services, of the extent to which such communications will be monitored. Offenders shall be informed of the practitioner's 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 the agency 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 of SATC and PSD.

For the pre-onsite phase, the auditor reviewed documentation and completed target interviews. The Sexual Abuse Treatment Center (SATC) is located on the Island of Oahu and 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 contact information is included in the offender PREA education brochure. On the Island of Maui, the SATC subcontracts with the Maui Sexual Assault Center and they support SATC by providing ongoing emotional support for offenders reporting an incident of sexual abuse. The Maui Sexual Assault Center victim advocate stated when an offender victim of sexual abuse requests ongoing emotional support, they will provide services. At the time of this audit, they have not provided services on-site, however, they have assisted offenders with emotional support services over the phone. The victim advocates stated they have provided continued services and treatment plans for some victims requesting services after they are released back into the community.

Onsite review target and random offender interviews indicated some may not have a clear understanding of the services available from community victim advocates if they report an incident of sexual abuse. The audit team observed information for SATC posted and readily available throughout the facility. On the last day of the onsite review and out brief with the facility, the auditor concluded that while the SATC information is referenced in the offender education brochure and assessing offender interviews related to this standard and in conjunction with standard 115.33 the facility by default was placed into corrective action. The auditor and facility mutually agreed that in conjunction with standard 115.33, they would provide in-person training to staff designated for providing offender education including written guidance and expectations, and to clearly articulate the information outlined in the education brochure.

Post-onsite, facility corrective action was placed in conjunction with standard 115.33, the facility provided in-person training to staff facilitating the offender education on their responsibility to provide written documentation to the offenders. Following a period of corrective action, a final analysis of the evidence indicates the facility is substantially in compliance.

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 states the agency provides the public notice via PSD's public 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>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:</p> <ul style="list-style-type: none"> • (a) PSD Internal Affairs: This auditor left a message and received confirmation the message was received. • (b) The HI Office of the Ombudsman was contacted. This entity will accept reports from offenders and send the report to the PREA Coordinator. Offenders can call the Ombudsman office using a two-digit speed dial and the call is free for the offender. <p>During the onsite review, the audit team observed PREA posters throughout the 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 the facility meets substantial compliance with this standard.</p> |

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| 115.61 | Staff and agency reporting duties |
| | <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 <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 the agency 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 unless otherwise precluded by federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse and inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.</p> <ul style="list-style-type: none"> • Pre-onsite and onsite target interviews with medical and mental health practitioners, affirmed they are required to disclose the limitations of confidentiality and their duty to report as a mandatory reporter. <p>(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</p> |

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.

For the pre-onsite phase, the auditor reviewed HRS §346, Part X: Adult Protective Services, which 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 the agency shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, through the chain of command, and a copy of the report shall be forwarded to the PREA Coordinator.

Onsite review target and random staff interviews affirmed they understand the agency policy to immediately report allegations of sexual abuse, sexual harassment, and retaliation. Staff stated that reported incidents are confidential and should not be shared with anyone other than those having a need and right to know the information. In conjunction with standard 115.31, staff affirmed offenders have many options for reporting incidents of sexual abuse and sexual harassment, including verbally to staff and offenders can request to remain anonymous. In conjunction with standard 115.22, pre-onsite document review supported the reporting 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.

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| 115.62 | Agency protection duties |
| | 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

- Director
- Warden
- Random staff

(a) ADM.08.08 states that 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 as "assessing appropriate protective measures without unreasonable delay."

For the pre-on-site phase target 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. This includes, staff who receive the report will separate the offenders, notify the watch commander and PCM who will meet with the offender, assess available information, and assign the offender to an area they feel safe. On-site review, the staff selected for random interview stated that 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.

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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| 115.63 | 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

- Agency policy ADM.08.08: Prison Rape Elimination Act

Interviews

- 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 Copy" 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 states 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.

(c) ADM.0.08 states the Facility Head or Warden shall document that he/she has provided such notifications within seventy-two (72) hours of receiving the allegation.

