

PREA Facility Audit Report: Final

Name of Facility: Halawa Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 12/11/2023

Date Final Report Submitted: 06/25/2024

| 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: Amanda van Arcken | Date of Signature: 06/25/2024 |

| AUDITOR INFORMATION | |
|-------------------------------------|---------------------------------|
| Auditor name: | van Arcken, Amanda |
| Email: | amanda.vanarcken@doc.oregon.gov |
| Start Date of On-Site Audit: | 10/23/2023 |
| End Date of On-Site Audit: | 10/27/2023 |

| FACILITY INFORMATION | |
|-----------------------------------|--|
| Facility name: | Halawa Correctional Facility |
| Facility physical address: | 99-902 Moanalua Road, Aiea, Hawaii - 96701 |
| Facility mailing address: | |

| Primary Contact |
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|--------------------------|------------------------------|
| Name: | Lalyton Kaleikau |
| Email Address: | layton.k.kaleikau@hawaii.gov |
| Telephone Number: | 8084855284 |

Warden/Jail Administrator/Sheriff/Director

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|--------------------------|-----------------------------|
| Name: | Shannon Cluney |
| Email Address: | Shannon.s.cluney@hawaii.gov |
| Telephone Number: | 808-485-5222 |

Facility PREA Compliance Manager

Facility Health Service Administrator On-site

| | |
|--------------------------|--------------------------|
| Name: | Mandy Feldt |
| Email Address: | mandy.k.feldt@hawaii.gov |
| Telephone Number: | 8084855186 |

Facility Characteristics

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| Designed facility capacity: | 586 |
| Current population of facility: | 861 |
| Average daily population for the past 12 months: | 876 |
| Has the facility been over capacity at any point in the past 12 months? | Yes |
| Which population(s) does the facility hold? | Males |
| Age range of population: | 18-83 |
| Facility security levels/inmate custody levels: | minimum to maximum |
| Does the facility hold youthful inmates? | No |

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| Number of staff currently employed at the facility who may have contact with inmates: | 380 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 93 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 147 |

| 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 |
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| 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: | 2023-10-23 |
| 2. End date of the onsite portion of the audit: | 2023-10-27 |

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 |
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| <p>a. Identify the community-based organization(s) or victim advocates with whom you communicated:</p> | <p>This auditor conducted outreach to Just Detention International (JDI), and the Sexual Assault Treatment Center (SATC) to learn about issues of sexual safety at the facility.</p> <ul style="list-style-type: none"> • JDI is a health and human rights organization that seeks to end sexual abuse in all forms of detention by advocating for laws and policies that make prisons and jails safe and providing incarcerated survivors with support and resource referrals. JDI advised this auditor that they have not received any correspondence from incarcerated survivors at HCF within the last 12 months. • SATC has provided a continuum of sexual assault services to individuals and families impacted by sexual violence for fourteen years, serving the state of Hawaii. They provide support to victims and their families through critical, acute moments of crisis and their entire process of healing. The SATC provides a 24-hour crisis helpline, crisis stabilization and outreach services, as well as supportive, short-term therapy and psycho education and long-term clinical treatment. SATC advised this auditor they provide services to incarcerated survivors over the phone, in writing and in person, at forensic medical exams. SATC had contact with incarcerated survivors at HCF over the last year and did not have any specific concerns related to the sexual safety of the facility or the agency. During and since the pandemic, services were restricted to phone contact. |
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AUDITED FACILITY INFORMATION

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| <p>14. Designated facility capacity:</p> | <p>586</p> |
| <p>15. Average daily population for the past 12 months:</p> | <p>876</p> |
| <p>16. Number of inmate/resident/detainee housing units:</p> | <p>9</p> |

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| <p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p> |
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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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| <p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p> | <p>825</p> |
| <p>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:</p> | <p>47</p> |
| <p>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:</p> | <p>2</p> |
| <p>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:</p> | <p>3</p> |
| <p>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:</p> | <p>1</p> |

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| 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 |
| 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: | 5 |
| 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: | 2 |
| 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: | 12 |
| 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: | 2 |

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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>The designed facility capacity is 586 inmates. The PAQ indicated the average daily population for audit period was 876 inmates. The inmate population on the first day of the onsite review was 825. The November 2022 edition of the PREA Auditor Handbook requires at least 15 random inmate interviews and at least 15 targeted inmate interviews for an adult prison population of 501-1000 people in custody. After selecting targeted inmates for interview, this auditor used an inmate roster sorted by housing unit to select the tenth name from the top and tenth name from the bottom of each unit roster. The identified inmate names were selected for both file reviews and random interviews. Files were reviewed to evaluate screening and intake procedures, documentation of inmate education and medical or mental health referrals when required.</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>380</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>147</p> |
| <p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p> | <p>93</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>No additional comments.</p> |

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:

15

54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)

- Age
- Race
- Ethnicity (e.g., Hispanic, Non-Hispanic)
- Length of time in the facility
- Housing assignment
- Gender
- Other
- None

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?

After selecting targeted inmates for interview, this auditor used an inmate roster sorted by housing unit to select the tenth name from the top and tenth name from the bottom of each unit roster.

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?

- Yes
- No

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| <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>Inmates classified as Medium, Minimum and Community can freely move about the facility. Close Custody inmates require a security escort before 0600 hours and after 1800 hours. Maximum Custody inmates are restricted in their movement and must be fully restrained and escorted by two security staff for any facility movement. Mental Health/Therapeutic inmates are each given a treatment plan by the Psychiatrist/ Psychologist, which directs their level of movement, regardless of their classification.</p> |
| <p>Targeted Inmate/Resident/Detainee Interviews</p> | |
| <p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | <p>16</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>1</p> |
| <p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>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>The facility reported there were no inmates with characteristics required for this targeted category. This auditor did not identify any inmates who may qualify for this targeted category while reviewing the facility's documentation prior to the onsite review. The audit team did not observe any inmates who may qualify for this targeted category while onsite at the facility. When appropriate, this auditor asked random staff and random inmates if they were aware of anyone who may have characteristics for the targeted category.</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>2</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>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 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 checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The facility reported there were no inmates with characteristics required for this targeted category. This auditor did not identify any inmates who may qualify for this targeted category while reviewing the facility's documentation prior to the onsite review. The audit team did not observe any inmates who may qualify for this targeted category while onsite at the facility. When appropriate, this auditor asked random staff and random inmates if they were aware of anyone who may have characteristics for the targeted category.</p> |
| <p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>3</p> |
| <p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>4</p> |

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| <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>1</p> |
| <p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p> | <p>3</p> |
| <p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The facility reported there were no inmates with characteristics required for this targeted category. This auditor did not identify any inmates who may qualify for this targeted category while reviewing the facility's documentation prior to the onsite review. The audit team did not observe any inmates who may qualify for this targeted category while onsite at the facility. When appropriate, this auditor asked random staff and random inmates if they were aware of anyone who may have characteristics for the targeted category.</p> |

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| <p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>The facility indicated there were no inmates at HCF with limited-English proficiency. Interviews were conducted with the following targeted populations:</p> <ul style="list-style-type: none"> • Two inmates with vision impairment • One inmate with physical disabilities • One inmate with cognitive impairments • Three inmates who identify as gay or bisexual • Four inmates who identify as transgender or intersex • One inmate who reported sexual abuse • Three inmates who reported sexual victimization during screening • One inmate who wrote a letter to the auditor <p>The one inmate who was deaf or hard of hearing declined to speak with the auditor while onsite.</p> |
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

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| <p>71. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>12</p> |
| <p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p> | <p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |

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| <p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>No additional comments.</p> |
| <p>Specialized Staff, Volunteers, and Contractor Interviews</p> | |
| <p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p> | |
| <p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p> | <p>27</p> |
| <p>76. Were you able to interview the Agency Head?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>78. Were you able to interview the PREA Coordinator?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>79. Were you able to interview the PREA Compliance Manager?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p> |

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

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

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| | <input checked="" type="checkbox"/> Other |
| If "Other," provide additional specialized staff roles interviewed: | Additional staff interviewed included Volunteer Coordinator, Grievance Coordinator, Inmate Disciplinary Officer, Mailroom Staff, Maintenance Staff, and Food Services Staff. |
| 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 |

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| <p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p> | <p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input checked="" type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p> |
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| <p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p> | <p>No additional comments.</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> |
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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> |
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| 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)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 88. Informal conversations with staff during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> 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).

On the morning of October 23, 2022, the audit team met with the agency PREA Coordinator and facility leadership for introductions and an overview of the audit team's anticipated activities over the following days.

The audit team began conducting the physical plant review of HCF on the first day. The audit team was provided access to all areas of the facility, including outlying buildings or areas where inmates may be assigned for work. This auditor observed the facility configuration, locations of cameras and security mirrors, the level of staff supervision, the housing unit layout (including shower/toilet areas), placement of posters and other PREA informational resources, security monitoring, and search procedures. Inmate phones were tested to ensure the ability to contact the PREA Hotline. Locked mailboxes were in each housing unit or common areas for inmates to deposit grievance and discrimination forms. Unit logbooks were checked to ensure the completion of unannounced supervisory rounds.

During the physical plant review, the audit team looked for potential blind spots in areas accessible to inmates, and areas where cross-gender viewing may occur.

After the completion of the physical plant review on the first day and for the duration of the remaining days onsite, the audit team conducted staff and inmate interviews. Staff were interviewed using the DOJ protocols that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to staff and inmates, response protocols when allegations of sexual abuse and/or sexual harassment are made, first responder duties, data collection processes and other pertinent PREA requirements. All interviews were conducted one at a time, in a private and confidential manner.

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.).

This auditor reviewed any documentation or files associated with each random, targeted, or specialized interview.

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 | 14 | 3 | 14 | 14 |
| Staff-on-inmate sexual abuse | 2 | 0 | 2 | 2 |
| Total | 16 | 3 | 16 | 16 |

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

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 | 1 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 1 | 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 | 7 | 6 | 1 |
| Staff-on-inmate sexual abuse | 0 | 0 | 1 | 1 |
| Total | 0 | 7 | 7 | 2 |

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

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: | 17 |
|--|----|

| | |
|---|---|
| <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>16</p> |
| <p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>Staff-on-inmate sexual abuse investigation files</p> | |
| <p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>1</p> |
| <p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |

| | |
|---|--|
| <p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |
| <p>Sexual Harassment Investigation Files Selected for Review</p> | |
| <p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>a. Explain why you were unable to review any sexual harassment investigation files:</p> | <p>No sexual harassment investigations had been completed at the time of the onsite review.</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 type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" 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>0</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 type="radio"/> No</p> <p><input checked="" 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 type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p>Staff-on-inmate sexual harassment investigation files</p> | |
| <p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
| <p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
| <p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> | <p>No additional comments.</p> |

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
- No

Non-certified Support Staff

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

- Yes
- No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Identify your state/territory or county government employer by name:

Oregon Department of Corrections

Was this audit conducted as part of a consortium or circular auditing arrangement?

Yes

No

| 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 gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • HCF Pre-Audit Questionnaire (PAQ) responses • PSD Policy ADM.08.08 • PSD Organizational chart • HCF Organizational chart • Lesson Plan for <i>Prison Rape Elimination Act of 2003 Corrections & Law Enforcement Training</i> • Interview with the PREA Coordinator • Interview with the PREA Compliance Manager |

· Interviews with specialized and random staff

(a) The purpose of PSD Policy ADM.08.08 is to outline the Department of Public Safety's (PSD) approach to ensure compliance with the Prison Rape Elimination Act ("PREA") of 2003, through the application of a zero-tolerance policy toward all forms of sexual abuse, sexual harassment, and retaliation for reporting incidents in prisons, jails, lockups, and community correctional centers. The policy has an effective date of September 22, 2017. PSD Policy ADM.08.08 states on page 11, "PSD has a zero-tolerance policy concerning all forms of sexual abuse, sexual harassment, and retaliation for reporting such incidents;)1) an offender by another offender, or (2) a staff member on an offender, in a PSD prison, jail, lockup, community correctional center, and privately contracted prison operating under the direct control of PSD or under contract with PSD." This policy outlines the agency's comprehensive approach to preventing, detecting, and responding to sexual abuse and sexual harassment, including definitions of prohibited behaviors and consequences for those found to have participated in prohibited behaviors.

Facility training also points back to agency policy. This auditor reviewed the HCF lesson plan and training curriculum for *Prison Rape Elimination Act of 2003 Corrections & Law Enforcement Training*. Slide 53 states, "A 'zero-tolerance' policy means that sexual abuse and sexual harassment is strictly prohibited, and all allegations of such conduct will be investigated...PSD has a zero-tolerance policy concerning all forms of sexual abuse, sexual harassment, and retaliation for reporting incidents." Slides 30, 42, 54, 55, 96, and 97 contain reminders about the zero-tolerance policy.

During interviews with specialized and random staff, all interviewees indicated they were aware of and trained on the agency's zero-tolerance policy.

(b) PSD employs an upper-level, agency-wide PREA Coordinator. PSD Policy ADM.08.08 states on page 12, "PSD has designated the Litigation Coordination Office, a branch of the Director's Office, to manage PREA. One of the Litigation Coordination Officer's functions is to fulfill the role of the upper-level staff member designated to serve as the Department PREA Coordinator. The Department PREA Coordinator shall have sufficient time and authority to develop, implement, and oversee PSD's efforts to comply with the PREA standards in all PSD facilities, lockups, inclusive of monitoring at privately contracted facilities and community correctional centers. The Department PREA Coordinator reports directly to the Director of the Department of Public Safety." This position is reflected in agency organizational charts. When interviewed, the PREA Coordinator indicated they have the time, resources, and authority required to manage their responsibilities.

(c) PSD Policy ADM.08.08 states on page 12, *“Each facility shall have a designated Facility PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA Standards, which may be part of their other related duties. The Department PREA Coordinator will monitor the relevant PREA duties of the Facility PREA Compliance Managers in conjunction with the Warden or Sheriff.”* HCF has designated a lieutenant as the facility PREA Compliance Manager (PCM), who reports to the warden through the Chief of Security. When interviewed, the facility PCM indicated they have the time, resources, and authority required to manage their responsibilities.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the agency and facility are in full compliance with the standard of zero-tolerance of sexual abuse and sexual harassment, and employment of the PREA Coordinator, as it relates to PREA.

| 115.12 | Contracting with other entities for the confinement of inmates |
|--------|--|
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • HCF Pre-Audit Questionnaire (PAQ) responses • PSD Policy ADM.08.08 • PSD Contract No. PSD 21-ID/MB-28 • 2014, 2017, 2021 PREA Audit reports for Saguaro Correctional Center <p>(a-b) PSD Policy ADM.08.08 states on page 12, <i>“PSD mandates that any new contracts or contract renewals with private agencies or other entities for the confinement of PSD’s offenders shall include language that the private entity is required to adopt and comply with PREA, specifically the finalized PREA Standards.</i></p> |

The private entity shall be subject to PSD monitoring/audits as part of its contract with PSD to ensure compliance with the PREA Standards.

The private entity is responsible with complying with the audit requirements of the PREA Standards and any cost associated with audits as required by 115.401 to 115.404.”

PSD contracts with CoreCivic (formerly known as Corrections Corporation of America) for the confinement of inmates. PSD Contract No. PSD 21-ID/MB-28 states on page 11, *“The PROVIDER shall be in full compliance with the Prison Rape Elimination Act (PREA). Failure to maintain full compliance with PREA as demonstrated through facility specific PREA compliance audit shall constitute an event of default on the part of the PROVIDER. The STATE shall provide written notice to PROVIDER of the default and shall specify a reasonable period of time in which the PROVIDER must cure the default. The STATE shall not specify a cure period of less than the corrective action period specified in the PREA standards, which is currently one hundred eighty (180) days.”*

PSD inmates that are medium-custody or above with more than 48 months to serve are assigned to a CoreCivic facility in Arizona. Approximately 870 inmates are currently housed in Arizona under this contract. The facility underwent the onsite portion of their federal PREA Audit in January 2021. Their most recent final report was provided to them on May 6, 2021. This auditor reviewed the final reports for 2014, 2017, and 2021.

PSD Contract No. PSD 16-ID/MB-32 states on page 25, *“The STATE shall have the right to inspect, at all reasonable times, all records of, or associated with, Inmates or any charges, billings, demands, and payments under this financial, educational, recreational, or transportation expense, timekeeping, or other operational records.”* An interview with the agency contract administrator indicated they visit the Arizona facility every three to four months to conduct audits of their policy and procedures.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the agency is in full compliance with the standard of contracting with other entities for the confinement of inmates, as it relates to PREA.

| | |
|---------------|---|
| 115.13 | Supervision and monitoring |
| | <p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 340 1426 416">The auditor gathered, analyzed and retained the following evidence related to this standard:</p> <ul data-bbox="256 454 1062 1133" style="list-style-type: none"> • HCF Pre-Audit Questionnaire (PAQ) responses • PSD Policy ADM.08.08 • 2023 Staffing Plan for HCF • Interview with the warden • Interview with the PREA Coordinator • Interview with the PREA Compliance Manager • Interview with intermediate or higher-level facility staff • Housing Unit logbooks • Staff duty rosters • Observation of facility operations while onsite <p data-bbox="256 1240 1449 1525">(a, c) PSD Policy ADM.08.08 states on pages 12-13, <i>“The Department PREA Coordinator in conjunction with the Institutions Division Administrator (IDA) shall ensure that each facility develops, documents, and makes its best efforts to comply on a regular basis with a written staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, each facility shall take into consideration (115.13 a):</i></p> <ol data-bbox="256 1563 1398 2074" style="list-style-type: none"> <i>a. Generally accepted detention and correctional practices.</i> <i>b. Any judicial findings of inadequacy.</i> <i>c. Any findings of inadequacy from federal investigative agencies.</i> <i>d. Any findings of inadequacy from internal or external oversight bodies.</i> <i>e. All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated).</i> <i>f. The composition of the inmate population.</i> <i>g. The number and placement of supervisory staff.</i> |

h. Institution programs occurring on a particular shift.

i. Any applicable State or local laws, regulations, or standards.

