



STATE OF HAWAII | KA MOKU'ĀINA O HAWAII
DEPARTMENT OF CORRECTIONS AND REHABILITATION
KA 'OIHANA HO'OMALU KALAIMA A HO'OPONOPNO OLA
1177 Alakea Street
Honolulu, Hawaii 96813

MAINLAND / FDC BRANCH CONTRACTUAL COMPLIANCE CHECKLIST

Institution / Population Count: 999

Team Leader: Scott Jinbo- MB Supervisor

Audit Team: Tina Agaran- CSBA, Shawn Colotario- STG Coordinator, Calvin Mock- DCR Security Coordinator, Joseph Rodrigues- STG KCF, Anthony Baysa - Capt. OCCC, Roseanne Propato- DCR Education Manager, Marly Jane Nakamura- HCF Education Specialist Dwayne Kojima -Substance Abuse Program Manager,

Date of Audit: September 15-20, 2024

| CRITERION | CONTRACT AUTHORITY | | | | AUDITOR | METHOD |
|--|---|-----------|---------------|------------|------------|--------|
| | | COMPLIANT | NON-COMPLIANT | NOT SCORED | | |
| ACA ACCREDITED FACILITY | | 4 | 0 | | | |
| Is the institution accredited? | Date of Accreditation: 1/2024 | X | | | SJ | DR |
| A. Mandatory (100%) | Mandatory Score: 100 | X | | | SJ | DR |
| B. Non-Mandatory (90%) | Non-Mandatory Score: 99.6 | X | | | SJ | DR |
| C. Life Safety Code (Sprinkler, Fire system) - Does the institution conduct fire drills? Check fire drill schedule and frequency of drills | Date of Sprinkler Certification: 9/2024 Date of Fire Marshall Report:8/2024 Frequency of Drills: | X | | | SJ | DR |
| Other Comments: | | | | | | |
| CLOTHING & SUPPLIES | | 14 | 0 | | | |
| Does the institution issue appropriate clothing and supplies upon initial intake? | Review property files for initial issuance of clothing/supplies per contract; observe clothing/supplies in various housing units. Observe stock of inventory in warehouse Also indicate frequency of issuance of each item after initial intake | X | | | JLB | DR, OB |
| Audit Deficiencies- Have any issues been rectified from the last Audit (if applicable)? | Review previous audit report | | | X | JLB | |
| A. 3 Sets of Uniforms | Attachment 1; Item 6(a); Page 4 | X | | | JLB | DR, OB |
| B. Seasonal Clothing (Describe article of Clothing) | Attachment 1; Item 6(a); Page 4 | X | | | JLB | DR, OB |
| C. Underwear | Attachment 1; Item 6(a); Page 4 | X | | | JLB | DR, OB |
| D. Toothbrush/Toothpaste | Attachment 1; Item 6(a); Page 4 | X | | | JLB | DR, OB |
| E. Toilet Paper | Attachment 1; Item 6(a); Page 4 | X | | | JLB | DR, OB |
| F. Bar Soap | Attachment 1; Item 6(a); Page 4 | X | | | JLB | DR, OB |
| G. Disposable Razors | Attachment 1; Item 6(a); Page 4 | X | | | JLB | DR, OB |
| H. All-In-One (for shower, shampoo, shaving) | Attachment 1; Item 6(a); Page 4 | X | | | JLB | DR, OB |
| I. Workline Clothing: Boots | Attachment 1; Item 6(a); Page 4 | X | | | JLB | DR, OB |
| J. Workline Clothing: Gloves | Attachment 1; Item 6(a); Page 4 | X | | | JLB | DR, OB |
| K. Linen: Sheets | Attachment 1; Item 6(a); Page 4 | X | | | JLB | DR, OB |