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| | <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 and their responsibility when an offender reports an incident of sexual abuse that occurred at another facility or agency. When they receive a report from another agency or facility an investigation is assigned unless they confirm an investigation has already been conducted. Reviewing the PAQ the facility did not receive a report from another agency or facility or an offender reporting an allegation of sexual abuse that had occurred at another facility. In conjunction with standard 115.22, documentation was reviewed affirming PAQ 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 provision.</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 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:

1. Separate the alleged victim and abuser;
2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence by county LE and IA;
3. If the abuse occurred within a time period (PSD Health Care Division's standard is seventy-two (72) hours) that still allows for the collection of physical evidence, staff will request that the alleged victim and ensure 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 shall 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 and reviewing the PAQ, they indicated the facility received five allegations requiring the initiation of a coordinated response. It should be noted the reported incidents did not require transport for forensic evidence collection or the protection of physical evidence. In conjunction with standard 115.71, documentation and onsite random and target interviews supported staff applied and followed the first responder duties.

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.

| 115.65 | Coordinated response |
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| | 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,</p> |

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
- Investigation report packets

Interviews

- Warden
- Target Staff
- Random Staff

(a) ADM.08.08 states the agency 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.

For the pre-onsite phase target interview, the Warden stated they have a coordinated response plan and the watch commander is responsible for initiating the response protocols. In conjunction with standards 115.22 and 115.71, the auditor reviewed documentation which included the completed PSD 8313 coordinated response forms. The PAQ indicated the facility received five allegations requiring the initiation of a coordinated response and it should be noted the reported incidents did not require transport for forensic evidence collection or the protection of physical evidence. In conjunction with standard 115.71, documentation and onsite interviews supported the watch commanders following the facility-coordinated response and completion of the PSD 8313 form.

Onsite interviews with random and target staff affirmed they have knowledge and understanding when receiving, reporting, and responding to a report of sexual abuse. At the time of the onsite review, the facility did not have any offenders who had 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.

abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy(s) and supporting documentation

- Agency policy ADM.08.08: Prison Rape Elimination Act
- Hawaii Government Employees Association, AFSCME Local 152
- United Public Workers/AFSCME Local 646

Interviews

- Director

(a) ADM.08.08 outlines the preservation of the ability to protect offenders from contact with abusers.

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:

1. Remove alleged staff sexual abusers from contact with any offender pending the outcome of an investigation; or
2. In a determination of whether and to what extent discipline is warranted.

Nothing in the PREA standards shall restrict the entering into or renewal of a CBA or similar agreement related to:

1. 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
2. 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.

For the pre-onsite phase, the Director and the Warden affirmed the agency or 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 staff could be placed on administrative leave.

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

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| 115.67 | Agency protection against retaliation |
| | 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 • Investigation packets <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 ensure offender safety and assign an investigation. In conjunction with 115.71, the auditor reviewed documentation and included PSD 8317 forms indicating they had in-person meetings. The documentation did not include a periodic review under provision (b) for the review of 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 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 agreed that the PREA coordinator would update PSD form 8317 to include supplemental information for the PCM or designee to review and document. The auditor received a copy of the revised form included in the documentation review in conjunction with corrective action for standard 115.71. The documentation satisfied compliance and there is no additional corrective action to take. 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

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| | auditor has determined that the facility is meeting substantial compliance with this standard. |
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| 115.68 | Post-allegation protective custody |
| | <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 <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Warden • Target staff <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>For the pre-onsite phase review of 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</p> |

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| | auditor determined they meet substantial compliance with this standard and standard provisions. |
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| 115.71 | Criminal and administrative agency investigations |
| | <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 • Investigation packets <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Warden • PREA Compliance Manager/Facility investigator • PREA Coordinator • IA Investigator <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 investigations 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.

For the pre-onsite phase, target interview the PCM stated they have completed the specialized training required under standard 115.34. They described the investigation process and were still new to this role learning all aspects of the investigation requirements including communicating with LE and documenting when reaching out on the status of an investigation referred for potential criminal violations. 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 auditor interviewed an officer with the Maui Sheriff's Department (MPD) who stated when they receive a call from the facility, they will initiate the sexual assault response team and conduct the criminal investigation.

Document review: In conjunction with 115.22 the facility incident log for this audit time frame noted eleven (11) investigations.