*j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse;
and*

k. Any other relevant factors.”

At least once per year the facility warden or designee, in collaboration with the agency PREA Coordinator, will review the staffing plan, the deployment of monitoring technology and the allocation of PSD resources to commit to the staffing plan to ensure compliance. Any adjustments are documented. The documentation is compiled by the facility warden, Chief of Security and PCM and then given to the agency PREA Coordinator, prior to the scheduling of a formal meeting. This auditor reviewed documentation from the most recent annual staffing plan meeting. As a supplement to the annual staffing plan meeting, the Chief of Security and facility warden review the existing staffing plan quarterly and assess the number of staffing vacancies and the amount of overtime accrued by the facility, to determine if the plan remains adequate. Interviews with the agency PREA Coordinator, facility warden and PCM verified their participation in this process.

HCF has not had any judicial findings of inadequacy, or findings of inadequacy from Federal investigative agencies, internal or external oversight bodies.

The 2023 staffing plan review noted an officer vacancy rate of 21.22%. It is not uncommon for correctional staff at HCF to work 24 or 32 hour shifts to cover vacancies.

As part of corrective action, the facility was required to make the following changes to mitigate blind spots identified by the audit team –

- The case law room inside of the education building curves around to the left, and the left area cannot be seen from the door. This auditor required a security mirror installed on the back wall of the room in order to view the area of the room to the left. Photographic documentation of the mirror installation was provided to this auditor for review and verification prior to the issuance of the interim report, satisfying this element of corrective action.

- There was no way to see inside the security staff member’s office in the kitchen, as the windows and doors were obstructed with reflective material and papers. This auditor required some of the material to be removed, allowing at least one way to easily view the interior of the office. Photographic documentation of the

tint removal was provided to this auditor for review and verification prior to the issuance of the interim report, satisfying this element of corrective action.

· The sergeant's office located upstairs in the industries area had curtains drawn across the window. This auditor required the curtains to be removed from the window. Photographic documentation of the curtain removal was provided to this auditor for review and verification prior to the issuance of the interim report, satisfying this element of corrective action.

(b) PSD Policy ADM.08.08 states on page 13, *"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. This form shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days."*

Because the facility fills vacancies with voluntary or mandatory overtime, they have not had any deviations from the staffing plan. While onsite, the audit team observed enough custody and support staff in all areas of the facility.

(d) PSD Policy ADM.08.08 states on page 14, *"The Warden shall ensure 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. This shall be documented in the housing unit Informer/Logbook and/or in the Supervisor's watch summary."*

PSD staff is prohibited from alerting other staff members of the above-unannounced walk-throughs by superiors, unless such an announcement is related to the legitimate operational functions of the facility."

On March 1, 2023, the Chief of Security sent written directive to all HCF Supervisors stating, *"...supervisors shall be expected to make written entries in the logbook(s) of all the posts in their area of supervision every shift. It is especially important that the supervisors in the residency/housing area conduct these documented checks every day. These posts checks shall be unannounced. Per policy COR.05.08, supervisor post/area logbook entries shall be made in 'red' ink."*

Interviews with intermediate- or higher-level staff indicated they conduct unannounced rounds on all shifts to detect and deter any staff misconduct, including staff sexual abuse and sexual harassment. This auditor reviewed logbooks while

| | |
|--|--|
| | <p>onsite to confirm unannounced rounds were taking place and documented as required. Rounds could easily be identified on all shifts and on multiple days.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of supervision and monitoring, as it relates to PREA.</p> |
|--|--|

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|---------------|---|
| 115.14 | Youthful inmates |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • HCF Pre-Audit Questionnaire (PAQ) responses • PSD Policy ADM.08.08 • Hawaii Revised Statutes 706-667 • HCF population reports • Interview with the PREA Compliance Manager • Interviews with random staff and random inmates <p>(a-c) Hawaii Revised Statutes define a <i>young adult defendant</i> as a person convicted of a crime who, at the time of the offense, is less than twenty-two years of age and who has not been previously convicted of a felony as an adult or adjudicated as a juvenile for an offense that would have constituted a felony had the young adult defendant been an adult. Young adult defendants sentenced to a term of imprisonment exceeding 30 days may be committed by the court to the custody of PSD.</p> <p>PSD Policy ADM.08.08 notes the difference between statute definition and the PREA standards definition. The policy states on page 14, <i>"If PSD does receive a youthful offender as defined by PREA, described in paragraph (2) of this section, then the</i></p> |

youthful offender shall not be housed in a housing unit in which the youthful offender shall have sight, sound, and physical contact with any adult offender through the use of a shared dayroom or other common space, shower area, or sleeping quarters. The facility staff shall document by utilizing the PREA Mandated Reporting Form (PSD 8317) any non-compliance with the above requirement. This form shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days.

PSD staff shall maintain sight, sound, and physical separation between the youthful offenders and adult offenders in areas outside of the housing units, or shall provide direct staff supervision, when youthful offenders and adult offenders have sight, sound, and physical contact. (115.14 b) The facility staff shall document by utilizing the PREA Mandated Reporting Form (PSD 8317) any non-compliance with the above requirement. This form shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days.

PSD shall document the exigent circumstances for each instance in which a youthful offender's access to large-muscle exercise, legally required educational services, other programs, and work opportunities are denied in order to separate them from adult offenders by utilizing the PREA Mandated Reporting Form (PSD 8317). This form shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days."

This auditor reviewed HCF population reports and did not find any inmates under the age of 18 listed. No interviews of staff or inmates indicated a youthful inmate may have been housed at HCF.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of youthful inmates, as it relates to PREA.

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|---------------|--|
| 115.15 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

The auditor gathered, analyzed, and retained the following evidence related to this standard:

- HCF Pre-Audit Questionnaire (PAQ) responses
- PSD Policy ADM.08.08
- Lesson Plan for *Prison Rape Elimination Act of 2003 Corrections & Law Enforcement Training*
- Interviews with random staff and random inmates
- Observation of facility operations while onsite

(a) Frequent, unannounced searches of inmates, their living quarters and other areas of the facility are necessary to maintain the safety, security, and orderly operations of prisons. PSD Policy ADM.08.08 states on page 15, "*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.*" No random or targeted inmates indicated they had been subjected to a cross-gender strip search or cross-gender visual body cavity search. In interviews, random staff confirmed they do not conduct cross-gender searches of this nature.

This auditor reviewed the HCF lesson plan and training curriculum for *Prison Rape Elimination Act of 2003 Corrections & Law Enforcement Training*. Slide 38 defines exigent circumstances as any set of temporary and unforeseen circumstances that require immediate action to combat a threat to the security or institutional order of a facility. The training provides an appropriate use of exigent circumstance and an inappropriate use - "*Example: dangerous contraband (weapons/drugs) where there is no time to call for back-up. Not an example: Being short-staffed with no female ACOs [Adult Correctional Officers] to perform a routine pat search is not an unforeseen circumstance. Once the 'exigency' is gone, cannot use 'exigent circumstance' to justify deviation from policy.*"

(b) PSD Policy ADM.08.08 states on Page 15, "*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.*" Staff who conduct any searches of this nature must document it utilizing the PREA Mandated Reporting Form (PSD 8317).

This auditor reviewed the HCF lesson plan and training curriculum for *Prison Rape*

Elimination Act of 2003 Corrections & Law Enforcement Training. Slide 65 states, "PSD staff shall not conduct cross-gender pat-down searches of female offenders, absent exigent circumstances. PSD's policy prohibits any cross-gender pat-down searches. Facilities shall not restrict female offenders' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision."

HCF does not house any female inmates.

(c) PSD Policy ADM.08.08 states on page 15, *"An incident of cross-gender strip searches and cross-gender visual body cavity searches shall be documented by utilizing the PREA Mandated Reporting Form (PSD 8317). This form shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days."*

The PAQ indicated that no searches of this nature were conducted during the audit period.

This auditor reviewed the HCF lesson plan and training curriculum for *Prison Rape Elimination Act of 2003 Corrections & Law Enforcement Training. Slide 66 states, "PSD Facilities shall document all cross-gender strip searches and all cross-gender visual body cavity searches. PSD Facilities shall document all cross-gender pat-down searches of female offenders."*

Interviews with staff and inmates did not indicate that cross-gender strip searches have occurred, nor did the audit team observe any cross-gender strip searches while onsite at HCF.

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

During the physical plant review, the audit team looked for areas where cross-gender viewing may occur. The audit team did not identify any areas of concern.

The audit team made recommendations related to issues identified during the physical plant reviews:

1. Secure rooms/doors when the room/door is not actively being used.
2. For security purposes, control center doors should always remain locked. Keys to the door should not remain in the locking mechanism when not actively being used.

PSD Policy ADM.08.08 states on page 16, *“Staff of the opposite gender are required to ‘knock and announce’ their presence when entering an offender housing unit and ensure that this notice is logged in the Informer or Logbook. For example, a male staff member entering a female housing unit must ‘knock and announce’ his presence via an intercom or a verbal broadcast by stating ‘male in the housing unit, ensure that you are properly dressed.’”*

This auditor reviewed the HCF lesson plan and training curriculum for *Prison Rape Elimination Act of 2003 Corrections & Law Enforcement Training*. Slide 69 reinforces PSD policy by stating, *“Staff of the opposite gender are required to ‘knock and announce’ their presence when entering an offender housing unit and ensure that this notice is logged in the Informer or Logbook.”*

Signs are affixed to housing unit entrances, reminding staff of the requirement to make announcements. Cross-gender announcements were consistently observed when the audit team entered housing units. Interviews with random staff and inmates indicated the announcements are made consistently and as required.

(e) PSD Policy ADM.08.08 states on page 16, *“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.”*

This auditor reviewed the HCF lesson plan and training curriculum for *Prison Rape Elimination Act of 2003 Corrections & Law Enforcement Training*. Slide 74 states, *“PDS 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 during conversations with the*

offender, by reviewing medical records, or, if necessary, by learning that information as part of a medical examination conducted by a medical practitioner.”

Interviews with random staff indicated they are aware that searches to determine genital status are prohibited by standard and agency policy. None of the transgender inmates interviewed indicated they received a search of this nature.

(f) PSD Policy ADM.08.08 states on page 16, *“PSD staff are to ensure that cross-gender pat-down searches and searches of transgender and intersex offenders are conducted in a professional, respectful, and in the least intrusive manner, while ensuring security operational needs for the good government and orderly running of the facility. The professional and respectful pat-down search of a transgender and intersex offender may be achieved by utilizing the back of your hand instead of the front of your hand.”*

This auditor reviewed the HCF lesson plan and training curriculum for *Prison Rape Elimination Act of 2003 Corrections & Law Enforcement Training*. Slide 70 states, *“PSD staff are to ensure that cross-gender pat-down searches AND searches of transgender and intersex offenders are conducted in a professional, respectful, and in the least intrusive manner, while ensuring security operational needs for the good government and orderly running of the facility.”* The training curriculum indicates “dual” searches, where the staff of one gender searches the top half of an inmate and the staff of another gender searches the bottom half of the inmate, are prohibited. The remainder of the training curriculum directs how to conduct a cross-gender pat-down search using commonly accepted correctional practices.

All transgender inmates interviewed by this auditor indicated they had been searched in a respectful and professional manner.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of limits to cross-gender viewing and searches, as it relates to PREA.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

- HCF Pre-Audit Questionnaire (PAQ) responses
- PSD Policy ADM.08.08
- PSD Contract with Pacific Interpreters
- Lesson Plan for *Prison Rape Elimination Act of 2003 Corrections & Law Enforcement Training*
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Interviews with random staff and random inmates
- Interviews with inmates from targeted populations with disabilities

(a-b) PSD Policy ADM.08.08 states on page 16, “*Disabled offenders and offenders with limited English proficiency shall be provided with equal opportunity to participate in or benefit from all aspects of PSD's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.*” The policy lists the interpreter services for the deaf, blind, or hard of hearing inmates, and those with limited-English proficiency. (This auditor has omitted the information from this report as it contains the contact information and account number for the agency.) The agency/facility contracts with Pacific Interpreters for translation services and has used them since at least 2013. Pacific Interpreters has more than 11,000 trained and qualified interpreters in more than 240 languages and can be utilized by voice, video, or in-person. All staff have access to the instructions for utilizing this service.

Written materials about PREA are available in multiple languages. Pacific Interpreters would be used to make any other language translations available.

This auditor reviewed the HCF lesson plan and training curriculum for *Prison Rape Elimination Act of 2003 Corrections & Law Enforcement Training*. Slide 75 states, “*Disabled offenders and offenders with limited English proficiency shall be provided with equal opportunity to participate in or benefit from all aspects of PSD’s efforts to prevent, detect and respond to sexual abuse and sexual harassment.*”

The facility indicated there were no inmates at HCF with limited-English proficiency. Interviews were conducted with the following targeted populations:

- Two inmates with vision impairment
- Three inmates with physical disabilities
- One inmate with cognitive impairments

Interviews with random staff and random/targeted inmates indicated that inmates with physical disabilities and limited-English proficiencies are afforded additional accommodation to ensure their access to all aspects of the agency's PREA program. No interviews indicated another inmate had been used to assist in their comprehension. Interviews with random staff indicated they would not use another inmate as an interpreter.

(c) PSD Policy ADM.08.08 states on page 16, *"The use of offender interpreters, or other types of offender assistance is prohibited, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise an offenders' safety. In the limited circumstances where offender interpreters, or other types of offender assistance are utilized, it shall be documented by utilizing the PREA Mandated Reporting Form (PSD 8317). This form shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days."*

This auditor reviewed the HCF lesson plan and training curriculum for *Prison Rape Elimination Act of 2003 Corrections & Law Enforcement Training*. Slide 76 states, *"The use of OFFENDER interpreters, or other types of OFFENDER assistance is prohibited, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise [an] offender's safety."*

The PAQ indicated an inmate interpreter had not been used for translation services within the last 12 months. No interviews indicated another inmate had been used to assist in their comprehension. Interviews with random staff indicated they would not use another inmate as an interpreter.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has

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| | determined that the facility is in full compliance with the standard of inmates with disabilities and inmates who are limited-English proficient, as it relates to PREA. |
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| 115.17 | Hiring and promotion decisions |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • HCF Pre-Audit Questionnaire (PAQ) responses • PSD Policy ADM.08.08 • Department of Public Safety <i>Applicant’s Personal History Questionnaire</i> • Employee file reviews • Interview with the warden • Interview with Human Resource staff • Interview with agency PREA Coordinator <p>(a) PSD Policy ADM.08.08 states on page 17, <i>“PSD prohibits the hiring or promoting of anyone, who may have contact with offenders, and shall not utilize the services of any contractor or volunteer, who may have contact with offenders, if that person:</i></p> <p><i>a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution owned, operated, or managed by the state as defined by 42 U.S.C. 1997, for example the Hawaii State Hospital or other state skilled nursing, intermediate, long-term care, custodial, or residential care institution.</i></p> <p><i>b. 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.</i></p> <p><i>c. Has been civilly or administratively adjudicated to have engaged in the activity described in the paragraphs above.</i></p> <p><i>d. 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.”</i></p> |

(b) PSD Policy ADM.08.08 states on page 17, *“PSD shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to utilize the services of any contractor or volunteer, who may have contact with offenders.”*

Interviews with the warden and Human Resource staff indicated the policy is implemented in practice. The warden indicated they would not enlist the services of a contractor who had allegations of sexually harassing inmates.

(c-d) PSD Policy ADM.08.08 states on page 17, *“Before new employees, contractors, or volunteers, who may have contact with offenders, are hired, PSD shall:*

a. Perform a criminal background record check, consistent with federal, state, and local law; and

b. Utilize a ‘best effort’ to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation, due to a pending investigation of an allegation of sexual abuse.”

Potential applicants must list all prior institutional employers in the work experience section of their application. A signed release form and employer questionnaire is sent to all prior employers, to include institutional employers.

This auditor selected 30 employee names to review background check compliance. On November 21, 2023, this auditor received and reviewed documents for 27 employees in the OAS. The review indicated checks are occurring for employees as required. Three staff were hired prior to the requirements of the PREA standards, and documents related to those three staff were unable to be reviewed.

(e) PSD Policy ADM.08.08 states on page 17, *“PSD shall conduct criminal background record checks at least every five years for current employees, contractors, and volunteers, who may have contact with offenders.*

a. PSD's Personnel's Office is responsible for ensuring compliance with the five-year cycle of background checks for current employees.

b. It is noted that PSD does conduct annual Lautenberg type of background checks on those employment positions that are required to carry a firearm.”

Interviews with Human Resource staff and the agency PREA Coordinator indicated

these checks take place as required.

(f) PSD Policy ADM.08.08 states on page 18, *“PSD shall ask all applicants and employees, who may have direct contact with offenders, about previous misconduct(s) described in paragraph (1) of this section either on (a) a written application, (b) during an interview for hire, (c) a promotional interview, or (d) 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.*

All PSD staff has an affirmative duty to immediately disclose any such misconduct covered by sections .1 and .2 by immediately reporting the incident through their chain of command.”