| | | | | | | |
|---|--|---|--|--|-----|----------------|
| L. Linen: Pillow Case | Attachment 1, Item 6(a), Page 4 | X | | | JLB | DR, OB |
| M. Linen: Towels | Attachment 1; Item 6(a), Page 4 | X | | | JLB | DR, OB |
| N. Linen: Blanket (Wool or Cotton) | Attachment 1; Item 6(a), Page 4 | X | | | JLB | DR, OB |
| Other Comments: | | | | | | |
| LAUNDRY SERVICE | | | | | | |
| Audit Deficiencies- Have any issues been rectified from the last Audit (if applicable)? | Review previous audit report | | | | X | JLB |
| Does the institution have a laundry area? Is there a laundry supervisor supervising inmates in the laundry area? Is the weekly laundry schedule posted? | Monday: Tuesday: Wednesday: Thursday: Friday: | X | | | JLB | DR, OB, SI, II |
| A. Laundry Exchange | Frequency of Exchange: Every 6 months | X | | | JLB | DR, OB, SI, II |
| Other Comments: | | | | | | |
| INMATE PROPERTY | | | | | | |
| Upon initial intake, does the institution inventory all property? Property forms should cite description and quantity of each item and signed by both staff member and inmate. Unallowable property is also inventoried by a staff member and properly disposed of in accordance to policy. | Review property inventory sheets for past quarter, interview property staff member(s) and observe any property intake if it occurs during this audit | X | | | JLB | DR, OB, SI |
| Audit Deficiencies- Have any issues been rectified from the last Audit (if applicable)? | Review previous audit report | | | | X | JLB |
| A. Does the institution have a property officer? | Attachment 1; Item 6(c); Page 4 | X | | | JLB | OB |
| B. Does the institution have a property matrix for various housing units (GP, Seg, SHIP)? | Attachment 1; Item 6(c); Page 4 | X | | | JLB | DR, SI |
| C. Does the inmate review and sign the completed property inventory forms? | Attachment 1; Item 6(c); Page 4 | X | | | JLB | DR |
| D. Is a copy of the completed property form given to the inmate? | Attachment 1; Item 6(c); Page 4 | X | | | JLB | II, DR, SI |
| E. Does the institution store its property in lockable storage bins or lockers in a secure area? | Attachment 1; Item 6(c); Page 4 | X | | | JLB | OB |
| F. If an inmate's property is lost or stolen, does the institution have a claim's process? | Attachment 1; Item 6(c); Page 4 | X | | | JLB | DR, SI, OB |
| Other Comments: | | | | | | |
| FOOD SERVICE (Canteen Contract Services) | | | | | | |
| Does the institution adhere to the current American Dietetic Association (ADA) and National Academy of Sciences (NAS) standards and regulations? | Review Department of Health food service audits Review all menus, certifications and interview food service staff. Observe food service areas | X | | | SJ | DR |
| Audit Deficiencies- Have any issues been rectified from the last Audit (if applicable)? | Review previous audit report | | | | X | SJ |
| A. Is the Food Service Manager certified in sanitation? | Date of Certification: 10/2019-10/2024 | X | | | SJ | SI, DR |
| B. Are the cycle menus approved by a Registered Dietitian or Nutritionist? | Date of Menu: 12/25/2023 | X | | | SJ | DR |
| C. Does the institution serve its meals in accordance with the designated meal on the cycle menu? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | DR, SI |
| D. Does the institution record its meal substitutions when a food product on the cycle menu is unavailable? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | SI, DR |