- Five (5) offender-on-offender sexual harassment,
- Four (4) offender-on-offender sexual abuse
- One (1) staff-on-offender sexual abuse
- One (1) staff-on-offender sexual harassment

Closed investigations reviewed:

- Four (4) offender-on-offender sexual harassment
- Three (3) offender-on-offender sexual abuse.
- One (1) staff-on-offender sexual abuse

The auditor utilized the PREA auditor investigation guide for each investigation and found the facility was assigning investigations promptly; however, the auditor identified some investigation reports were not meeting substantial compliance for completing timely, thorough, and objective investigations. Two of the sexual abuse investigations referred for potential criminal violations did not include documented attempts for follow-up with local LE.

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 but was not limited to completing thorough investigations, following up and documenting contact with local LE, and determining the appropriate

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| | <p>administrative investigation findings. During the corrective action, the auditor received investigator training refresher documentation and investigations for the remaining investigation and one investigation received after the onsite phase.</p> <p>Post-onsite investigation review:</p> <ul style="list-style-type: none"> • One (1) offender-on-offender sexual harassment • One (1) staff on offender sexual harassment • Two (2) offender-on-offender sexual abuse <p>Following a period of corrective action and a final analysis of the evidence and documentation reviewed indicates no additional corrective action is to be taken.</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 |
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| | <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"> • PCM/Facility investigator • IA Investigator <p>(a) ADM.08.08 states the agency shall not impose an evidentiary standard higher than a preponderance of the evidence in determining whether allegations of sexual</p> |

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| | <p>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.</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 • Target offender (s) <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</p> |

facility, or PSD shall request the relevant information from the external investigative 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 has 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 related 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-onsite phase interviews, the Warden and PCM stated that after an investigation has been closed victims are notified of the outcome and they sign PSD 8317. In conjunction with standard 115.71, the auditor reviewed closed investigations and included the offender notification PSD 8317 form. While the standard requirement is to notify victims of sexual abuse, this facility is also providing notifications to victims of sexual harassment. During the onsite review, the facility did not have any offenders who had 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
- 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

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| | <p>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> <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 |
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| | <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>Interviews</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</p> |

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| | <p>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 investigations were ongoing, if the investigation closed with a substantiated finding the volunteer or contractor would be removed from the approved volunteer. In conjunction with 115.22 and 115.71 documentation provided did not indicate any reported incidents of sexual abuse or sexual harassment involving a contractor or volunteer.</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 |
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| | <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.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 • PCM/Investigator • Target Medical and Mental Health staff <p>(a) ADM.08.08 states that offenders are subject to disciplinary sanctions pursuant to a</p> |

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.

(b) ADM.08.08 states sanctions will be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders. 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 and mental health practitioners 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

Onsite target interview with the mental health practitioner, they stated counseling would be offered based upon request and evaluation.

(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, administrative investigations that resulted in a substantiated finding of sexual harassment and/or sexual abuse were reviewed during the pre-onsite and post-onsite phases of this audit where the aggressor received disciplinary infractions.

Corrective action: There was no corrective action to take.

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

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| | auditor determined they meet substantial compliance with this standard and standard provisions. |
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| 115.81 | Medical and mental health screenings; history of sexual abuse |
| | <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 • The facility documentation/screenshot • DOC 0404A Authorization to Release Medical Information <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Target offenders • Target staff who conduct risk screening • Target Medical and Mental Health staff <p>(a) ADM.08.08 states that any offender who has disclosed 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.</p> <p>(b) ADM.08.08 states when an offender discloses 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.</p> <p>(c) PSD jail facilities follow the requirements referenced above under provision (a)</p> <p>(d) ADM.08.08 states that any information related to sexual victimization or</p> |

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| | <p>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.</p> <p>(e) ADM.08.08 states medical and mental health staff shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting unless the offender is under the age of eighteen (18). This provision does not apply to non-medical or non-mental health staff.</p> <p>Pre-onsite and onsite target interviews were completed with medical and mental health practitioners. This standard and provision are primarily the responsibility of mental health staff, who stated that when they receive a referral from staff for services in conjunction with 115.41, they will see them within fourteen days. Medical and Mental Health staff stated offenders are informed of the limits of confidentiality at the initiation of services. After assessing responses from offenders during their onsite interviews and reviewing risk screening documentation several offenders may not have been offered services, or if services were offered and accepted where staff initiated the referral to mental health, mental health was not consistently following up with the offenders. It was recognized the facility had staff turnover during this audit time frame which may have been a contributing factor.</p> <p>Post-onsite, facility corrective action was placed in conjunction with 115.41. The auditor, facility PCM, and PREA coordinator mutually agreed that the facility would provide offender admission reports, positive screening reports, and as requested by the auditor, the offender risk screening tools. Staff would also attend the in-person refresher training referenced under standard 115.41. The facility provided relevant documentation timely reflecting they were following policy and maintaining the practice. Following a period of corrective action and a final analysis of the evidence and documentation reviewed indicates no additional corrective action is to be taken.</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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| 115.82 | Access to emergency medical and mental health services |
| | 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
- Target staff who were first responders

(a) ADM.08.08 states offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which will be determined by medical and mental health staff according to their professional judgment.