Prospective agency/facility applicants are required to submit a completed Department of Public Safety *Applicant’s Personal History Questionnaire*. Section 7 of this questionnaire states, *“This position may have or involves contact with inmates in a correctional facility (prison and jail) or lockup. As required by the Prison Rape Elimination Act of 2003 (PREA), all applicants who may have contact with an inmate in a correctional facility (prison and jail) or lockup as described in the law must answer the four questions below to determine their eligibility for this position.”* The four questions correspond with the requirements of (a).

PSD does not conduct self-evaluations as part of the employee review process.

(g) PSD Policy ADM.08.08 states on page 18, *“Any PSD staff, who materially omits reporting such misconduct or provides materially false information shall be subject to discipline based on the just and proper cause standard, up to and including discharge. See Department of Human Resources Policy 702.003.”* The HR policy referenced outlines the process for separating employment with PSD.

This auditor reviewed the HCF lesson plan and training curriculum for *Prison Rape Elimination Act of 2003 Corrections & Law Enforcement Training*. Slide 80 states, *“All PSD Staff have an affirmative duty to immediately disclose any such misconduct by immediately reporting through their chain of command. 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.”

By signature on their Department of Public Safety *Applicant’s Personal History Questionnaire*, prospective agency/facility applicants attest that *“the information and my responses to the questions provided in this Personal History Questionnaire are true and correct to the best of my knowledge. I agree, understand and acknowledge that any misstatements or omissions of material facts herein may cause disqualification from the employment process and forfeiture of all rights to any employment in the service of the State of Hawaii &/or Dept of Public Safety.”*

An interview with Human Resource staff indicated disciplinary action, including termination, is taken when material omissions are discovered.

(h) PSD Policy ADM.08.08 states on page 12, *“Unless prohibited by law, the PSD shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer with whom the employee has applied to work.”*

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of hiring and promotion decisions, as it relates to PREA.

| 115.18 | Upgrades to facilities and technologies |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion The auditor gathered, analyzed, and retained the following evidence related to this standard: <ul style="list-style-type: none">• HCF Pre-Audit Questionnaire (PAQ) responses• PSD Policy ADM.08.08• Interview with agency head/designee |

- Interview with agency PREA Coordinator
- Interview with the warden
- Interview with the PREA Compliance Manager
- Observation of facility operations while onsite

(b) PSD Policy ADM.08.08 states on page 18, *“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.”*

Interviews with the agency head/designee, agency PREA Coordinator, warden, and facility PREA Compliance Manager confirmed the agency has not designed or acquired any new facilities. PREA is considered at the central office level with the architect and project management staff. The project manager consults with the agency PREA coordinator and the facility PCM regarding specific concerns at the facility.

(b) PSD Policy ADM.08.08 states on page 18, *“When installing or updating a video monitoring system, electronic surveillance system, close circuit television (CCTV), or other monitoring technology, PSD shall consider how such technology may enhance the agency’s ability to protect offenders from sexual abuse.”*

Camera mapping was created by an architect who installed the cameras during the most recent technological upgrade. The project manager consults with the agency PREA coordinator and the facility PCM regarding specific concerns at the facility.

Interviews with the warden and facility PREA Compliance Manager confirmed that the prevention of sexual abuse and sexual harassment was a factor in determining camera placement.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of upgrades to facilities and technologies, as it relates to PREA.

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| 115.21 | Evidence protocol and forensic medical examinations |
| | <p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 1437 412">The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul data-bbox="256 456 991 994" style="list-style-type: none"> • HCF Pre-Audit Questionnaire (PAQ) responses • PSD Policy ADM.08.08 • State of Hawaii Contract No. 16-HSA-01 • Interview with the PREA Compliance Manager • Interview with SAFE/SANE • Interview with Agency Internal Affairs Investigator • Interviews with medical staff • Interviews with random staff and random inmates <p data-bbox="256 1106 1469 1509">(a) PSD Policy ADM.08.08 states on pages 18-19, <i>“PSD is responsible for conducting all administrative sexual abuse investigations. All criminal sexual abuse investigations shall be referred to the county LE agency (Honolulu Police Department, Hawaii Police Department, Oahu Police Department, and Kauai Police Department). If 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... PSD utilizes departmental evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and preserves the crime scene for criminal investigations and prosecution.”</i></p> <p data-bbox="256 1621 1358 1733">(b) The <i>National Protocol for Sexual Assault Forensic Examinations 2nd Edition Information</i> from April 2013 was used when developing the program for the department as reflected in the SATC contract scope of duties.</p> <p data-bbox="256 1845 1406 1957">While the protocol is developmentally appropriate for youth, HCF does not house youthful inmates. Interviews with a facility investigator indicated they are knowledgeable on obtaining usable physical evidence.</p> |

(c) PSD Policy ADM.08.08 states on page 19, *“The Health Care Division staff shall determine, based on evidentiary or medical needs, whether a victim of sexual abuse will be transported for a forensic medical examination at the Sex Abuse Treatment Center (“SATC”) or at a hospital emergency unit. This shall be at no financial cost to the victim. In facilities without twenty-four (24) hour medical, then the on-call physician shall be contacted. The use of Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) are utilized at the SATC...If a SAFE or SANE is not available, the examination may be performed by other qualified medical practitioners. The SATC and its contracted representative on the outer islands have indicated that victim advocates are available during an examination.”*

All forensic medical exams are provided offsite by Sexual Assault Nurse Examiners, as verified through interview. The PAQ indicated there were five forensic medical exams provided during the audit period. None of the inmates who received forensic exams were still at the facility during the onsite review. Interviews with medical staff verified inmates are not financially responsible for forensic medical exams.

(d-e) PSD Policy ADM.08.08 states on page 19, *“At the request and approval of the victim, a victim advocate from the SATC, or SATC contracted provider on the outer islands shall be provided to support the victim through the forensic medical examination process and the investigatory interview. The purpose of a victim advocate is to provide emotional support, crisis intervention, information, and referrals.”*

The state of Hawaii has contracted with Kapiolani Medical Center for Women and Children (KMCWC)-Sex Abuse Treatment Center (SATC) to provide statewide, comprehensive victim sexual assault treatment services. As outlined on pages two and three of the contract, *“Crisis intervention services need to be available 24 hours a day, 365 days a year. A 24-hour hotline will provide the sexual assault victim and the community, immediate access to care both over the phone and in-person. In addition to crisis counseling, victims often require medical-legal care and assistance with reporting options. A Sexual Assault Response Team (SART), should be on call around the clock and staffed with personnel specially trained to provide crisis support services to victims. Such services include crisis stabilization and counseling, legal systems advocacy to inform the victim of legal rights and options, an acute forensic examination to provide the victim the necessary medical assessment and treatment, and the collection and preservation of forensic evidence if the victim decides to take criminal action.”*

Interviews with a victim advocate and SANE confirmed the availability of victim advocates.

(f) PSD Policy ADM.08.08 states on page 20, "PSD shall ensure that internal investigations comply with the above requirements and external investigative entities (County LE) have procedures in place to comply with the above requirement."

Interviews with the Agency Internal Affairs Investigator, a victim advocate and a SANE confirmed that law enforcement agencies comply with the requirements of this provision.

(g) Auditor is not required to audit this provision.

(h) This provision of the standard is not applicable to HCF, as they make a victim advocate from a rape crisis center available to victims, per §115.21(d).

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of evidence protocols and forensic medical examinations, as it relates to PREA.

| 115.22 | Policies to ensure referrals of allegations for investigations |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none">• HCF Pre-Audit Questionnaire (PAQ) responses• PSD Policy ADM.08.08• PSD Webpage• Interview with agency head/designee• Interviews with investigative staff |

(a-c) PSD Policy ADM.08.08 states on pages 19-20, *“PSD ensures that an internal administrative investigation and an external referral for criminal investigation are completed for all allegations of sexual abuse and sexual harassment with the limitation that any criminal referral for sexual harassment must meet a criminal standard. All external referrals for a criminal investigation shall be processed through a county LE [law enforcement] agency, such as Honolulu Police Department, Oahu Police Department, Kauai Police Department, and Hawaii Police Department. If an allegation of sexual abuse or sexual harassment involves potentially criminal behavior, then the allegation shall be immediately referred to a county LE agency. PSD 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.”*

The PSD PREA policy is available on the PSD website at [ADM.08.08.pdf \(hawaii.gov\)](#). It reiterates the agency’s zero-tolerance policy and outlines the process for investigations and referrals. More general information about PREA is available to the public on the PSD website at [Department of Public Safety | PREA \(hawaii.gov\)](#).

Interviews with investigative staff indicated they are knowledgeable of the process for case referral. The interview of the agency head/designee indicated the agency is committed to creating a sexually safe environment for all inmates and has an established relationship with agency investigators to ensure allegations are investigated and referred properly.

(d) Auditor is not required to audit this provision.

(e) Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of policies to ensure referrals of allegations for investigations, as it relates to PREA.

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| 115.31 | Employee training |
| | <p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 1437 412">The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul data-bbox="256 456 1469 815" style="list-style-type: none"> <li data-bbox="256 456 927 490">• HCF Pre-Audit Questionnaire (PAQ) responses <li data-bbox="256 524 596 557">• PSD Policy ADM.08.08 <li data-bbox="256 591 1469 680">• Lesson Plan for <i>Prison Rape Elimination Act of 2003 Corrections & Law Enforcement Training</i> <li data-bbox="256 714 580 748">• Staff training reports <li data-bbox="256 781 692 815">• Interviews with random staff <p data-bbox="256 927 1469 1128">(a) PSD Policy ADM.08.08 states on pages 20-21, <i>“PSD provides a comprehensive training module for all staff emphasizing PSD's zero tolerance policy and the importance of preventing sexual abuse/sexual assault and sexual harassment toward offenders. PSD educates staff about the serious impact of offender sexual victimization within a correctional setting.”</i></p> <p data-bbox="256 1240 1406 1397">This auditor reviewed the HCF lesson plan and training curriculum for <i>Prison Rape Elimination Act of 2003 Corrections & Law Enforcement Training</i> to ensure a comprehensive training program that provides detailed information on all ten required elements.</p> <p data-bbox="256 1509 1469 1621">This auditor reviewed training documentation for 30 randomly selected employees to confirm they received the required training. On November 29, 2023, this auditor received and reviewed documents.</p> <p data-bbox="256 1733 1453 1845">(b) PSD Policy ADM.08.08 states on page 22, <i>“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.”</i></p> <p data-bbox="256 1957 1406 2069">This auditor reviewed the HCF lesson plan and training curriculum for <i>Prison Rape Elimination Act of 2003 Corrections & Law Enforcement Training</i> and verified the training is tailored for all genders.</p> |

(c) PSD Policy ADM.08.08 states on page 21, *“The Warden, PSD Administrators, or Sheriff shall ensure that all current staff shall have received PREA training. The Warden or Sheriff shall notify the Department's Training and Staff Development Office (TSO) and the PREA Coordinator of any individual who requires training.”*

In the years that PREA refresher training is not provided, the agency/facility provides refresher information on current sexual abuse and sexual harassment policies.

(d) PSD Policy ADM.08.08 states on page 21, *“PSD training sign-in sheets are verification that the staff member received and understood the PREA training. The sign-in sheet shall include the following statement: ‘By signing this attendance sheet you acknowledge receipt of PREA Training and that you understood the PREA Training materials.’ The sign-in sheet documentation substantiates that the staff member has completed the required training and his/her completion shall be entered on the staff member's training record with TSO. A copy shall also be provided to the PSD PREA Coordinator via email, fax, or mail within three (3) days.”*

Interviews with random staff indicated they received and understood training.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of employee training as it relates to PREA.

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| 115.32 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • HCF Pre-Audit Questionnaire (PAQ) responses |

- PSD Policy ADM.08.08
- VolinCor (Volunteers in Corrections) *A Handbook for Corrections Program Services Staff*
- *Prison Rape Elimination Act of 2003 Volunteer & Contractor Training* curriculum
- Volunteer and Contractor training records
- Interview with warden
- Interviews with volunteers and contractors

(a-b) PSD Policy ADM.08.08 states on page 22, *“All volunteers and contractors, who have contact with offenders shall be trained on PREA, PSD's policy, and their responsibilities regarding the prevention, detection, and how to respond to a report of offender sexual abuse and sexual harassment. The level and type of training provided to volunteers and contractors shall be tailored to the level of contact and services provided to offenders. All current volunteers and contractors have been notified of PSD's zero-tolerance policy regarding offender sexual abuse and sexual harassment, as well as how to report such incidents.”*

This auditor reviewed *Prison Rape Elimination Act of 2003 Volunteer & Contractor Training* curriculum. Slide 21 states, *“PSD has a zero-tolerance policy concerning all forms of sexual abuse, sexual harassment, and retaliation for reporting incidents. This means that all sexual abuse, sexual harassment and retaliation for reporting such incidents is strictly prohibited and all allegations will be investigated.”*

This auditor reviewed *VolinCor (Volunteers in Corrections) A Handbook for Corrections Program Services Staff*. The handbook relays the agency/facility expectations of contractors and volunteers when working with inmates. Page 30 provides comprehensive information about PREA and states, *“The Department has a ZERO tolerance policy regarding the harassment, abuse, threats, etc., of inmates either by staff or other inmates. It is mandatory that you report any PREA incident. Failure to report is a violation of Federal and State Law, as well as Department rules. Failure to report may leave you open to administrative, civil, and/or criminal proceedings taken against you. It may also result in suspension or termination.”*

Interviews with two contractors and two volunteers confirmed they had received and understood training related to PREA and were knowledgeable of the agency's zero-tolerance policy and their obligation to report.

(c) PSD Policy ADM.08.08 states on page 22, "PSD maintains documentation confirming that volunteers and contractors received an appropriate level of training and that they understood the information provided. A copy shall be maintained with the PSD Volunteer Coordinator and is available to the PSD PREA Coordinator upon request."

This auditor reviewed training documentation for three randomly selected contractors/volunteers to confirm they received the required training. This auditor reviewed the documents and determined training requirements were met and documentation has been maintained.

In an interview with the warden, they indicated they would immediately discontinue the services of any volunteer that they believed violated security procedures, to include engaging in sexual abuse and/or sexual harassment. Interviews with volunteers and contractors indicated they are aware of the agency's zero-tolerance policy and their reporting responsibilities.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of volunteer and contractor training as it relates to PREA.

| 115.33 | Inmate education |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion The auditor gathered, analyzed, and retained the following evidence related to this standard: <ul style="list-style-type: none">• HCF Pre-Audit Questionnaire (PAQ) responses• PSD Policy ADM.08.08• Inmate postings within the facility• Inmate file reviews• Interview with intake staff |

- Interviews with inmates having limited English proficiency or disabilities
- Interviews with random inmates

(a-c) PSD Policy ADM.08.08 states on page 23, *“Offenders shall receive verbal and written information at the time of intake, by Intake Service Center (ISC) staff about PSD's zero-tolerance policy and how to report incidents or suspected incidents of sexual abuse or sexual harassment.*

Within thirty (30) days of intake, PSD Facility shall provide comprehensive PREA education via video (PRC video) or classroom instruction to offenders that addresses:

a. Prevention and intervention.

b. Self-protection.

c. Reporting sexual abuse, sexual harassment, and protection from retaliation, including information on the options to report the incident to a designated staff member other than an immediate point-of-contact line officer.

d. Treatment and counseling.

e. PSD's zero-tolerance for sexual abuse/sexual assault, sexual harassment, and retaliation.”

This auditor reviewed the agency/facility Inmate PREA Training. HCF uses a video produced by Just Detention International to provide comprehensive information to inmates about their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting such incidents, and agency policies and procedures for responding to such incidents. Random and targeted inmates recalled receiving comprehensive information once they were prompted about watching a video.

This auditor reviewed the files of each inmate that was interviewed to determine if they received comprehensive education within 30 days of their arrival at HCF. Each inmate received education on the day of their arrival. There were five inmates who refused to sign the acknowledgment stating they received the required education.

An interview with a risk screener indicated the PREA information is provided to each inmate. Interviews with inmates indicated they were aware the zero-tolerance policy and how to make a report.

PSD Policy ADM.08.08 states on page 23, *“Effective August 2013, all current offenders should have received information on PREA. PSD requires that offenders who are transferred from one facility to another be reeducated only to the extent that the policies and procedures of the new facility differ from those of the previous facility.”*

HCF had 65 inmates at the facility who were admitted prior to August 2012.

(d) PSD Policy ADM.08.08 states on page 23, *“It is PSD's policy to make appropriate provisions, as necessary, for offenders with limited English proficiency through the CRCO's identification of authorized interpreters. Accommodations for offenders with disabilities (including offenders who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) and offenders with low literacy levels shall be made at the facility level. ISC staff shall document by utilizing the PREA Mandated Reporting Form (PSD 8317), if an inmate requires accommodation and this form shall be forwarded to the Facility PREA Manager and Department PREA Coordinator via email, fax, or mail within three (3) days.”*

PREA posters were in every housing unit and most work or programming areas.

HCF uses a video produced by Just Detention International to provide comprehensive information to inmates about their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting such incidents, and agency policies and procedures for responding to such incidents. The video has audio, for those that are visually impaired, and subtitles are available for those who are deaf.

The facility indicated there were no inmates at HCF with limited-English proficiency. Interviews were conducted with the following targeted populations:

- Two inmates with vision impairment
- Three inmates with physical disabilities

One inmate with cognitive impairments

None of the targeted inmates interviewed indicated difficulty understanding the comprehensive education that had been provided to them.

(e) PSD Policy ADM.08.08 states on page 23, "Each facility shall maintain electronic or written documentation of an offender's participation in the educational session (video or classroom). This documentation shall be forwarded to the Facility PREA Manager and the Department PREA Coordinator via email, fax, or mail within three (3) days."

During the facility intake process, inmates are provided a form to sign indicating they have received comprehensive education. The auditor confirmed this documentation during the inmate file reviews.