| | | | | | | |
|---|---|-----------|----------|---|----|------------|
| E. Does the institution provide fresh fruit or canned fruit once a week? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | SI, DR |
| F. Does the institution provide rice as a daily food staple? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | SI, DR, OB |
| G. Does the institution provide medical diets that met the current ADA nutritional requirements as prescribed by a Medical Physician in accordance to facility policy? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | SI, DR, OB |
| H. Does the institution provide religious diets that met the current ADA nutritional requirements as prescribed by a Facility Chaplain in accordance to facility policy? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | SI, DR, OB |
| I. Does the institution serve 3 special dinner menus for the following Hawaii holidays? 1. Prince Kuhio Day (March) 2. King Kamehameha Day (June) 3. Other special event as agreed upon | Attachment 1; Item 6(d); Page 4 | X | | | SJ | DR, SI |
| Other Comments: | | | | | | |
| KITCHEN | | 33 | 0 | | | |
| Does the institution maintain its kitchen area and cooking equipment to ensure that it is clean and in working order? Are the food service staff and inmates properly trained to maintain personal hygiene? | Observe kitchen area for cleanliness, sanitation and personal hygiene of staff members and inmates Review records, inventory sheets, logs, and training records. | X | | | SJ | SI |
| Audit Deficiencies- Have any issues been rectified from the last Audit (if applicable)? | Review previous audit report | | | X | SJ | |
| A. Does the institution provide food service sanitation training and tool/equipment safety training to its staff and inmate workers? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | SI, DR |
| B. Is there proper hand washing signs posted and is hand soap dispensers filled with soap near wash sinks & restrooms? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | OB |
| C. Are sufficient hair nets available? Does the workers know where the hair nets are located? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | OB |
| D. Are sufficient gloves available? Does the workers know where the gloves are located? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | OB |
| E. Does the inmate workers use appropriate footwear in the kitchen area, food prep area, and dishwashing area? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | OB |
| F. Is there appropriate drainage near washing stations? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | OB |
| G. Is the cooking equipment (ovens, grills, vents, hoods, food carts, steam kettles, lilt tops, mixers, pipes, etc.) properly maintained, clean, and in good working order? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | OB |
| H. Is the food preparation areas clean, sanitized and in good repair? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | OB |
| I. Are the food storage areas clean, properly maintained, well-lit, food products are dated/labeled? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | OB |
| J. Are all food products stored at least 6 inches off the floor and at least 18 inches from the ceiling? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | OB |
| K. Is there a separate storage space for food and non-food items? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | OB |
| L. Are sample trays made for each meal, labeled, and stored properly for 72 hours? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | OB |
| M. Does the food service staff supervise food portions and are appropriate kitchen utensils utilized for food portion controls? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | OB |

| | | | | | | |
|---|---|----------|----------|---|----|--------|
| N. Does the institution have an alternative disaster menu? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | SI, DR |
| O. Does the institution have an emergency supply of food? | How many days. 7 days | X | | | SJ | OB |
| P. Are appropriate heating temperatures measured and maintained while food is being served? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | DR |
| Q. Are appropriate heating temperatures maintained in hotboxes for meals being delivered to November Unit? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | DR, SI |
| R. Are the thermometers for the refrigerators and freezers in working order? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | OB |
| S. Are the thermometers calibrated on a routine basis? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | DR, SI |
| T. Is the refrigerator temperature between 38 degrees F- 40 degrees F or below? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | DR |
| U. Is the freezer temperature 0 degrees F or below? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | OB |
| V. Are the refrigerators/freezers doors properly sealed and clean? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | OB |
| W. Are the refrigerators/freezers vents/fans clean and free from dust? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | OB |
| X. Are the refrigerators/freezers hinges/locks in good working order? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | OB |
| Y. Is the dish machine wash temperature between 150 degrees F or above and rinse cycle 180 degrees F or above? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | OB, DR |
| Z. Are the dishes, pots, pans properly scraped and free from excessive stains and food items? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | OB |
| AA. Are the grease traps well maintained and clean? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | SI |
| BB. Does the institution have inventory control for all sharp utensils? Is inventory control checked by a staff member? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | SI, DR |
| CC. Are the cleaning supplies and chemicals securely stored and inventoried? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | SI |
| DD. Are garbage containers appropriate covered with tight-fitting lids? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | OD |
| EE. Is appropriate garbage removal completed after each meal? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | SI |
| FF. Is there adequate outside storage of garbage until trash removal? Is the area secure? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | SI |
| GG. Is pest control regularly conducted? | Attachment 1; Item 6(d); Page 4 | X | | | SJ | DR |
| Other Comments: | | | | | | |
| INMATE COMMISSARY | | 3 | 0 | | | |
| Does the institution provide commissary services of non-essential items such as soft drinks, candy and personal items? | Interview Commissary supervisor/Staff. Review vendors and commissary order matrix | X | | | SJ | OB |
| Audit Deficiencies- Have any issues been reclassified from the last Audit (if applicable)? | Review previous audit report | | | X | SJ | |
| A. Does the commissary proceeds benefit the inmate population? | Attachment 1; Item 6(3); Page 5 | X | | | SJ | DR, SI |