(b) ADM.08.08 states if qualified medical or mental health is 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. Staff shall immediately notify medical or mental health staff by telephone to the on-call physician or when reporting for duty.

(c) ADM.08.08 states offender victims reporting 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.

(d) ADM.08.08 states treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Pre-onsite and onsite target interviews with medical and mental health staff stated offenders reporting sexual abuse are offered services immediately or the next business day. They will assess the type of treatment plan and schedule follow-up services as 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.

Corrective action: There was no corrective action to take.

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

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| | auditor determined they meet substantial compliance with this standard and standard provisions. |
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| 115.83 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | <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 offenders • Target Medical and Mental Health staff <p>(a) ADM.08.08 states the agency 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.</p> <p>(b) ADM.08.08 states the evaluation and treatment of such victims includes, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p> <p>(c) ADM.08.08 requires the agency to provide offender victims of sexual abuse with medical and mental health services consistent with the community standard level of care.</p> |

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| | <p>(d - e) ADM.08.08 requires 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.</p> <p>(f) ADM.08.08 requires offender victims of sexual abuse, while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.</p> <p>(g) ADM.08.08 states 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.</p> <p>(h) The agency policy ADM.08.08 addresses this standard provision. This facility is a jail as such this provision does not apply.</p> <p>For the pre-on-site and on-site target interviews, medical and mental health stated offenders are offered services consistent with the community level of care and at no cost to the offender including any follow-up services, and treatment plans are provided when necessary. In conjunction with 115.22 and 115.71, reported incidents and investigations included documentation affirming offenders were offered medical and mental health services. The sexual abuse incidents did not require medical treatment related to provisions (d-f) and reviewing documentation indicated a few offenders declined the offer of services. Onsite, the facility did not have any offenders who reported sexual abuse at this facility. Target interviews with offenders reporting a history of sexual victimization in another confinement setting stated they declined the offer of medical or mental health services.</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 |
| | 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,</p> |

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
- Sexual Abuse Incident Review form (PSD 8319)

Interviews

- Warden
- PREA Coordinator
- PREA Compliance Manager
- Target staff member participates in Sexual Abuse Incident Reviews

(a) ADM.08.08 states that the Warden in conjunction with the facility PREA Compliance Manager will schedule a Sexual Abuse Incident Review (SAR) after every sexual abuse investigation that renders a finding that the allegation was substantiated or unsubstantiated unless the allegation has been determined to be unfounded.

(b) ADM.08.08 requires that the SAR shall ordinarily occur within thirty (30) days from when the Warden has been informed of the conclusion of the investigation and its findings, excluding allegations determined to be unfounded.

(c) ADM.08.08 states that the SAR team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health staff.

(d) ADM.08.08 requires that the SAR team 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

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

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| | <p>(d) (1-5), and any recommendation for improvement.</p> <p>(e) ADM.08.08 requires the completed SAR report to be forwarded to the Warden for review and completion of the Warden’s response section. The Warden shall make a decision as to whether the recommendations from the SAR team will be implemented or document the reasons for not implementing the recommendations.</p> <p>For the pre-onsite phase interviews and document review, the PAQ indicated the facility completed two SARs during this facility audit time frame. Interviews with the Warden, PCM, and Chief of Security affirmed that they understand the policy and procedures and participate in the SAR committee. In conjunction with standard 115.71, the auditor reviewed closed administrative sexual abuse investigations pre-onsite and post-onsite, and the documentation included the facility SAR documentation. In one instance the facility documented exigent circumstances for completing one SAR beyond 30 days of the investigation closing.</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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| 115.87 | Data collection |
| | 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 Annual Report • Agency Survey of Sexual Violence (SSV) Report <p><u>Interviews</u></p> |

- PREA Coordinator

(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)

(b) ADM 08.08 states that the PREA Coordinator shall aggregate the incident-based sexual abuse data at least annually.