(f) PSD Policy ADM.08.08 states on page 23, "PSD shall ensure that key information on PSD's PREA policies are continuously and readily available or visible through posters, handouts, offender handbooks, and resources in the offender library."

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of inmate education as it relates to PREA.

| 115.34 | Specialized training: Investigations |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none">• HCF Pre-Audit Questionnaire (PAQ) responses• PSD Policy ADM.08.08• PSD Training Curriculum on <i>Sexual Abuse Investigations</i>• Investigative staff training records• Interviews with investigative staff |

(a-b) PSD Policy ADM.08.08 states on page 23, *“IA, or facilities, if authorized by the Director, shall conduct the internal administrative investigation for any allegations of sexual abuse. In addition to the general training provided to all employees under §18.0 of this policy, PSD investigators shall receive training on conducting sexual abuse investigations in confinement settings. PSD's specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda (not applicable) and Garrity warnings, preserving sexual abuse evidence for collection in confinement settings, and an understanding of the criteria and evidence required to substantiate a case in an administrative proceeding or for a referral by a county LE agency for criminal prosecution.”*

Facility and agency investigators conduct administrative investigations. Investigations involving potentially criminal behavior are referred to the appropriate law enforcement agency, which can be the Honolulu Police Department (county) or the State Sheriff Division.

This auditor reviewed the curriculum utilized for investigators. The training includes instruction on interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Interviews with agency and facility investigative staff indicated they were knowledgeable in each aspect of sexual abuse and sexual harassment investigations. In addition to this training, agency and facility investigators must complete the National Institute of Corrections' *PREA: Investigating Sexual Abuse in a Confinement Setting* course. Investigators had the option to take specialized training in *Non-Confrontational Investigative Interviewing* through Wicklander-Zulawski & Associates.

Interviews with facility and agency investigators confirmed they received the training and are knowledgeable of the required elements.

(c) PSD Policy ADM.08.08 states on pages 23 and 24, *“PSD shall maintain documentation substantiating that investigators have completed the required training and it shall be documented on the staff member's training record with TSO. A copy shall also be provided to the Department PREA Coordinator via email, fax, or mail within three (3) days.”*

HCF has one facility investigator and PSD has two agency investigators. This auditor reviewed training certificates for all three staff to ensure the required training was received.

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| | <p>(d) This provision is not required to be audited.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of specialized training for investigations as it relates to PREA.</p> |
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| 115.35 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • HCF Pre-Audit Questionnaire (PAQ) responses • PSD Policy ADM.08.08 • PREA Specialized Training for Medical and Mental Health Staff • Staff training records • Interviews with medical and mental health staff <p>(a) PSD Policy ADM.08.08 states on page 24, <i>“All full-time and part-time medical and mental health practitioners, who work regularly in PSD facilities should be trained in:</i></p> <p><i>a. How to detect and assess signs of sexual abuse and sexual harassment.</i></p> <p><i>b. How to preserve physical evidence of sexual abuse.</i></p> <p><i>c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and,</i></p> <p><i>d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.”</i></p> |

This auditor reviewed the curriculum to ensure a comprehensive training program that provides detailed information on how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Interviews with medical and mental health staff indicated they were knowledgeable of the required elements.

(b) PSD Policy ADM.08.08 states on page 24, *“PSD medical and mental health staff are not responsible for conducting forensic examinations.”* Interviews with medical staff confirmed they do not conduct forensic medical exams. As the agency does not employ medical staff to conduct forensic medical examinations, this subsection of the standard does not apply.

(c) PSD Policy ADM.08.08 states on page 24, *“PSD shall maintain documentation substantiating that medical and mental health practitioners have completed the required training and it shall be documented on the staff member's training record with TSO. A copy shall also be provided to the Department PREA Coordinator via email, fax, or mail within three (3) days.”*

(d) In addition to the PREA training provided to all employees, medical and mental health staff receive additional training specific to their responsibilities with PREA. This auditor reviewed the training curriculum to ensure it provided detailed information on how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Interviews of medical and mental health staff indicated they have received the training and are knowledgeable of the required elements.

The PAQ indicated there are 33 medical and mental health staff at HCF and certified 100% of the staff have been trained. This auditor reviewed the specialized training records for all medical and mental health staff at HCF to confirm they completed the required specialized training.

Interviews with medical and mental health staff indicated they take the standard PREA training as well as the specialized training, and understood the training provided.

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| | <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of specialized training, medical and mental health care as it relates to PREA.</p> |
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| 115.41 | Screening for risk of victimization and abusiveness |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • HCF Pre-Audit Questionnaire (PAQ) responses • PSD Policy ADM.08.08 • PSD PREA Screening Tool • HCF Facility Admission/Screening Logs for June, July, August, September, October 2023 • Interview with PREA coordinator • Interview with PREA compliance manager • Interviews with staff responsible for conducting risk screening • Interviews with randomly selected inmates • Inmate file reviews <p>(a-c) PSD Policy ADM.08.08 states on page 30, <i>“The ISC [Intake Service Center] is required to screen offenders at the intake screening process, which occurs upon admission to a facility, by utilizing the PREA Screening Tool (PSD 8314) and the accompanying Instructions for the PREA Screening Tool. The intake screening by ISC shall occur within seventy-two (72) hours of intake/arrival. The facility staff shall review the offender’s risk of sexual abuse victimization (vulnerability factors) or sexual abusiveness (predatory factors) toward other offenders, by reviewing the ‘Intake’ PREA Screening Tool.”</i></p> <p>This screening is conducted in a private location within the Intake area of HCF.</p> |

This auditor requested and reviewed the screening documents for each inmate that was interviewed while onsite and additional inmates for a total of 33 files. Two inmates received late 72-hour risk screenings; however, one of the two risk screenings occurred in 2017 and the other occurred prior to the transition to a new facility PCM.

This auditor requested and reviewed the facility admission log and 72-hour screening dates for June, July, August, September, and October 2023. In June, the facility had 134 new admits. Twenty-three of the admits were screened after 72-hours. In July, the facility had 54 new admits. Twenty-five of the admits were screened after 72-hours. In August, the facility had 92 new admits. Seven of the admits was not screened on time. In September, the facility had 137 new admits. Three of the admits were not screened on time. In October, the facility had 50 new admits. Four of them were not screened on time. As part of corrective action, this auditor will review admission dates and 72-hour screenings for four months - December, January, February, and March.

On February 1, 2024, this auditor requested, received, and reviewed the *PREA Admission Log (Including Released)* for December 2023. There were 55 new admits to the facility, with three having received 72-hour screenings that were entered into the online database late but conducted on time. This auditor found HCF to be compliant for the month of December 2023.

On March 1, 2024, this auditor received and reviewed the *PREA Admission Log (Including Released)* for January 2024. There were 70 new admits to the facility, with three having received 72-hour screenings that were conducted late. This auditor found HCF to be compliant for the month of January 2024.

On April 10, 2024, this auditor received and reviewed the *PREA Admission Log (Including Released)* for February 2024. There were 71 new admits to the facility, with all 72-hour screenings conducted on time. This auditor found HCF to be compliant for the month of February 2024.

On May 7, 2024, this auditor received and reviewed the *PREA Admission Log (Including Released)* for March 2024. There were 33 new admits to the facility, with one having received a 72-hour screening that was conducted late. This auditor found HCF to be compliant for the month of March 2024.

This auditor found the four months of compliant 72-hour screenings at HCF satisfied this element of corrective action.

This auditor reviewed the screening tool used by the facility. It gathers objective data and has an option for override with approval by the agency PREA Coordinator.

The facility PCM is charged with conducting all risk screenings within the facility. This auditor strongly recommends that intake staff or other identified staff be trained to conduct risk screenings, since inmates can be received outside of the facility PCM's regularly scheduled work hours.

(d) PSD Policy ADM.08.08 states on page 31, *"ISC and facility staff shall utilize the PREA Screening Tool (PSD 8314) to conduct PREA risk assessments. The PREA Screening Tool (PSD 8314) evaluates an offender's vulnerability factors and predatory factors. The PREA Screening Tool considers the following criteria to assess offenders for risk of sexual victimization:*

- a. Whether the offender has a mental, physical, or developmental disability.*
- b. The age of the offender.*
- c. The physical build of the offender.*
- d. Whether the offender has previously been incarcerated.*
- e. Whether the offender's criminal history is exclusively nonviolent.*
- f. Whether the offender has prior convictions for sex offenses against an adult or child (see predatory factors).*
- g. Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.*
- h. Whether the offender has previously experienced sexual victimization, in a correctional and/or non-correctional setting, within the last ten (10) years.*
- i. The offender's own perception of vulnerability (oral feedback); and,*
- j. Whether the offender is detained solely for civil immigration purposes, which normally does not occur at PSD facilities."*

(e) PSD Policy ADM.08.08 states on page 31, *"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) PSD ADM.08.08 states on page 30, “The facility shall 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 [that] is received about the offender’s victimization or abusiveness, subsequent to the intake screening, by utilizing the PREA Screening Tool (PSD 8314) and consult[ing] various sources (e.g., mental health, disciplinary history, allegations of relevant threats or victimization) including interviewing the inmate to determine whether any previously unknown triggering event or information has become available and to document such review.”

The agency PREA Coordinator provided this auditor with documentation related to the provision of updates to all employees who conduct risk assessments. Page two of the document states, *“The reassessment is a more extensive process within 30-days and ensures that the facility has identified those at heightened risk of being sexually victimized and those of being sexually abusive, so that it can make housing and programming decisions with the goal being to use this information to prevent sexual abuse; therefore, screeners should allow a minimum of (14) days from Intake/Arrival/ Transfer to conduct the reassessment screening. This is to allow adequate time to collect or gather any additional information that was not considered at the initial screening to include observations of the inmate. This process is an affirmative reassessment of the offender’s risk of victimization or abusiveness by reviewing a variety of sources, e.g., court documents, medical or mental health reports if applicable, criminal history reports, disciplinary history, newly discovered allegations of relevant threats or victimization to include consultation with the inmate and their own views of their sexual safety.”*

This auditor requested and reviewed the screening documents for each inmate that was interviewed while onsite and additional inmates for a total of 33 files. Twelve inmates were missing 30-day risk screenings.

This auditor requested and reviewed the facility admission log and 30-day screening dates for July, August, September, and October 2023. In June, the facility had 134 new admits. One admit was not screened on time. In July, the facility had 54 new admits. Four of the admits were screened after 30 days. In August, the facility had 92 new admits. Eleven of the admits were not screened on time. In September, the facility had 137 new admits. Three of the admits were not screened on time. In October, the facility had 50 new admits, but the data was requested prior to the time 30-day reviews would have been required. As part of corrective action, this auditor will review admission dates and 30-day screenings for four months - December,

January, February, and March.

On February 1, 2024, this auditor requested, received, and reviewed the *PREA Admission Log (Including Released)* for December 2023. There were 55 new admits to the facility, with four having received late 30-day screenings. This auditor found HCF to be compliant for the month of December 2023.

On March 1, 2024, this auditor received and reviewed the *PREA Admission Log (Including Released)* for January 2024. There were 70 new admits to the facility, with all 30-day screenings conducted on time. This auditor found HCF to be compliant for the month of January 2024.

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On May 7, 2024, this auditor received and reviewed the *PREA Admission Log (Including Released)* for March 2024. There were 33 new admits to the facility, with all 30-day screenings conducted on time. This auditor found HCF to be compliant for the month of March 2024.

This auditor found the four months of compliant 30-day screenings at HCF satisfied this element of corrective action.

(g) PSD ADM.08.08 states on page 32, *"The offender's risk of victimization or abusiveness shall be reassessed; when a referral, request, incident of sexual abuse, or receipt of additional information which may impact the offender's risk level by utilizing the PREA Screening Tool (PSD 8314)."*

An interview with the facility PCM confirmed an additional risk screening is conducted after referral, substantiated incident of sexual abuse or receipt of additional information which may impact the inmate's risk level.

(h) PSD ADM.08.08 states on page 32, *"An offender shall not be disciplined for*

refusing to answer, or for not disclosing complete information related to, the questions asked pursuant to §24 of this policy.” Interviews with the agency PREA Coordinator, the facility PCM and staff who conduct risk screenings confirmed they do not discipline inmates for refusing to answer risk screening questions and will instead complete a risk screening based on information known to the agency/facility. No inmate indicated in an interview they had been disciplined for refusing to disclose information.

(i) PSD ADM.08.08 states on page 32, *“The information on the PREA Screening Tool (PSD 8314) is subject to confidentiality requirements; therefore, professional and ethical rules shall be enforced to avoid any negative impact to the offender. The information should not be exploited to the detriment of the offender.”*

Interviews with screening staff indicated they are aware that information obtained during the screening process is to remain confidential unless there is a legitimate need to know.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of screening for risk of sexual victimization and abusiveness as it relates to PREA.

| 115.42 | Use of screening information |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • HCF Pre-Audit Questionnaire (PAQ) responses • PSD Policy ADM.08.08 • Interview with PREA coordinator • Interview with PREA compliance manager |

- Interview with staff responsible for risk screening
- Interviews with inmates who identify as lesbian, gay, or bisexual
- Inmate file reviews
- Observation of facility operations while onsite

(a) PSD Policy ADM.08.08 states on page 27, *“PSD shall use the information from the risk assessment screening for housing designations, work line, program assignment, or scheduling to keep separated those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.”*

Information from the screening form is considered in the final determination of the inmate’s housing and program assignments. Known or potential victims are not housed with known or potential aggressors. Known and potential victims may participate in programming and work assignments with known and potential aggressors if there is adequate staff supervision.

(b) PSD Policy ADM.08.08 states on page 32, *“PSD shall use the risk screening tool information to make an individualized assessment about how to ensure the safety of each individual offender.”*

Overrides can be requested to change an inmate’s housing consideration from a lower or a higher level. Overrides are encouraged when an inmate’s score does not seem to be an accurate reflection of their actual risk of sexual victimization or abusiveness. When an override is requested, detailed justification shall be provided, and it will then be submitted to the agency PREA Coordinator for consideration.

(c) PSD Policy ADM.08.08 states on page 32, *“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.”*

When initially committing an inmate to PSD, the facility assignment is based off the inmate's legally recognized gender. Once received at a facility, the housing assignment is determined by medical and mental health practitioners with input from program and security staff initially during the intake process. In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, PSD makes a case-by-case assessment of whether the placement will ensure the inmate's health and safety, and whether the placement could present a management or security concern. PSD recognizes transgender, intersex and Gender X statuses. Gender X is defined by ADM.08.08 as *indeterminate, or unspecified, and could relate to either sex or gender. A person who does not exclusively identify as either male or female.*

(d-e) PSD Policy ADM.08.08 states on page 33, *"Biannually designated facility staff identified by the Warden shall reassess the placement and programming assignment of each transgender or intersex offender for the purpose of assessing any threats to the safety of the offender. This biannual assessment shall be documented by utilizing the PREA Mandated Reporting Form (PSD 8317) and/or may be conducted as part of a classification review for the transgender or intersex offender. The completed PREA Mandated Reporting Form shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days. A gender X, transgender, or intersex offender's own view with respect to his or her own safety shall be given serious consideration."*

When the facility PCM assumed their current role, it was determined the biannual reviews for transgender inmates were not occurring as required. The facility PCM reviewed each transgender inmate at the facility to bring the reviews into compliance. As part of corrective action, this auditor will review the next occurrence of reviews during corrective action to ensure they are completed in a timely manner.

On January 17, 2024, this auditor received and reviewed documentation of ten biannual transgender reviews that were completed in a timely manner, satisfying this element of corrective action.

(f) PSD Policy ADM.08.08 states on page 33, *"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."*

Inmate showers have shower curtains that are divided into three sections; the top and bottom portion are clear, and the middle portion is opaque, permitting security

staff to see how many people are in one shower. The inmate showers in the housing units are individual, but very narrow. Most inmates interviewed acknowledged that they step outside of the shower to towel off and put on fresh clothing. To mitigate being seen while outside of the shower, the facility installed an obscuring material to the railing on the tiers in front of the showers.

This auditor noted that the opaque portion of the shower curtains in some of the housing units may be too low to provide coverage for a transgender woman's breasts, transgender people in custody are permitted to shower when the housing unit is locked down, which provides them with the opportunity for appropriate modesty.

(g) PSD Policy ADM.08.08 states on page 28, *"PSD Facilities shall not place LGBTI offenders in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such offenders."*

According to the agency PREA Coordinator, HCF is not subject to a consent decree, legal settlement, or legal judgment for protecting LGBTI inmates, and does not place those inmates in dedicated facilities, units, or wings solely based on such identification. None of the LGBTI inmates indicated in their interviews that they had been housed in areas based solely on their identification or status.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of use of screening information as it relates to PREA.

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| 115.43 | Protective Custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | The auditor gathered, analyzed, and retained the following evidence related to this standard: |

- HCF Pre-Audit Questionnaire (PAQ) responses
- PSD Policy ADM.08.08
- Inmate housing records
- Interview with warden
- Interview with staff who supervise segregated housing
- Interviews with random inmates

(a) PSD Policy ADM.08.08 states on page 33, *“PSD discourages the placement of offenders in involuntary administrative segregated housing solely because of their high risk of sexual victimization status, unless an assessment of all available alternatives has been made and it is concluded that there is no available alternative for separating the victim from a likely abuser. This shall be documented by utilizing the PREA Mandated Reporting Form (PSD 8317), which shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days. If the PSD facility is unable to conduct the above assessment immediately, the facility may hold the offender in involuntary administrative segregated housing for a period of less than twenty-four (24) hours pending the completion of the mandated assessment.”*

(b) PSD Policy ADM.08.08 states on page 34, *“Offenders placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible, as dictated by the facility's schedule and operational needs. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document this by utilizing the PREA Mandated Reporting Form (PSD 8317). This shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days. The documentation shall include:*

- a. The programs, privileges, education, or work opportunities that have been limited.*
- b. The duration of the limitation; and,*
- c. The reasons for such limitations.”*

(c) PSD Policy ADM.08.08 states on page 34, *“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) PSD Policy ADM.08.08 states on page 34, *“If an involuntary administrative segregated housing assignment is made pursuant to paragraph (1) of this section, the facility shall document this by utilizing the PREA Mandated Reporting Form (PSD 8317), which shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days.*

a. The basis for the facility's concern for the offender's safety; and

b. The reason why no alternative means of separation can be arranged.