| | | | | | | | |
|--|---|----------|----------|--|---|-----|-----------------|
| B. Does the commissary revenues pay for operating expenses of the commissary? | Attachment 1; Item 6(3); Page 5 | X | | | | SJ | DR, SI |
| C. Does the facility collect a 4% surcharge on all commissary sales in accordance with Hawaii statutes? | Act 190; Session Laws 2012 | X | | | | SJ | DR, SI |
| Other Comments: | | | | | | | |
| RECREATION | | 3 | 0 | | | | |
| Does the institution have a recreational program that provides for indoor, outdoor and leisure time activities? Is it accessible to inmates? Are there posted recreation schedules in housing units? | Review recreational program, review activity schedules for past quarter; observe activities and interview staff and inmates | X | | | | JLB | OB, SI, II, DR |
| Audit Deficiencies- Have any issues been rectified from the last Audit (if applicable)? | Review previous audit report | | | | X | JLB | |
| A. Does the institution have a recreation staff member? | Attachment 1; Item 6(f); Page 5 | X | | | | JLB | OB, SI |
| B. Does the institution provide indoor activities? | Attachment 1; Item 6(f); Page 5 | X | | | | JLB | OB, DRI, II, SI |
| C. Does the institution provide outdoor activities? | Attachment 1; Item 6(f); Page 5 | X | | | | JLB | OB, DR, II, SI |
| Other Comments: | | | | | | | |
| LIBRARY SERVICES | | 3 | 0 | | | | |
| Does the institution have a comprehensive library with materials selected to meet the educational, information and recreational needs of inmates? | Interview staff and inmates to ensure library services are accessible; observe library operations during this audit. | X | | | | SJ | OB |
| Audit Deficiencies- Have any issues been rectified from the last Audit (if applicable)? | Review previous audit report | | | | X | SJ | |
| A. Does the institution have a recreational library? | Attachment 1; Item 6(g); Page 5 | X | | | | SJ | SI, OB |
| B. Does the library have a policy that establishes control of the borrowing of library materials? | Attachment 1; Item 6(g); Page 5 | X | | | | SJ | II, OB |
| C. Is the Star Advertiser made available to inmates in the library as provided by the State's Mainland Branch? | Attachment 1; Item 6(g); Page 5 | X | | | | SJ | OB |
| Other Comments: | | | | | | | |
| VISITATION | | 8 | 0 | | | | |
| Does the institution provide physical space and proper video conferencing equipment and supervision for monitoring visits? | Review post orders for visitation, visit schedules, policies, log book Observe video conferencing system, inmates visiting, visit areas | X | | | | SJ | OB |
| Audit Deficiencies- Have any issues been rectified from the last Audit (if applicable)? | Review previous audit report | | | | X | SJ | |
| A. Does the institution have a visitation room available for contact and non-contact visits? | Attachment 1, Item 6(i); Page 6 | X | | | | SJ | OB |
| B. Does the institution have video conferencing equipment in housing units that are maintained, clean and in working order? | Attachment 1; Item 6(h); Page 5 | X | | | | SJ | OB, SI |
| C. Does the institution accommodate special visits for family members traveling 300 miles or more? | Attachment 1; Item 6(i); Page 6 | X | | | | SJ | SI, DR |
| D. Does the institution accommodate attorney visits and/or their representatives for business purposes? | Attachment 1; Item 6(i); Page 6 | X | | | | SJ | SI |
| E. Does the institution post visitor information (rules of visit, dress code, security checks, etc.) | Attachment 1; Item 6(i); Page 6 | X | | | | SJ | DR, OB |