(c) ADM.08.08 indicates that the standardized format includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice, Bureau of Justice Statistics.

(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 files, and SARs.

(e) ADM.08.08: 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.

(f) ADM.080.08 states the agency 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.

For the pre-on-site phase interview, the PREA Coordinator stated data is collected and aggregated in compliance with standard 115.88 and is retained and secured in Headquarters. Additionally, each facility PCM is responsible for providing information to the PREA Coordinator and maintaining data in a secure location. The auditor reviewed PSD's SSV documentation and the agency's annual reports via the Department of Public Safety | PREA (hawaii.gov). Annual reports included aggregated data from all facilities and for those they have contracted with to house their offenders.

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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| 115.88 | Data review for corrective action |
| | 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 Annual Prison Rape Elimination Act Reports

Interviews

- Director
- PREA Coordinator

(a) ADM.08.08 states the PREA Coordinator is responsible for reviewing data collected and aggregated pursuant to the policy requirements referenced in standard 115.87 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.

During the pre-onsite phase, the auditor reviewed the agency's Annual PREA Report provided in the PAQ and verified the report had been posted on the agency's public website.

(b) ADM.08.08 requires the agency's annual report to 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 agencies progress in addressing sexual abuse.

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

(d) ADM.08.08 the agency 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 interview, 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

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| | <p>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</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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| 115.89 | Data storage, publication, and destruction |
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| | <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 public website - Department of Public Safety PREA (hawaii.gov) <p><u>Interviews</u></p> <ul style="list-style-type: none"> • PREA Coordinator <p>(a) ADM.08.08 requires the PREA Coordinator to ensure incident-based and aggregated data are securely retained.</p> <p>(b) ADM.08.08 indicates 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.</p> |

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| | <p>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.</p> <p>(c) ADM.08.08 states the PREA Coordinator will remove all personal identifiers and comply with federal and state statutes, HRS §92(F), Uniform Information Practices Act, before publishing the data.</p> <p>(d) ADM.08.08 states the PREA Coordinator will maintain the sexual abuse data collected based on information outlined in policy under standard 115.87 which states for at least ten (10) years after the date of the initial collection unless federal, state, or local laws require otherwise.</p> <p>For the pre-onsite phase interviews, 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 review before posting on the agency's public website. All documentation and supporting information are maintained within locked file 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 |
| | 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 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> |

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| | <p>(b) This is the first 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> |
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| 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 Elimination Act • MCCC PAQ • Agency public website <p><u>Interviews</u></p> <ul style="list-style-type: none"> • Agency PREA Coordinator <p>(f) The auditor reviewed the agency's public website; PSD directly operates four jails (to include MCCC) and four prisons and houses additional inmates on the mainland in a privately-operated facility. The agency began receiving audit in the first year of the first cycle. All audits were completed by DOJ-certified auditors, and all final audit reports have been posted on PSD's website, available to the public at 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 provisions indicated in the PAQ and this report.</p> |

| Appendix: Provision Findings | | |
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| 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 |

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| | 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 |

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| | 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 |

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| 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 |

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| | 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 | |
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| | 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 |

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| | 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 |

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| | 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 |

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| 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.) | yes |
| 115.18 (b) | Upgrades to facilities and technologies | |

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| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | yes |
| 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 |

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| | 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 | |

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| | 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 |

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| | 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 | |

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| | 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 |

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| | 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 |

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| | 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 |

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| | 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 |

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| | 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 |

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| | 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? | yes |
| 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 |

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| | 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 |

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| | 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 |

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| | 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 | |

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| | 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 |

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| | 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.) | yes |
| 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. | no |
| 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 |

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| | 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 | |

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| | 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 |

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| | 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 |

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| | 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 |

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| 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? | 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: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| 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 |

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| | 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? | yes |
| 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 |

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| | 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 |

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| | 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 |

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| | 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 |

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| 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.) | yes |
| 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 |

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| | 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 |

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| | 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 |

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| | 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 |

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| | 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 | |

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| | 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.) | yes |

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| 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 |

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| 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 |

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| | 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 | |

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| | 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.) | no |
| 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) | | |
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| | 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 |