If the placement in involuntary administrative segregated housing exceeds the initial thirty (30) days, the facility shall conduct follow-up reviews as dictated by COR.11.01: Administrative Segregation and Disciplinary Segregation, but no less than every thirty (30) days to assess the offender's continued separation from the general population.”

The PAQ indicated there were not any inmates placed in involuntary segregation as a means of separation or protection for inmates at high risk for sexual victimization. Interviews with the warden, facility PCM, and staff who supervise segregated housing confirmed HCF has not used involuntary segregation as a means of separation or protection for inmates at high risk for sexual victimization.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of screening for risk of protective custody as it relates to PREA.

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| 115.51 | Inmate reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • HCF Pre-Audit Questionnaire (PAQ) responses • PSD Policy ADM.08.08 |

- Lesson Plan for *Prison Rape Elimination Act of 2003 Corrections & Law Enforcement Training*
- PSD inmate postings/paintings within the facility
- *2022 Halawa Inmate Guidelines*
- Interview with PREA Compliance Manager
- Interviews with random staff
- Interviews with random contractors and volunteers
- Interviews with random inmates

(a) PSD Policy ADM.08.08 states on page 35, *“PSD provides multiple internal and external ways for offenders to privately report sexual abuse and sexual harassment; retaliation by other offenders or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. Offenders may report non-consensual sexual acts, abusive sexual contacts, staff sexual misconduct, or staff sexual harassment to any PSD employee, contract employee or volunteer by using available methods of communication, including but not limited to verbal or written reports.”*

Internal and external reporting options are readily available to inmates on the permanent PREA signs posted throughout the facility. All inmates interviewed indicated they were aware of the available reporting mechanisms.

(b) PSD Policy ADM.08.08 states on pages 35 and 36, *“PSD provides notification to offenders on how to report abuse or harassment to a public entity, private entity, or an external agency, who is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials, such as the Department PREA Coordinator and may allow the offender to remain anonymous upon request.*

Offenders, staff, and others may report incidents of sexual abuse, sexual harassment, and retaliation for reporting by:

a. Contacting the Ombudsman at 808-587-0770 or at 465 South King Street 4th Floor,

Honolulu, HI 96813; a Legislative or Political Representative (at their office address), or the Department of the Attorney General at 808-586-1500 or at 425 Queen Street,

Honolulu, HI 96813.

b. Contacting the Sex Abuse Treatment Center at 808-524-7273 or at 55 Merchant Street, 22nd Floor, Honolulu, HI 96813.

c. Contacting the Department PREA Coordinator at 808-587-1328 or at 1177 Alakea Street, Honolulu, HI 96813.

d. Contacting the Director or the relevant Deputy Director at 808-587-1288 or at 1177 Alakea Street, Honolulu, HI 96813; Internal Affairs at 1177 Alakea Street, Honolulu, HI 96813; or the Facility Warden or Investigator at the relevant facility.

e. Notifying a family member, who can initiate a telephone call or a letter to the Key Staff identified above; or

f. Filing an Emergency Offender Grievance Compliant.

g. Contacting the relevant County LE agency.

If an offender is detained solely for civil immigration purposes, the offender shall be provided information on how to contact the relevant consular officials and relevant Department of Homeland Security officials. It should be noted that PSD does not normally house offenders solely for civil immigration purposes."

PSD utilizes the State Ombudsman as an external reporting option. Internal and external reporting options are readily available to inmates on the permanent PREA signs posted throughout the facility. This auditor reviewed the 2022 *Halawa Inmate Guidelines*. Page 15 states, "Because reporting sexual assault can be difficult, it is important that you understand there are several ways that you can report it. The first and best choice is to report it immediately to a staff member. You can also report using one or more of the following:

- *By submitting a medical concern form and reporting to a medical staff member during sick call*
- *Call someone outside the facility who can contact facility administrative staff*
- *In a medical concern form*
- *In an 'Inmate Request Form' to security staff*
- *In a letter to the facility head sealed and marked confidential*
- *Call the PREA hotline."*

HCF does not normally house inmates detained solely for civil immigration purposes and did not have any at the facility during the onsite review.

(c) PSD Policy ADM.08.08 states on page 36, *“PSD mandates that staff accept reports of sexual abuse, sexual harassment, or retaliation made verbally, in writing, anonymously, and from third parties. Staff shall immediately document all verbal reports of sexual abuse, sexual harassment, or retaliation by immediately notifying superiors through the chain of command.”*

Staff are trained on the expectation to immediately report during PREA-related trainings, as verified by curriculum review and through interviews with random staff. Slide 86 of the Lesson Plan for *Prison Rape Elimination Act of 2003 Corrections & Law Enforcement Training* states, *“PSD staff are required to complete PSD PREA Response Incident Checklist (PSD 8313) for all allegations of sexual abuse and sexual harassment.”*

(d) PSD Policy ADM.08.08 states on page 36, *“A staff member may privately report incidents of offender sexual abuse, offender sexual harassment, or retaliation as indicated in paragraph (4) [115.51(b)] of this section.”*

HCF staff, volunteers and contractors can report sexual abuse and sexual harassment privately to any supervisor. Interviews with staff and contractors did not indicate that any person had concerns with regards to private reporting mechanisms and all stated that they felt comfortable reporting.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of screening for inmate reporting as it relates to PREA.

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| 115.52 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

The auditor gathered, analyzed, and retained the following evidence related to this standard:

- HCF Pre-Audit Questionnaire (PAQ) responses
- PSD Policy ADM.08.08
- PSD Policy COR.12.03
- *2022 Halawa Inmate Guidelines*
- Interview with the agency PREA Coordinator
- Interview with Grievance Coordinator

(a) PSD Policy ADM.08.08 states on page 36, *“PSD's policy COR.12.03: Inmate Grievance Program outlines the administrative procedures available to offenders for reporting incidents of sexual abuse, sexual harassment, or retaliation.”* The agency is not exempt from this standard, as they have procedures to address inmate grievances pertaining to sexual abuse.

(b) PSD Policy ADM.08.08 states on pages 36 and 37, *“This section is an addendum to COR.12.03: Inmate Grievance Program as it relates to PREA incidents. PREA mandates that there shall be ‘no time limits or deadlines’ for filing a grievance that is reporting an alleged incident of sexual abuse.*

a. PSD shall not restrict the processing of an offender grievance regarding an allegation of sexual abuse.

b. The filing period set forth in COR.12.03: Inmate Grievance Program is still applicable to any portion of the grievance that does not allege an incident of sexual abuse. The offender must still comply with appeal filing requirements as set forth in COR.12.03.

c. PSD shall not require an offender to utilize the informal grievance process for grievances alleging incidents of sexual abuse.

d. The statutory or legal provisions germane to the statute of limitations are applicable to any civil action in a court proceeding.”

(c) PSD Policy ADM.08.08 states on page 37, *“An offender may submit an offender grievance alleging sexual abuse without submitting it to the staff member, who is the subject of the complaint. This grievance shall not be referred to the staff member, who is the subject of the grievance complaint.”*

The audit team noted locked boxes for mail throughout the facility. Page four of the *2022 Halawa Inmate Guidelines* states, "Grievances can be obtained from module staff. The offender will be responsible to place grievances into the mail request box." Page eight states, "Inmates are encouraged to resolve problems informally, prior to filing a grievance. Grievance forms will be obtained from your housing unit security staff...Your grievance must be submitted within fourteen (14) days of the complaint/issue." Items in the mailboxes are retrieved and sorted by mail room staff, who then distribute any grievances to the Inmate Complaint Examiner (Grievance Coordinator).

Upon interview, the Grievance Coordinator indicated they consult with the facility PCM for any grievances related to sexual abuse or sexual harassment and sexual abuse grievances do not have to be filed with 14 days of the complaint or issue.

The PAQ indicated there was one PREA-related grievance filed during the audit review period.

(d) PSD Policy ADM.08.08 states on page 37, "PSD's grievance policy and timelines may differ from the PREA requirement that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within ninety (90) days of the filing of the grievance.

a. *Computation of the PREA 90-day time period does not include time consumed by offenders in preparing any administrative appeal.*

b. *PSD may claim an extension of time to respond, of up to seventy (70) days, if the normal time period for response is insufficient to make an appropriate decision. PSD shall notify the offender in writing of any such extension and provide a date by which a decision will be made.*

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

(e) PSD Policy ADM.08.08 states on pages 327 and 38, "PSD permits third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse and they may file such requests on behalf of offenders.

a. *If a third-party files such a request on behalf of an offender, the facility may require*

as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

b. If the offender declines to have the request processed on his or her behalf, PSD shall document the offender's decision on the PREA Mandated Reporting Form (PSD 8317), which shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days."

(f) PSD Policy ADM.08.08 states on page 38, "PSD's current Grievance policy establishes procedures for filing an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse. This section is intended to supplement the Grievance policy by requiring that:

a. An initial response is provided within forty-eight (48) hours.

b. After receiving an emergency grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, the PSD staff member shall immediately forward the grievance or any portion thereof that alleges the substantial risk of imminent sexual abuse to a level of review where immediate corrective action may be initiated.

c. PSD shall issue a final agency decision within five (5) calendar days. The decision shall include a determination as to whether the offender is at substantial risk of imminent sexual abuse and it shall describe the action taken in response to the emergency grievance."

(g) PSD Policy ADM.08.08 states on page 38, "PSD may initiate a misconduct violation against an offender for filing a grievance or reporting related to alleged sexual abuse or sexual harassment, when PSD demonstrates that the offender filed the grievance or report in bad faith."

Page eight of the 2022 Halawa Inmate Guidelines states, "You are responsible to use this program in good faith and in an honest, respectful, and straightforward (to the point) manner. Any substantiated abuse of this program may result in disciplinary actions and/or process restrictions."

An interview with the Grievance Coordinator confirmed that no inmate had been disciplined for filing a sexual abuse or sexual harassment grievance.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of screening for exhaustion of administrative remedies as it relates to PREA.

115.53 Inmate access to outside confidential support services

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

- HCF Pre-Audit Questionnaire (PAQ) responses
- PSD Policy ADM.08.08
- State of Hawaii Contract No. 16-HSA-01
- Intake Brochure – An Informational Guide for Offenders
- Interview with confidential community-based advocate
- Interview with PREA Compliance Manager
- Interviews with random inmates

(a) PSD Policy ADM.08.08 states on pages 38 and 39, *“PSD shall provide offenders with access to outside victim advocates for emotional support services related to sexual abuse by doing the following:*

a. Providing offenders with the mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. PSD's service provider is the SATC and its relevant outer island providers.

b. Providing offenders with mailing addresses and telephone numbers (including tollfree hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes.

c. Enabling reasonable communication between offenders and these organizations in as confidential a manner as possible, while balancing the good government and orderly running of the facility.”

The PREA postings throughout the facility list the phone numbers for the Sex Abuse Treatment Center and the Ombudsman, and indicates they are confidential in nature. Most inmates were unaware of advocacy services until prompted further, at which time they recalled seeing the information on the PREA posters throughout the facility. The information is also available in the brochure provided to each inmate upon arrival to the facility.

(b) PSD Policy ADM.08.08 states on page 39, *“PSD medical and mental health staff shall inform offenders, prior to giving them access to outside support services, of the extent to which such communications will be monitored.*

a. PSD shall inform offenders of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.”

PSD has developed a posting specifically for use in medical or mental health offices. It indicates medical and mental health staff are required to report incidents of sexual abuse and sexual harassment, and limits to confidentiality.

(c) PSD Policy ADM.08.08 states on page 39, *“PSD maintains agreements with community service providers through SATC based on the awarded contract by the Executive Branch. The SATC provides offenders with emotional support services related to sexual abuse. PSD maintains a copy of the grant awarded to SATC to document the relationship and obligations for SATC and PSD.”*

The state of Hawaii has contracted with Kapiolani Medical Center for Women and Children (KMCWC)-Sex Abuse Treatment Center (SATC) to provide statewide, comprehensive victim sexual assault treatment services. The supplemental contract for SATC was executed on October 19, 2023 and expires on June 30, 2025.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of inmate access to outside confidential support services as it relates to PREA.

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| 115.54 | Third-party reporting |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • HCF Pre-Audit Questionnaire (PAQ) responses • PSD inmate postings/paintings within the facility • <i>2022 Halawa Inmate Guidelines</i> • PSD website <p>(a) PSD Policy ADM.08.08 states on page 39, <i>“PSD provides the public notice via PSD's website of the methods for third-party reports of offender sexual abuse or sexual harassment. PSD publicly distributes information on how to report 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.”</i></p> <p>The PSD website lists the contact information for the agency PREA Coordinator, PSD Internal Affairs, the Office of the Ombudsman, the PSD Director, and the Sex Abuse Treatment Center. This information is available to the public at <u>How-to-report-PREA-Incident-2-3-15.jpg (1800x1200) (hawaii.gov)</u>.</p> <p>This auditor reviewed the <i>2022 Halawa Inmate Guidelines</i>. Page 15 states, <i>“Because reporting sexual assault can be difficult, it is important that you understand there are several ways that you can report it. The first and best choice is to report it immediately to a staff member. You can also report using one or more of the following:</i></p> <p><i>By submitting a medical concern form and reporting to a medical staff member during sick call</i></p> <p><i>Call someone outside the facility who can contact facility administrative staff</i></p> <p><i>In a medical concern form</i></p> <p><i>In an ‘Inmate Request Form’ to security staff</i></p> <p><i>In a letter to the facility head sealed and marked confidential</i></p> <p><i>Call the PREA hotline.”</i></p> <p>Conclusion:</p> |

Based upon the review and analysis of all available evidence, the auditor has determined the facility is in full compliance with this standard as it relates to PREA.

115.61 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

- HCF Pre-Audit Questionnaire (PAQ) responses
- HRS §346 Part X, *Vulnerable Adult Protective Services*
- PSD Policy ADM .08.08
- Lesson Plan for *Prison Rape Elimination Act of 2003 Corrections & Law Enforcement Training*
- Interview with warden
- Interview with PREA coordinator
- Interviews with random staff
- Interviews with medical and mental health staff

(a) PSD Policy ADM.08.08 states on page 40, “PSD requires that all staff immediately report any knowledge, suspicion, or information, they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, or a non-PSD facility. PSD requires that all staff immediately report, any knowledge, suspicion, or information, they receive regarding retaliation against offenders or staff, who reported such an incident. PSD requires that all staff immediately report any knowledge, suspicion, or information, they receive regarding staff neglect or violation of responsibilities that may have contributed to a PREA incident or retaliation.”

This auditor reviewed the HCF lesson plan and training curriculum for *Prison Rape Elimination Act of 2003 Corrections & Law Enforcement Training*. Slide 145 states, “PSD requires all staff to report: Any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against inmates or staff who reported such an incident; and any staff

neglect or violation of responsibilities that may have contributed to an incident or retaliation.”

Interviews with random staff indicated they are aware of their responsibility to immediately report, as required by agency policy, staff training, and the standard.

(b) PSD Policy ADM.08.08 states on page 40, *“PSD prohibits staff from revealing any information related to a sexual abuse report to anyone other than and to the extent necessary to manage treatment, investigation, and other security decisions, inclusive of reporting to the designated supervisors or officials and designated State or local service agencies.”*

HCF staff training directs on slide 85, *“All information related to a victim of sexual assault is CONFIDENTIAL and should only be released to those who need this information to perform their duties. Staff who receive any information concerning a sexual assault, shall: IMMEDIATELY (NOW) report the information to their superior. The Superior will then comply with the list and the Priority Reporting Directive. PREA Check All staff involved must complete a detailed incident report prior to the end of their shift.”*

Interviews with random staff indicated they are aware of their responsibility to keep information related to sexual abuse confidential, as required by agency policy, staff training and the standard.

(c) PSD Policy ADM.08.08 states on page 40, *“Unless otherwise precluded by federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraphs (1-3) of this section and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.”*

PSD medical and mental health staff are required to report information regarding sexual abuse and sexual harassment. Interviews with those staff indicated they are aware of their responsibility. PSD inmates sign an informed consent form prior to receiving services that states medical and mental health staff will report if inmates disclose that they have been sexually assaulted or harassed by other inmates or staff.

(d) PSD Policy ADM.08.08 states on pages 40 and 41, "*HRS §346, Part X: Adult Protective Services, defines a 'vulnerable adult' as a person eighteen (18) years of age or older who because of mental, developmental, or physical impairment, is unable to:*

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

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

This auditor reviewed the HCF lesson plan and training curriculum for *Prison Rape Elimination Act of 2003 Corrections & Law Enforcement Training*. Slide 51 states, "*HRS §346 Part X explicitly names correctional staff as mandated reporters of abuse and neglect. Who are Mandated Reporters? Employees or officers of any law enforcement agency including, the courts, police departments, correctional institutions, and parole or probation offices. 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."*

Interviews with the agency PREA Coordinator, warden, facility PCM, and medical/mental health staff indicated HCF had not housed any inmates under the age of 18 or otherwise qualified as a vulnerable adult.