| | | | | | | | |
|---|--|----------|----------|--|---|-----|----------------|
| F. Is the visitation properly staffed and the visits are conducted in a safe, controlled environment? | Attachment 1; Item 6(i), Page 6 | X | | | | SJ | SI |
| G. Are all visitors and their personal belongings properly searched prior to entry to the visit room? | Attachment 1; Item 6(i), Page 6 | X | | | | SJ | SI, OB |
| H. Are the inmates properly searched prior to entry or exit from visiting? | Attachment 1; Item 6(i), Page 6 | X | | | | SJ | SI |
| Other Comments: | | | | | | | |
| GRIEVANCES | | 6 | 0 | | | | |
| Does the institution provide access to an impartial and non-discriminatory grievance procedure in accordance with policy and ACA standards? All grievance records are considered confidential and will not be available to staff or inmates except for clerical processing of records by the institution and for auditing purposes. | Review grievance policy & Inmate handbook, grievance logs, files, log numbers Interview grievance officer and inmates | X | | | | JLB | OB, SI, II |
| Audit Deficiencies- Have any issues been rectified from the last Audit (if applicable)? | Review previous audit report | | | | X | JLB | |
| A. Does the institution have a grievance officer that provides responses to facility grievances? | Attachment 1; item 6(j); Page 6 | X | | | | JLB | OB, SI |
| B. Does the institution have an informal resolution grievance process before using the formal procedure? | Attachment 1; item 6(j); Page 6 | X | | | | JLB | OR, OB, SI, II |
| C. Does the institution provide grievance informal / formal forms necessary for filing grievances? | Attachment 1; item 6(j); Page 6 | X | | | | JLB | DR, II, OB, SI |
| D. Does the institution have secure grievances boxes accessible to inmates in the general population and segregation? | Attachment 1; item 6(j); Page 6 | X | | | | JLB | OB |
| E. Does the institution have a logging & tracking system for informal and formal grievances? | Attachment 1; item 6(j); Page 6 | X | | | | JLB | DR, OB, SI |
| F. Does the institution have designated time limits, documented time extensions (if applicable), an appeals process to the Warden in accordance with policy? | Attachment 1; item 6(j); Page 6 | X | | | | JLB | DR, SI, II |
| Other Comments: | | | | | | | |
| ACCESS TO COURTS | | 9 | 0 | | | | |
| Does the institution provide physical space and legal materials as designated by the State's current contract in accordance with policy and ACA standards? | Review policy, law library schedule logs, listed legal materials, interview staff, observe touch-screen kiosks. Hours of law library: Monday - Friday (8:00a - 2 30p) | X | | | | SJ | OB |
| Audit Deficiencies- Have any issues been rectified from the last Audit (if applicable)? | Review previous audit report | | | | X | SJ | |
| A. Does the institution have a law librarian? | Attachment 1; Item 6(k); Page 7-8 | X | | | | SJ | SI |
| B. Does the institution provide inmates with reasonable access to the law library, law library materials/forms? | Attachment 1; Item 6(k); Page 7-8 | X | | | | SJ | SI, DR |
| C. Does the institution provide inmates access to the State's touch-screen kiosk system or other acceptable legal format materials? | Attachment 1; Item 6(k); Page 7-8 | X | | | | SJ | OB |
| D. Does the law library provide access to the following: 1) Hawaii Revised Statutes; 2) Hawaii Reports; Hawaii Appellate Reports; 3) U.S. Code Annotated or its equivalent; 4) Shepard's Hawaii Citations; 5) Hawaii Court Rules - State; 6) Hawaii Court Rules - Federal; 7) Hawaii Digest; 8) Black Law's Dictionary; 9) Federal Civil Procedures & Rules; and 10) Supreme Court Reports? | Attachment 1; Item 6(k); Page 7-8 | X | | | | SJ | OB |
| E. Does the institution provide up to 3 additional hours of access to inmates with verified lawsuits that are still active in court if scheduling permits? | Attachment 1; Item 6(k); Page 7-8 | X | | | | SJ | SI |