(e) PSD Policy ADM.08.08 states on page 41, "*PSD [staff] shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, through the chain of command and a copy shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days."*

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of staff and agency

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| | reporting duties as it relates to PREA. |
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| 115.62 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • HCF Pre-Audit Questionnaire (PAQ) responses • PSD Policy ADM.08.08 • Interviews with random staff <p>(a) PSD Policy ADM.08.08 sets on page 41, <i>“When a Facility or PSD staff learns that an offender is subject to a substantial risk of imminent sexual abuse, the party shall take immediate action to protect the offender. Immediate action means to assess appropriate protective measures without unreasonable delay. The procedures are dictated by this policy and other relevant departmental policies.”</i></p> <p>The PAQ indicated there were no instances of the agency or facility determining that an inmate was subject to substantial risk of imminent sexual abuse. Interviews with all staff interviewed indicated they were aware of their responsibility to take immediate action if they learn an inmate is subject to substantial risk of imminent sexual abuse.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of agency protection duties as it relates to PREA.</p> |

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| 115.63 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

The auditor gathered, analyzed, and retained the following evidence related to this standard:

- HCF Pre-Audit Questionnaire (PAQ) responses
- PSD Policy ADM.08.08
- Interview with warden
- Interview with facility PCM
- Interviews with investigative staff

(a-d) PSD Policy ADM.08.08 states on page 41, *“Upon receiving an allegation that an offender was sexually abused while confined at a non-PSD facility, the receiving Facility Head or Warden shall immediately notify the non-PSD facility Head or Warden of the PREA sexual abuse allegation. The Facility Head or Warden shall include the department PREA Coordinator in the formal notification to the non-PSD facility, via ‘Carbon Copy’ for email notifications, or by emailing the fax transmittal to the head of the facility for fax notifications. Upon receiving an allegation that an offender was sexually abused while confined at a PSD facility, the receiving Facility Head or Warden shall immediately notify the alleged PSD Facility Head or Warden of the PREA sexual abuse allegation. The Facility Head or Warden at the receiving facility shall include the department PREA Coordinator in the formal notification to the PSD facility, via ‘Carbon Copy’ for email notifications, or by emailing the fax transmittal to the head of the facility for fax notifications. The Facility Head or Warden shall provide such notifications as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. The Facility Head or Warden shall document that he/she has provided such notifications within seventy-two (72) hours of receiving the allegation. The Facility Head or Warden shall require and advise the non-PSD or PSD facility that the allegation must be investigated as required by the PREA Standards.”*

The PAQ indicated the facility did not receive any allegations that an inmate was abused while confined at another facility, but did they receive seven notifications from other facilities during the audit review period. An interview with the warden, facility PCM and investigative staff confirmed they are knowledgeable of the requirements to send the information to/from the facility head.

During the corrective action period, this auditor reviewed the investigation of an allegation that was reported from a prior confinement notification at another facility.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of reporting to other confinement facilities as it relates to PREA.

115.64 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

- HCF Pre-Audit Questionnaire (PAQ) responses
- PSD Policy ADM.08.08
- PSD *PREA Response Incident Checklist PSD 8313*
- Lesson Plan for *Prison Rape Elimination Act of 2003 Corrections & Law Enforcement Training*
- Interviews with random staff

(a-b) PSD Policy ADM.08.08 states on page 42, *“PSD’s first responder policy for allegations of sexual abuse dictates that, upon learning of an allegation that an offender was sexually abused, the first staff member, who ideally would be a security staff member, to respond to the reported incident is required to:*

- a. Separate the alleged victim and abuser.*
- b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence by county LE and IA.*
- c. If the abuse occurred within a time period (PSD Health Care Division’s standard is seventy-two (72) hours that still allows for the collection of physical evidence, then request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and,*
- d. If the abuse occurred within a time period (PSD Health Care Division’s standard is seventy-two (72) hours that still allows for the collection of physical evidence, then staff shall ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.*

PSD requires that if the first staff responder is not a security staff member, the staff responder will be required to separate the victim and abuser, if feasible, request that the alleged victim not take any actions that could destroy physical evidence, and then immediately notify security staff."

PSD PREA Response Incident Checklist PSD 8313 includes space on page one to delineate first responder actions that were taken.

This auditor reviewed the HCF lesson plan and training curriculum for *Prison Rape Elimination Act of 2003 Corrections & Law Enforcement Training*. Slide 88 directs, *"Upon learning of an allegation that an offender was sexually abused, the first staff member to respond is required to: Separate the alleged victim and abuser; preserve and protect any crime scene. If the abuse occurred within 72 hours, request that the alleged victim not take any actions that could destroy physical evidence (washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating)."*

The PAQ indicated there were 16 allegations of sexual abuse during the audit review period, and a security staff member was the first person to respond in all instances. While onsite, the audit team interviewed all random staff for first responder responsibilities.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the agency is fully compliant with this standard of staff first responder duties as it relates to PREA.

| 115.65 | Coordinated response |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | The auditor gathered, analyzed, and retained the following evidence related to this standard: |

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| | <ul style="list-style-type: none"> • HCF Pre-Audit Questionnaire (PAQ) responses • PSD Policy ADM.08.08 • PSD <i>PREA Response Incident Checklist PSD 8313</i> • HCF Coordinated Facility Response Plan <p>(a) PSD Policy ADM.08.08 states on page 43, <i>“Each PSD facility must develop a facility specific written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Each facility's written institutional plan shall incorporate the PREA Incident Checklist (PSD 8313) and other PREA forms. If a facility has developed a Facility PREA Coordinated Response Incident Checklist, then it must incorporate at a minimum all variables included on the Department's PREA Response Incident Checklist (PSD 8313). Following a PREA incident, a copy of the PREA Incident Checklist (PSD 8313) shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days.”</i></p> <p>PSD PREA Response Incident Checklist PSD 8313 ensures no steps are missed when responding to an allegation.</p> <p>HCF’s Coordinated Facility Response Plan outlines the actions taken by facility staff in response to an incident of sexual/physical abuse, harassment, and misconduct allegations. The response includes when the initial disclosure is within 72 hours of a sexual assault incident, investigative actions, the forensic examination, after action and follow-up care, court referral/presentation and the after-action review.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of coordinated response as it relates to PREA.</p> |
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| 115.66 | Preservation of ability to protect inmates from contact with abusers |
| | Auditor Overall Determination: Meets Standard |

Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

- PSD Policy ADM.08.08
- United Public Workers Unit 10 Agreement
- Interview with agency head/designee
- Interview with warden

(a) PSD Policy ADM.08.08 states on page 44, *“PSD or any other governmental entity responsible for collective bargaining on PSD's behalf shall not enter into or renew any collective bargaining agreement (CBA) or other similar agreement that limits PSD's ability to:*

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

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

- a. 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*
- b. 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.”*

This auditor reviewed the United Public Workers Unit 10 Agreement, effective July 1, 2021, through June 30, 2025.

(b) Auditor is not required to audit this provision.

Conclusion:

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| | Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of coordinated response as it relates to PREA. |
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| 115.67 | Agency protection against retaliation |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • HCF Pre-Audit Questionnaire (PAQ) responses • PSD Policy ADM.08.08 • Interview with PREA Compliance Manager • Review of investigative files <p>(a-e) PSD Policy ADM.08.08 states on page 44 and 45, <i>“PSD’s policy protects all offenders and staff who report sexual abuse or sexual harassment or cooperates with a sexual abuse or sexual harassment investigation, from retaliation by other offenders, staff, or others. The designated Facility PREA Compliance Manager in conjunction with the Warden or the Sheriff is charged with monitoring any issues related to retaliation. PSD utilizes multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff; when the individual fears or experiences retaliation for reporting sexual abuse or sexual harassment or for cooperating with a PREA investigation. For a period of not less than ninety (90) days following a report of sexual abuse, the Facility PREA Compliance Manager in conjunction with the Warden and other staff shall monitor the conduct and treatment of offenders or staff, who reported the sexual abuse. During this minimum ninety (90) day period following a report of sexual abuse, the Facility PREA Compliance Manager in conjunction with the Warden and other staff shall monitor offenders, who were reported to have suffered sexual abuse, to see if there are any changes that may suggest possible retaliation by other offenders or staff. If it has been determined that the offender has suffered retaliation, then staff shall initiate proactive measures to promptly remedy any retaliation. The Facility PREA Compliance Manager and the Warden shall:</i></p> <ol style="list-style-type: none"> a. <i>Act promptly to remedy any such retaliation and report their actions through the chain of command.</i> b. <i>Monitor any offender disciplinary reports, housing, or program changes, or</i> |

negative performance reviews or reassignments of staff.

c. Continue such monitoring beyond ninety (90) days, if the initial monitoring indicates a continuing need.

d. 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). A copy of this form shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days. The obligation of the Facility PREA Compliance Manager, Warden, and/or Sheriff to monitor shall terminate, if the investigation concludes that the allegation is unfounded.”

The PAQ indicated that HCF received one allegation of retaliation during the audit period. An interview with the facility PCM indicated they are knowledgeable of the requirements associated with retaliation monitoring.

On February 16, 2024 this auditor received the following investigative reports for review:

- One unsubstantiated report of inmate-to-inmate sexual abuse. The allegation was reported on October 28, 2023 and the investigation was closed on November 8, 2023. Monitoring for retaliation took place as required.
- One unsubstantiated report of inmate-to-inmate sexual abuse. The allegation was reported on January 27, 2023 and the investigation was closed on January 23, 2024. Monitoring for retaliation took place as required.
- One unsubstantiated report of inmate-to-inmate sexual abuse that resulted from a prior confinement notification. The allegation was reported on March 14, 2023 and the investigation was closed on October 3, 2023. Monitoring for retaliation took place as required.
- One unsubstantiated report of inmate-to-inmate sexual abuse. The allegation was reported on July 29, 2023 and the investigation was closed on August 22, 2023. Monitoring for retaliation took place as required.

On May 28, 2024, this auditor received the following investigative reports for review:

- One unfounded report of inmate-to-inmate sexual abuse. The allegation was reported on March 8, 2023 and the investigation was closed on April 26, 2024. Retaliation monitoring took place as required.
- One unsubstantiated report of inmate-to-inmate sexual abuse. The allegation was reported on October 2, 2023 and the investigation was closed on May 8, 2024. Retaliation monitoring took place as required.
- One substantiated report of staff-to-inmate sexual abuse. The allegation was reported on October 2, 2023 and the investigation was closed on May 15, 2024. Retaliation monitoring took place as required.

On May 31, 2024, this auditor received the following investigative reports for review:

- One unsubstantiated report of inmate-to-inmate sexual abuse. The allegation was reported on January 11, 2024 and the investigation was closed on May 28, 2024. Retaliation monitoring took place as required.
- One unsubstantiated report of inmate-to-inmate sexual abuse. The allegation was reported on June 9, 2023 and the investigation was closed on May 23, 2024. Retaliation monitoring took place as required.
- One unsubstantiated report of inmate-to-inmate sexual abuse. The allegation was reported on May 5, 2023 and the investigation was closed on May 23, 2024. No retaliation monitoring was conducted, as the PCM/investigator was not assigned the allegation until after the inmate paroled.

On June 3, 2024, this auditor received the following investigative reports for review:

- One unfounded report of inmate-to-inmate sexual abuse. The allegation was reported on July 25, 2023 at another facility and the investigation was closed on May 15, 2024. No retaliation monitoring was conducted, as the PCM/investigator was not assigned the allegation until after the inmate paroled. This allegation was reported prior to the appointment of a new PCM.
- One unfounded report of inmate-to-inmate sexual abuse. The allegation was reported on February 24, 2022 at another facility and the investigation was closed on May 15, 2024. No retaliation monitoring was conducted, as the PCM/investigator was not assigned the allegation until after the inmate paroled. This allegation was reported prior to the appointment of a new PCM.

On June 4, 2024, this auditor received the following investigative report for review:

- One unsubstantiated report of inmate-to-inmate sexual abuse. The allegation was reported on December 28, 2022 at another facility and the investigation was closed on May 15, 2024. The facility PCM was not assigned the investigation until November 2, 2023, and retaliation monitoring was required

to be completed at a different facility. This allegation was reported prior to the appointment of a new PCM.

(f) Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of agency protection against retaliation as it relates to PREA.

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| 115.68 | Post-allegation protective custody |
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| | Auditor Overall Determination: Meets Standard |
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| | Auditor Discussion |
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The auditor gathered, analyzed, and retained the following evidence related to this standard:

- HCF Pre-Audit Questionnaire (PAQ) responses
- PSD Policy ADM.08.08
- Interview with the warden
- Interview with PREA Compliance Manager
- Interviews with staff who supervise segregated housing
- Interviews with random and specialized inmates

(a) PSD Policy ADM.08.08 states on page 46, *“Any use of involuntary segregated housing to protect an offender post allegation, who is alleged to have suffered sexual abuse, is subject to the requirements of §27.0 of this policy.”* Section §27.0 of the policy is outlined in the compliance determination narrative for 115.43.

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| | <p>The facility reported they did not use segregated housing as a means of separation or protection for any inmates' post allegation. Interviews with the warden, facility PCM, and staff who supervise segregated housing confirmed HCF has not used involuntary segregation as a means of separation or protection for inmates' post allegation. Interviews with random and specialized inmates confirmed HCF has not used involuntary segregation as a means of separation or protection for inmates' post allegation.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of post-allegation protective custody as it relates to PREA.</p> |
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| 115.71 | Criminal and administrative agency investigations |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • HCF Pre-Audit Questionnaire (PAQ) responses • PSD Policy ADM.08.08 • PSD Training Curriculum on <i>Sexual Abuse Investigations</i> • Interview with PREA Compliance Manager • Interviews with investigative staff • Review of administrative and criminal investigations <p>(a) PSD Policy ADM.08.08 states on page 46, <i>“When PSD conducts an administrative investigation into an allegation of sexual abuse and/or sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.”</i></p> <p>Two months prior to the onsite review, the facility selected a new PCM. No</p> |

investigative cases had been closed during the audit documentation review period. The facility PCM began working in chronological order to close out cases, so no current cases were available for review. During the corrective action period, the facility PCM will provide investigative reports to this auditor for review.

On February 16, 2024 this auditor received the following investigative reports for review:

- One unsubstantiated report of inmate-to-inmate sexual abuse. The allegation was reported on October 28, 2023 and the investigation was closed on November 8, 2023.
- One unsubstantiated report of inmate-to-inmate sexual abuse. The allegation was reported on January 27, 2023 and the investigation was closed on January 23, 2024. This allegation was reported prior to the appointment of a new PCM.
- One unsubstantiated report of inmate-to-inmate sexual abuse that resulted from a prior confinement notification. The allegation was reported on March 14, 2023 and the investigation was closed on October 3, 2023. This allegation was reported prior to the appointment of a new PCM.
- One unsubstantiated report of inmate-to-inmate sexual abuse. The allegation was reported on July 29, 2023 and the investigation was closed on August 22, 2023.

On May 28, 2024, this auditor received the following investigative reports for review:

- One unfounded report of inmate-to-inmate sexual abuse. The allegation was reported on March 8, 2023 and the investigation was closed on April 26, 2024. This allegation was reported prior to the appointment of a new PCM.
- One unsubstantiated report of inmate-to-inmate sexual abuse. The allegation was reported on October 2, 2023 and the investigation was closed on May 8, 2024.
- One substantiated report of staff-to-inmate sexual abuse. The allegation was reported on October 2, 2023 to this auditor and the investigation was closed on May 15, 2024. This investigation required a significant amount of time and resources to complete.

On May 31, 2024, this auditor received the following investigative reports for review:

- One unsubstantiated report of inmate-to-inmate sexual abuse. The allegation was reported on January 11, 2024 and the investigation was closed on May 28, 2024.
- One unsubstantiated report of inmate-to-inmate sexual abuse. The allegation

was reported on June 9, 2023 and the investigation was closed on May 23, 2024.

- One unsubstantiated report of inmate-to-inmate sexual abuse. The allegation was reported on May 5, 2023 and the investigation was closed on May 23, 2024. The investigation was not assigned to an investigator for five months. This allegation was reported prior to the appointment of a new PCM.

On June 3, 2024, this auditor received the following investigative reports for review:

- One unfounded report of inmate-to-inmate sexual abuse. The allegation was reported on July 25, 2023 at another facility and the investigation was closed on May 15, 2024. The facility PCM was not assigned the investigation until November 2, 2023.
- One unfounded report of inmate-to-inmate sexual abuse. The allegation was reported on February 24, 2022 at another facility and the investigation was closed on May 15, 2024. The facility PCM was not assigned the investigation until November 2, 2023. This allegation was reported prior to the appointment of a new PCM.

On June 4, 2024, this auditor received the following investigative report for review:

- One unsubstantiated report of inmate-to-inmate sexual abuse. The allegation was reported on December 28, 2022 at another facility and the investigation was closed on May 15, 2024. The facility PCM was not assigned the investigation until November 2, 2023. This allegation was reported prior to the appointment of a new PCM.

The gaps noted between some report dates and the dates the facility PCM was assigned to complete the investigation are due to a change in who was assigned as the facility PCM. During the turnover, it was discovered that files were missing and had to be recreated by headquarters. Since the appointment of a new facility PCM, the facility has made continual progress on completing old investigations and maintaining progress on new investigations.

This auditor strongly recommends the creation of a standing meeting between the warden and facility/agency investigators so the warden can remain informed on new allegations and the status of investigations.

(b) PSD Policy ADM.08.08 states on page 46, *“If sexual abuse is alleged, a PSD IA investigator, who has received specialized training in sexual abuse investigations pursuant to §21.0 of this policy will conduct the administrative investigation, unless the Director has authorized the Facility to conduct the administrative investigation. The Facility Investigator must have received the specialized training in sexual abuse investigations pursuant to §21.0.”*

This auditor reviewed the curriculum utilized for PSD’s Training Curriculum on *Sexual Abuse Investigations*. The training includes instruction on interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Interviews with investigative staff indicated they were knowledgeable in each aspect of sexual abuse and sexual harassment investigations.

HCF has one facility investigator and PSD has two agency investigators. This auditor reviewed training certificates for all three staff to ensure the required training was received.

(c) PSD Policy ADM.08.08 states on page 39 that agency investigators shall *“Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Interview alleged victims, suspected perpetrators, and witnesses, unless a delay of an interview of a victim is requested by county LE. Review prior complaints and reports of sexual abuse involving the suspected perpetrator.”*

An interview with investigative staff indicated they are knowledgeable on evidence collection, interviewing and interrogation techniques and the requirement to review prior reports of sexual abuse involving the alleged perpetrator.

(d) PSD Policy ADM.08.08 states on page 46, *“When the quality of evidence appears to support criminal prosecution, PSD shall conduct compelled interviews of staff by affording the staff member Garrity Warnings. PSD Investigators should consult with county LE or prosecutors as to whether a compelled interview may be an obstacle for subsequent criminal prosecution.”*

An interview with investigative staff indicated they do not conduct compelled interviews; such interviews may be conducted by the appropriate local law

enforcement agency.

(e) PSD Policy ADM.08.08 states on page 47, *“The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined merely by the person's status as an offender or staff member. PSD staff does not require an offender, who alleges sexual abuse, to submit to a polygraph examination, computer voice stress analysis (CVSA) or other truth-telling device as a condition for proceeding with the investigation. PSD staff may offer the victim or non-staff witnesses the option to participate in this type of technological process (polygraph, CVSA or other truth-telling device).”*

An interview with investigative staff indicated they are conducting credibility assessments properly, and do not require incarcerated survivors to submit to a polygraph or other truth-telling device as a condition for investigation. A victim may request to participate in CVSA but cannot be forced to participate.

(f-g) PSD Policy ADM.08.08 states on page 47, *“Administrative investigations shall include:*

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

The procedures for criminal investigations conducted by county LE shall be dictated by their policies. In practice, the county LE's procedures do require a written report that contains a thorough description of the physical, testimonial, and documentary evidence.”

Agency and facility investigators confirmed they immediately notify county LE if their administrative investigation reveals any criminal conduct.

(h) PSD Policy ADM.08.08 outlines that the county LE agency is charged with the responsibility to make the required referrals for criminal prosecution. The county LE refers substantiated allegations of criminal conduct for prosecution.

(i) PSD Policy ADM.08.08 states on page 47, "PSD shall retain all written reports referenced in paragraph 8b) of this section for as long as the alleged abuser is incarcerated or employed by PSD, plus an additional five (5) years."

(j) PSD Policy ADM.08.08 states on page 47, "The departure of the alleged abuser or victim from the employment or custody of the facility or PSD shall not provide a basis for terminating an investigation. The investigator shall complete the investigation by formulating a conclusion that the allegation is substantiated, unsubstantiated, or unfounded."

Interviews with agency and facility investigators confirmed they will continue an investigation until there is an outcome, independent of resignations or releases.

(k) Auditor is not required to audit this provision.

(l) PSD Policy ADM.08.08 states on page 48, "When an external agency is charged with investigating an incident of sexual abuse, the facility staff shall cooperate with the outside investigators and shall endeavor to remain informed about the progress of the outside agency investigation."

Interviews with the warden and facility PCM indicated they have a positive relationship with external law enforcement, and do not experience obstacles when seeking information.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of criminal and administrative agency investigations as it relates to PREA.

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| 115.72 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

The auditor gathered, analyzed, and retained the following evidence related to this standard:

- HCF Pre-Audit Questionnaire (PAQ) responses
- PSD Policy ADM.08.08
- Interview with the warden
- Interview with investigative staff

(a) PSD Policy ADM.08.08 states on page 48, *“PSD shall not impose an evidentiary standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.”*

Interviews with the warden and agency/facility investigative staff indicated they are aware of this standard in determining if allegations of sexual abuse or sexual harassment are substantiated.

Two months prior to the onsite review, the facility selected a new PCM. No investigative cases had been closed during the audit documentation review period. The facility PCM began working in chronological order to close out cases, so no current cases were available for review. During the corrective action period, the facility PCM will provide investigative reports to this auditor for review.

On February 16, 2024, this auditor received the following investigative reports for review:

- One unsubstantiated report of inmate-to-inmate sexual abuse. A standard higher than a preponderance of the evidence was not used in determining whether the allegation was substantiated.
- One unsubstantiated report of inmate-to-inmate sexual abuse. A standard higher than a preponderance of the evidence was not used in determining whether the allegation was substantiated.
- One unsubstantiated report of inmate-to-inmate sexual abuse that resulted from a prior confinement notification. A standard higher than a preponderance of the evidence was not used in determining whether the allegation was substantiated.
- One unsubstantiated report of inmate-to-inmate sexual abuse. A standard higher than a preponderance of the evidence was not used in determining whether the allegation was substantiated.

On May 28, 2024, this auditor received the following investigative reports for review:

- One unfounded report of inmate-to-inmate sexual abuse. A standard higher than a preponderance of the evidence was not used in determining whether the allegation was substantiated.
- One unsubstantiated report of inmate-to-inmate sexual abuse. A standard higher than a preponderance of the evidence was not used in determining whether the allegation was substantiated.
- One substantiated report of staff-to-inmate sexual abuse. A standard higher than a preponderance of the evidence was not used in determining whether the allegation was substantiated.

On May 31, 2024, this auditor received the following investigative reports for review:

- Three unsubstantiated reports of inmate-to-inmate sexual abuse. A standard higher than a preponderance of the evidence was not used in determining whether the allegations were substantiated.

On June 3, 2024, this auditor received the following investigative reports for review:

- Two unfounded reports of inmate-to-inmate sexual abuse. A standard higher than a preponderance of the evidence was not used in determining whether the allegations were substantiated.

On June 4, 2024, this auditor received the following investigative report for review:

- One unsubstantiated report of inmate-to-inmate sexual abuse. A standard higher than a preponderance of the evidence was not used in determining whether the allegation was substantiated.

After reviewing investigation reports submitted during the CAP, this auditor has determined the facility meets compliance with this standard.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of evidentiary

standard for administrative investigations as it relates to PREA.

115.73 Reporting to inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

- HCF Pre-Audit Questionnaire (PAQ) responses
- PSD Policy ADM.08.08
- PSD *PREA Mandated Reporting Form* (PSD 8317)
- Review of administrative and criminal investigations
- Interview with PREA Compliance Manager
- Interview with investigative staff

(a-b) PSD Policy ADM.08.08 states on page 48, *“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. If the facility or PSD did not conduct the investigation, the facility, or PSD shall request the relevant information from the external investigative agency in order to inform the offender of the results.”*

PSD and HCF utilize form 8317 to make notifications to inmates. The notification is made verbally and documented in writing. Interviews with the agency PREA Coordinator, facility PCM and investigative staff indicated they obtain the appropriate information from investigative agencies to inform inmates.

Two months prior to the onsite review, the facility selected a new PCM. No investigative cases had been closed during the audit documentation review period. The facility PCM began working in chronological order to close out cases, so no current cases were available for review. During the corrective action period, the facility PCM will provide investigative reports to this auditor for review, with copies of any 8317s.

On February 16, 2024 this auditor received the following investigative reports for review:

- One unsubstantiated report of inmate-to-inmate sexual abuse. The victim was notified of the investigational outcome as required.
- One unsubstantiated report of inmate-to-inmate sexual abuse. The victim was notified of the investigational outcome as required.
- One unsubstantiated report of inmate-to-inmate sexual abuse that resulted from a prior confinement notification. The victim was notified of the investigational outcome as required.
- One unsubstantiated report of inmate-to-inmate sexual abuse. The victim was notified of the investigational outcome as required.

On May 28, 2024, this auditor received the following investigative reports for review:

- One unfounded report of inmate-to-inmate sexual abuse that resulted from a prior confinement notification. The facility was unable to notify the victim of the investigational outcome as he had released from custody on December 28, 2023.
- One unsubstantiated report of inmate-to-inmate sexual abuse. The victim was notified of the investigational outcome as required.
- One substantiated report of staff-to-inmate sexual abuse. The victim was notified of the investigational outcome as required.

On May 31, 2024, this auditor received the following investigative reports for review:

- Two unsubstantiated reports of inmate-to-inmate sexual abuse. The facility was unable to notify the victims of the investigational outcomes as they had released from custody prior to the investigational closures.
- One unsubstantiated report of inmate-to-inmate sexual abuse. The victim was notified of the investigational outcome as required.

On June 3, 2024, this auditor received the following investigative reports for review:

- Two unfounded report of inmate-to-inmate sexual abuse. The facility was unable to notify the victim of the investigational outcome as they had released from custody on August 4, 2023 and February 25, 2022.

On June 4, 2024, this auditor received the following investigative reports for review:

- One unsubstantiated report of inmate-to-inmate sexual abuse. The victim was notified of the investigational outcome as required.

After reviewing investigation reports submitted during the CAP, this auditor has determined the facility meets compliance with this standard.

(c) PSD Policy ADM.08.08 states on page 48, *“Following an offender's allegation that a staff member has committed sexual abuse against the offender, the facility or PSD shall subsequently inform the offender (unless PSD has determined that the allegation is unfounded) whenever: The staff member is no longer posted within the offender's unit; the staff member is no longer employed at the facility; the facility or PSD learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the facility or PSD learns that the staff member has been convicted on a charge related to sexual abuse within the facility.”*

PSD and HCF utilize form 8317 to make notifications to inmates. The notification is made verbally and documented in writing. Interviews with the agency PREA Coordinator, facility PCM and investigative staff indicated they obtain the appropriate information from investigative agencies to inform inmates.

(d) PSD Policy ADM.08.08 states on page 49, *“Following an offender's allegation that he/she has been sexually abused by another offender in a PSD facility, the facility or PSD shall subsequently inform the alleged victim whenever: the facility or PSD learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the facility or PSD learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.”*

PSD and HCF utilize form 8317 to make notifications to inmates. The notification is made verbally and documented in writing. Interviews with the agency PREA Coordinator, facility PCM and investigative staff indicated they obtain the appropriate information from investigative agencies to inform inmates.

(e) PSD Policy ADM.08.08 states on page 49, *“The facility or PSD shall document all notifications to offenders described under this section on the PREA Mandated Reporting Form (PSD 8317). A copy of this form shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days.”*

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| | <p>(f) Auditor is not required to audit this provision.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of reporting to inmates as it relates to PREA.</p> |
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| 115.76 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • HCF Pre-Audit Questionnaire (PAQ) responses • PSD Policy ADM.08.08 • HCF Investigative Reports <p>(a) PSD Policy ADM.08.08 states on page 42, <i>“Staff are subject to disciplinary sanctions up to and including termination for PREA sexual abuse or sexual harassment policy violations.”</i></p> <p>Two months prior to the onsite review, the facility selected a new PCM. No investigative cases had been closed during the audit documentation review period. The facility PCM began working in chronological order to close out cases, so no current cases were available for review. During the corrective action period, the facility PCM will provide investigative reports to this auditor for review, with copies of any staff discipline, when applicable.</p> <p>During the corrective action period:</p> <ul style="list-style-type: none"> • On February 16, 2024, this auditor received four investigative reports for review. All four allegations were inmate-to-inmate sexual abuse and did not have suspected staff perpetrators. |

- On May 28, 2024, this auditor received three investigative reports for review. Two allegations were inmate-to-inmate sexual abuse and did not have suspected staff perpetrators. The third allegation was staff-to-inmate sexual abuse, and discipline was still pending at the end of the corrective action plan.
- On May 31, 2024, this auditor received three investigative reports for review. All three allegations were inmate-to-inmate sexual abuse and did not have suspected staff perpetrators.
- On June 3, 2024, this auditor received two investigative reports for review. Both allegations were inmate-to-inmate sexual abuse and did not have suspected staff perpetrators.
- On June 4, 2024, this auditor received one investigative report for review. The allegation was inmate-to-inmate sexual abuse and did not have a suspected staff perpetrator.

After reviewing investigation reports submitted during the CAP, this auditor has determined the facility meets compliance with this standard.

(b) PSD Policy ADM.08.08 states on page 49, *“Termination shall be the presumptive disciplinary sanction for all staff, who, after an investigation and a pre-disciplinary due process hearing, have been found to have engaged in sexual abuse.”*

(c) PSD Policy ADM.08.08 states on page 49, *“Disciplinary sanctions for violations of PSD policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) must be 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.”*

(d) PSD Policy ADM.08.08 states on page 49, *“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.”*

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of disciplinary

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| | sanctions for staff as it relates to PREA. |
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| 115.77 | Corrective action for contractors and volunteers |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • HCF Pre-Audit Questionnaire (PAQ) responses • PSD Policy ADM.08.08 • Interview with the warden • Interview with Agency PREA Coordinator • Interview with PREA Compliance Manager • Interviews with contractors and volunteers <p>(a) PSD Policy ADM.08.08 states on page 50, <i>“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.”</i></p> <p>The facility PCM indicated that HCF did not have any contractors or volunteers who engaged in the sexual abuse of an inmate during the audit period.</p> <p>(b) PSD Policy ADM.08.08 states on page 50, <i>“PSD shall take appropriate remedial measures and consider whether to prohibit further contact with offenders in the case of any other violations not covered by the paragraph (1) of this section, such as sexual harassment by a contractor or volunteer.”</i></p> <p>The facility PCM indicated that HCF did not have any instances of remedial measures with contractors or volunteers during the audit period.</p> |

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| | <p>Interviews with the warden, Agency PREA Coordinator, and facility PCM indicated that any contractor suspected of engaging in any prohibited activity is immediately removed from the facility and prohibited from contact with inmates. Interviews with contractors and volunteers indicated they are aware of the agency's zero-tolerance policy and action the agency will take if they engage in prohibited conduct.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of corrective action for contractors and volunteers as it relates to PREA.</p> |
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| 115.78 | Disciplinary sanctions for inmates |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • HCF Pre-Audit Questionnaire (PAQ) responses • PSD Policy ADM.08.08 • <i>2022 Halawa Inmate Guidelines</i> • Interview with warden • Interviews with medical and mental health staff • Inmate misconduct reports/adjustments <p>(a) PSD Policy ADM.08.08 states on page 50, <i>“Offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or sexual harassment.”</i></p> <p>Inmates are held accountable through an internal disciplinary process, called “adjustments”. Adjustments are adjudicated by lieutenants.</p> |

(b) PSD Policy ADM.08.08 states on page 50, *“Sanctions shall commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders.”*

Adjustments are reviewed and signed by the Chief of Security (COS). The COS may approve the sanction, modify the sanction, dismiss the report, or order a new hearing.

(c) PSD Policy ADM.08.08 states on page 50, *“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. PSD medical and mental health staff shall provide therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for abuse.”*

If there are concerns about the inmate's mental health, the adjudicating officer will request information from the mental health provider. The mental health provider indicates if the inmate is currently in treatment, the date of their last encounter with mental health and if the misconduct could be due to symptoms of the inmate's mental illness.

(d) PSD Policy ADM.08.08 states on page 50, *“The medical, mental health, and facility staff shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming, privileges, or other benefits.”*

There are no sexual offender treatment programs at HCF.

(e) PSD Policy ADM.08.08 states on page 50, *“PSD shall discipline offenders for sexual conduct with staff only upon finding that the staff member did not consent to such contact. This type of incident shall result in a reassessment of the offender by utilizing the PREA Screening Tool.”*

The facility PCM indicated that no instances of sexual contact with a staff member occurred during the audit period. HCF inmates who are victim of staff sexual misconduct are not disciplined.

(f) PSD Policy ADM.08.08 states on page 51, *“PSD shall not discipline an offender for reporting sexual abuse made in good faith and based upon a reasonable belief that the alleged conduct occurred. This is applicable if an investigation does not establish evidence sufficient to substantiate the allegation.”*

HCF did not discipline any inmates for a report of sexual abuse made in good faith during the audit period. Interviews with the agency PREA Coordinator and facility PCM indicated allegations are determined to be in bad faith only when there is conclusive evidence the allegation did not occur, such as through video surveillance records.

(g) Sexual contact is prohibited between inmates, but it is not considered to be sexual abuse. PSD Policy ADM.08.08 states on page 51, *“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.”*

Page 17 of the 2022 Halawa Inmate Guidelines states, *“Remember, if you are involved in consensual sexual activity, you are subject to disciplinary action.”*

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of disciplinary sanctions for inmates as it relates to PREA.

| 115.81 | Medical and mental health screenings; history of sexual abuse |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion The auditor gathered, analyzed, and retained the following evidence related to this standard: <ul style="list-style-type: none">• HCF Pre-Audit Questionnaire (PAQ) responses• PSD Policy ADM.08.08• Interviews with staff responsible for risk screening |

- Interviews with medical and mental health staff
- Interviews with inmates who disclosed sexual victimization at risk screening
- Review of inmate files

(a-b) PSD Policy ADM.08.08 states that any offender who has disclosed a prior sexual victimization or previous perpetration of sexual abuse in the community or in a confinement setting shall be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

All inmates interviewed because they disclosed sexual victimization at risk screening indicated they were offered follow up meetings with mental health providers.

(c) This subsection of the standard does not apply as HCF is not a jail.

(d) PSD Policy ADM.08.08 states on page 51, *“Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to formulate treatment plans and/or security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by federal, State, or local law.”*

Interviews with staff indicated they are aware of and adhere to the requirements around confidentiality.

(e) PSD Policy ADM.08.08 states on page 51, *“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).”*

PSD medical and mental health staff indicated they utilize form DOC0404A *Authorization to Release Medical Information* to obtain informed consent from inmates. Interviews with medical and mental health staff confirmed they obtain informed consent prior to reporting prior sexual victimization that occurred outside of an institutional setting.

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| | <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of medical and mental care as it relates to PREA.</p> |
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| 115.82 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • HCF Pre-Audit Questionnaire (PAQ) responses • PSD Policy ADM.08.08 • Lesson Plan for <i>Prison Rape Elimination Act of 2003 Corrections & Law Enforcement Training</i> • Interviews with medical and mental health staff <p>(a-c) PSD Policy ADM.08.08 states on pages 51 and 52, <i>“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. If qualified medical or mental health staff are not on duty at the time of the report of a recent sexual abuse, the security staff or first responder shall take preliminary steps to protect the victim as dictated by §32.0 and §35.0. If qualified medical and mental health staff are not on duty at the time of the report of a recent sexual abuse, they shall be immediately notified either by telephone contact to the on-call physician or when reporting for duty. Offender victims of sexual abuse, while incarcerated shall be offered timely information about and provided timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with the professionally accepted community standards of care, where medically appropriate.”</i></p> <p>This auditor reviewed the HCF lesson plan and training curriculum for <i>Prison Rape Elimination Act of 2003 Corrections & Law Enforcement Training</i>. Slide 120 states, <i>“Offender victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services (determined by</i></p> |

medical and mental health practitioners). IF no qualified medical or mental health practitioners are on duty, security staff first responders will take preliminary steps to protect the victim and will immediately notify the appropriate medical and mental health practitioners."

There were no incarcerated survivors at HCF who had received forensic medical exams within the audit period to be interviewed by the audit team, to determine if they had been held financially responsible for any charges related to a forensic medical exam or STI prophylaxis or treatment. Interviews with medical staff indicated incarcerated survivors are offered sexually transmitted infection prophylaxis medication and treatment during the forensic medical exam and upon their return to the facility.

(d) PSD Policy ADM.08.08 states on page 52, *"Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."*

This auditor reviewed the HCF lesson plan and training curriculum for *Prison Rape Elimination Act of 2003 Corrections & Law Enforcement Training*. Slide 89 states, *"The Health Care Division staff shall determine whether a victim of sexual abuse will be transported for a forensic medical examination at the Sex Abuse Treatment Center...or at a hospital emergency unit. This will be at no financial cost to the victim."* This is mentioned again on slides 91 and 120, and additionally notes services are *"provided without financial cost regardless of whether the offender victim names the abuser or cooperates with the investigation"*.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of access to emergency medical and mental health services as it relates to PREA.

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| 115.83 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

The auditor gathered, analyzed, and retained the following evidence related to this standard:

- HCF Pre-Audit Questionnaire (PAQ) responses
- PSD Policy ADM.08.08
- Lesson Plan for *Prison Rape Elimination Act of 2003 Corrections & Law Enforcement Training*
- Review of inmate files
- Interviews with medical and mental health staff

(a-c, f) PSD Policy ADM.08.08 states on page 52, *“PSD shall offer medical and mental health evaluations and, as appropriate, treatment to all offenders (including external referrals), who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims includes, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. PSD shall provide offender victims of sexual abuse with medical and mental health services consistent with the community standard level of care. Offender victims of sexual abuse, while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.”*

Files for each inmate selected for a targeted or random interview were reviewed. Referrals to mental health were completed as required. Interviews with inmates who reported previously perpetrating sexual abuse or prior victimization of sexual abuse indicated they had been offered the opportunity to meet with mental health providers.

Interviews with medical and mental health services staff members indicated ongoing treatment is provided to victims of sexual abuse, as well as to known inmate-on-inmate abusers. When asked about the comparison with a community-level of care, they indicated they believed the facility’s standard of care to be higher, as inmates are scheduled for appointments and do not have to seek these services out on their own.

Interviews with medical staff indicated initial testing for sexually transmitted infections would occur at the hospital during the forensic medical examination, but any follow up testing would occur at the facility. Incarcerated survivors who declined to receive a forensic medical examination would have any testing conducted at the facility, upon their request.

(d-e) PSD Policy ADM.08.08 states on page 52, *“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.”*

This provision of the standard is not applicable, as there were no female or transgender female inmates at HCF who may need these services.

(g) PSD Policy ADM.08.08 states on page 53, *“Treatment services shall be provided to the offender victim without financial cost and regardless of whether the offender victim names the abuser or cooperates with any investigation arising out of the incident.”*

This auditor reviewed the HCF lesson plan and training curriculum for *Prison Rape Elimination Act of 2003 Corrections & Law Enforcement Training*. Slide 89 states, *“The Health Care Division staff shall determine whether a victim of sexual abuse will be transported for a forensic medical examination at the Sex Abuse Treatment Center...or at a hospital emergency unit. This will be at no financial cost to the victim.”* This is mentioned again on slides 91 and 120, and additionally notes services are *“provided without financial cost regardless of whether the offender victim names the abuser or cooperates with the investigation”*.

There were no incarcerated survivors at HCF who had received forensic medical exams within the audit period to be interviewed by the audit team, to determine if they had been held financially responsible for any charges related to a forensic medical exam or STI prophylaxis or treatment.

(h) PSD Policy ADM.08.08 states on page 53, *“Mental health staff shall attempt to conduct a mental health evaluation of all known offender-on-offender abusers within sixty (60) days of learning of such abuse history and offer treatment, when deemed appropriate.”*

Interviews with mental health staff indicated they were knowledgeable of this requirement.

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| | <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of ongoing medical and mental health care for sexual abuse victims and abusers as it relates to PREA.</p> |
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| 115.86 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • HCF Pre-Audit Questionnaire (PAQ) responses • PSD Policy & Procedures 3C-4 • Sexual abuse incident reviews • Interview with the warden • Interview with the PREA Compliance Manager • Interview with an incident review team member <p>(a-c) PSD Policy ADM.08.08 states on page 53, <i>“The Warden in conjunction with the Facility PREA Compliance Manager shall schedule a Sexual Abuse Incident Review (SAR) at the conclusion of every sexual abuse investigation that renders a finding that the allegation was substantiated or unsubstantiated, unless the allegation has been determined to be unfounded. SAR shall ordinarily occur within thirty (30) days of the when the Warden has been informed of the conclusion of the investigation and its findings, excluding allegations determined to be unfounded. SAR Team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health staff. One individual should be identified as the Recorder or Reporting Staff Member.”</i></p> <p>(d-e) PSD Policy ADM.08.08 states on pages 53 and 54, <i>“The SAR Team shall document the following information on the Sexual Abuse Incident Review Report form (PSD 8319):</i></p> <p><i>a. Consider whether the allegation or investigation indicates a need to change policy</i></p> |

or practice to better prevent, detect, or respond to sexual abuse.

b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

c. Examine the area in the facility, where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.

d. Assess the adequacy of staffing levels in that area during different shifts.

e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

The Recorder or Reporting Team Member shall prepare a report by utilizing the Sexual Abuse Incident Review Report form (PSD 8319) to document the SAR Team's findings, including but not limited to a determination made pursuant to paragraphs (4a-4e) of this section, and any recommendations for improvement. The SAR Team's report shall be forwarded to the Warden to review and complete the Warden's Response Section. The Warden shall decide as to whether the recommendations of the SAR Team will be implemented or document the reasons for not implementing the recommendations of the SAR Team."

The PAQ indicated there were five sexual abuse incident reviews completed during the audit review period. Two months prior to the onsite review, the facility selected a new PCM. No investigative cases had been closed during the audit documentation review period. The facility PCM began working in chronological order to close out cases, so no current cases were available for review. During the corrective action period, the facility PCM will provide investigative reports to this auditor for review, with copies of completed sexual abuse incident reviews.

On February 16, 2024 this auditor received the following investigative reports for review:

- One unsubstantiated report of inmate-to-inmate sexual abuse. The allegation was reported on October 28, 2023 and the investigation was closed on November 8, 2023. The SAIR was held the same day the investigation was closed.
- One unsubstantiated report of inmate-to-inmate sexual abuse. The allegation was reported on January 27, 2023 and the investigation was closed on January 23, 2024. Because the allegation was unfounded, a SAIR was not required.
- One unsubstantiated report of inmate-to-inmate sexual abuse that resulted

from a prior confinement notification. The allegation was reported on March 14, 2023 and the investigation was closed on October 3, 2023. The SAIR was held on November 1, 2023.

- One unsubstantiated report of inmate-to-inmate sexual abuse. The allegation was reported on July 29, 2023 and the investigation was closed on August 22, 2023. The SAIR was held the same day the investigation was closed.

On May 28, 2024, this auditor received the following investigative reports for review:

- One unfounded report of inmate-to-inmate sexual abuse. The allegation was reported on March 8, 2023 and the investigation was closed on April 26, 2024. Because the allegation was unfounded, a SAIR was not required.
- One unsubstantiated report of inmate-to-inmate sexual abuse. The allegation was reported on October 2, 2023 and the investigation was closed on May 8, 2024. The SAIR was held on May 9, 2024.
- One substantiated report of staff-to-inmate sexual abuse. The allegation was reported on October 2, 2023 and the investigation was closed on May 15, 2024. The SAIR was held on May 23, 2024.

On May 31, 2024, this auditor received the following investigative reports for review:

- One unsubstantiated report of inmate-to-inmate sexual abuse. The allegation was reported on January 11, 2024 and the investigation was closed on May 28, 2024. The SAIR was held on May 28, 2024.
- One unsubstantiated report of inmate-to-inmate sexual abuse. The allegation was reported on June 9, 2023 and the investigation was closed on May 23, 2024. The SAIR was held on May 28, 2024.
- One unsubstantiated report of inmate-to-inmate sexual abuse. The allegation was reported on May 5, 2023 and the investigation was closed on May 23, 2024. The investigation was not assigned to an investigator for five months. The SAIR was held on May 28, 2024.

On June 3, 2024, this auditor received the following investigative reports for review:

- One unfounded report of inmate-to-inmate sexual abuse. The allegation was reported on July 25, 2023 at another facility and the investigation was closed on May 15, 2024. Because the allegation was unfounded, a SAIR was not required.
- One unfounded report of inmate-to-inmate sexual abuse. The allegation was reported on February 24, 2022 at another facility and the investigation was closed on May 15, 2024. Because the allegation was unfounded, a SAIR was not required.

On June 4, 2024, this auditor received the following investigative report for review:

- One unsubstantiated report of inmate-to-inmate sexual abuse. The allegation was reported on December 28, 2022 at another facility and the investigation was closed on May 15, 2024. The SAIR was held on May 30, 2024.

After reviewing investigation reports and SAIRs submitted during the CAP, this auditor has determined the facility meets compliance with this standard.

Interviews with the warden, facility PCM and other potential members of the incident review team indicated they were aware of the required considerations.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of sexual abuse incident reviews as it relates to PREA.

| 115.87 | Data collection |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion The auditor gathered, analyzed, and retained the following evidence related to this standard: <ul style="list-style-type: none">• HCF Pre-Audit Questionnaire (PAQ) responses• PSD Policy ADM.08.08• PSD website• 2018, 2019, 2020, and 2021 <i>PREA Annual Reports</i>• Interview with agency PREA Coordinator |

(a-f) PSD Policy ADM.08.08 states on pages 54 and 55, *“The Department PREA Coordinator shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control by utilizing a standardized format based on PREA definitions. The standardized format includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The Department PREA Coordinator shall aggregate the incident based sexual abuse data at least annually. The Department PREA Coordinator shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and SARs. At least once a year, the Mainland Branch Unit shall report to the Department PREA Coordinator all incident-based and aggregated data from any private facility with whom it contracts for the confinement of PSD offenders. PSD shall provide all such data from the previous calendar year to the Department of Justice's Survey of Sexual Violence, no later than June 30th of each year.”*

When interviewed, the agency PREA Coordinator confirmed that they send the required information to the Department of Justice. This auditor reviewed the agency’s annual reports for 2018, 2019, 2020, and 2021. The annual reports for 2011-2021 are available on the agency website at [Department of Public Safety | PREA \(hawaii.gov\)](http://Department of Public Safety | PREA (hawaii.gov)). The report for 2022 is not yet available, as it is completed after BJS reporting.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of data collection as it relates to PREA.

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| 115.88 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • HCF Pre-Audit Questionnaire (PAQ) responses • PSD Policy ADM.08.08 |

- PSD website
- 2018, 2019, 2020, and 2021 PREA Annual Reports
- Interview with agency head
- Interview with agency PREA Coordinator

(a-d) PSD Policy ADM.08.08 states on page 55, *“The Department PREA Coordinator shall review data collected and aggregated pursuant to §50.0 of this policy in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:*

a. Identifying problem areas; and

b. Taking corrective actions on an ongoing basis.

The Department PREA Coordinator shall prepare an annual report of PSD's findings and any corrective actions for each facility, as well as the agency as a whole and as dictated by HRS §353-C8. This report shall include a comparison of the current year's data and corrective actions with those from prior years. The annual report shall provide an assessment of PSD's progress in addressing sexual abuse. This report shall be approved by the Director and be made readily available to the public through PSD's departmental website. PSD may redact specific material when publication would present a clear and specific threat to the safety and security of a facility. A notation should be made to indicate the nature of the material redacted.”

PSD collects and reviews data to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training to identify problem areas, take corrective action on an ongoing basis, compare the current year's data/corrective action with data/corrective action from previous years, and assess the agency's progress in addressing sexual abuse within its facilities. The report is prepared by the agency PREA Coordinator and signed by the PSD Director, as confirmed in interviews.

This auditor reviewed the agency's annual reports for 2018, 2019, 2020, and 2021. The annual reports for 2011-2021 are available on the agency website at [Department of Public Safety | PREA \(hawaii.gov\)](https://www.hawaii.gov/dps/prea/). The report for 2022 is not yet available, as it is completed after BJS reporting.

Conclusion:

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| | Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of data review for corrective action as it relates to PREA. |
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| 115.89 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • HCF Pre-Audit Questionnaire (PAQ) responses • PSD Policy ADM.08.08 • PSD website • 2018, 2019, 2020, and 2021 <i>PREA Annual Reports</i> • Interview with Agency PREA Coordinator • Interview with facility PREA Compliance Manager <p>(a) PSD Policy ADM.08.08 states on page 55, <i>“The Department PREA Coordinator shall ensure that the incident-based and aggregated data are securely retained.”</i> The agency and facility utilize an electronic database to collect and secure data, and includes all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Access to the database is granted for employees with a legitimate need to know.</p> <p>(b) PSD Policy ADM.08.08 states on page 56, <i>“The Department PREA Coordinator shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through PSD’s departmental website.”</i> Data is maintained in an electronic database. This auditor reviewed the agency’s annual reports for 2018, 2019, 2020, and 2021. The annual reports for 2011-2021 are available on the agency website at <u>Department of Public Safety PREA (hawaii.gov)</u>. The report for 2022 is not yet available, as it is completed after BJS reporting.</p> |

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| | <p>(c) PSD Policy ADM.08.08 states on page 56, <i>“The Department PREA Coordinator shall remove all personal identifiers and comply with federal and state statutes, HRS §92(F), Uniform Information Practices Act, prior to publishing the data.”</i> The reports on the website do not contain any personal identifiers.</p> <p>(d) PSD Policy ADM.08.08 states on page 56, <i>“The Department PREA Coordinator shall maintain the sexual abuse data collected based on §50.0 for at least ten (10) years after the date of the initial collection, unless federal, state, or local law requires otherwise.”</i></p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard.</p> |
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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor gathered, analyzed and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • HCF Pre-Audit Questionnaire (PAQ) responses • PSD website • Interview with Agency PREA Coordinator <p>(a) PSD directly operates four jails and four prisons (to include HCF) and houses additional inmates on the mainland in a privately-operated facility. The agency began receiving audits 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). During the prior three-year audit period, Cycle Three, the agency ensured that each facility under their control was audited at least once.</p> <p>(b) This is the second year of Cycle Four.</p> |

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| | <p>(h, i, m, n) While onsite at HCF, the audit team was provided with access to, and the ability to observe, all areas of the facility. The auditor received copies of all requested documents. The team was permitted to conduct private interviews with staff and inmates. Inmates were permitted to send confidential correspondence to the auditor, prior to the onsite review. There were no barriers to conducting the audit onsite.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard.</p> |
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| 115.403 | Audit contents and findings |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>The auditor gathered, analyzed and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • HCF Pre-Audit Questionnaire (PAQ) responses • PSD website • Interview with Agency PREA Coordinator <p>(f) PSD directly operates four jails and four prisons (to include HCF) 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:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard.</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.) | na |
| 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.) | na |
| | Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the | na |

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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)? | na |
| 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.) | na |
| 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.) | na |
| 115.21 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.21 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.21 (c) | Evidence protocol and forensic medical examinations | |
| | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |

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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.) | na |
| 115.51 (c) | Inmate reporting | |
| | Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Does staff promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.51 (d) | Inmate reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? | yes |
| 115.52 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | yes |
| 115.52 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | yes |
| | Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from | yes |

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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, | na |

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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? | yes |
| 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). | na |
| 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.) | na |
| 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.) | na |
| 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.) | na |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |
| 115.401 (n) | Frequency and scope of audits | |
| | Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |
| 115.403 | Audit contents and findings | |

| (f) | | |
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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 |