| | | | | | | | |
|---|---|---|----------|----------|--|--------|--------|
| F. Does the institution provide inmates access to parole hearings as scheduled by the Hawaii Paroling Authority? | Attachment 1; Item 6(k); Subitem (i); Page 7-8 | X | | | | SJ | SI |
| G. Does the institution provide inmates access to their attorneys' telephonic calls and court calls? | Attachment 1, Item 6(k); Subitem (i); Page 7-8 | X | | | | SJ | SI, DR |
| H. Does the institution have a written policy/procedure for the handling of legal mail? | Attachment 1; Item 6(k); Page 7-8 | X | | | | SJ | DR, SI |
| I. Does the institution provide indigent inmates access to paper and other supplies to contact legal counsel or representatives, courts, and other persons concerning legal matters in accordance with policy? | Attachment 1; Item 6(k); Page 7-8 | X | | | | SJ | SI, DR |
| Other Comments: | | | | | | | |
| SECURITY & CONTROL - STAFFING & TRAINING | | | 9 | 2 | | | |
| Is the institution's security/control and operating plans in accordance with policies/procedures and ACA standards? Are the staff members appropriately trained in this area? | Interview Chief of Security and Training Manager, review security policies, training curriculums this is to include PREA policies, records, documents Observe security practices, drills and shakedowns (as applicable) | X | | | | CM/ AB | SI, DR |
| Security Audit Deficiencies- Have any issues been rectified from the last Audit (if applicable)? | Review previous audit report | | | X | | CM/ AB | SI, OB |
| A. Does the institution have a security staffing plan that includes all mandatory posts? | Attachment 1; Item 6(l); Pages 8-9 | X | | | | CM/ AB | SI, DR |
| B. What is the officer to inmate ratio? | Attachment 1, Item 6(l), Pages 8-9 | X | | | | CM/ AB | SI, DR |
| C. Does the institution have post orders available for each post? | Attachment 1, Item 6(l); Pages 8-9 | X | | | | CM/ AB | OB, DR |
| D. Are post orders reviewed annually to ensure accuracy of post functions? | Attachment 1, Item 6(l), Pages 8-9 | X | | | | CM/ AB | SI, DR |
| E. Are staff members required to read and sign-off that they have read and understand post orders pertaining to their assigned areas? | Attachment 1; Item 6(l), Pages 8-9 | | | X | | CM/ AB | OB, DR |
| F. Does the institution have a written policy governing facility training of its security staff members? | Attachment 1; Item 6(l); Pages 8-9 | X | | | | CM/ AB | SI, DR |
| G. Does the institution provide its security staff with a minimum of 160 hours of basic correctional training within 3 months of employment and a minimum of 40 hours of annual supplemental correctional training? | Attachment 1; Item 6(l); Pages 8-9 | X | | | | JLB | DR |
| H. Does the institution provide security staff with on-the job observation and supervision? | Attachment 1; Item 6(l); Pages 8-9 | X | | | | CM/ AB | SI, DR |
| I. Are the training instructors certified (security)? | Attachment 1; Item 6(l); Pages 8-9 | X | | | | CM/ AB | SR, OB |
| J. Does the Warden/Designated ADO staff and Chief of Security make daily rounds throughout the facility? | Attachment 1; Item 6(l); Pages 8-9 | X | | | | CM/ AB | SI, OB |
| Other Comments: | | | | | | | |
| SECURITY & CONTROL - URINALYSIS & STG | | | 6 | 0 | | | |
| A. Does the institution provide random and suspect urinalysis of 10% of the State's population? | Review urinalysis testing percentages for past quarter, interview Chief of Security regarding policy, process and record keeping | X | | | | CM/ AB | SI, DR |
| B. Does the institution provide an opportunity for a second test at the inmate's request/cost? | Attachment 1; Item 6(o); Page 9 | X | | | | CM/ AB | SI, DR |
| C. Does the institution report its positive results to the Mainland Branch within 24-hours after results of tests are received? | Attachment 1; Item 6(o); Page 9 | X | | | | CM/ AB | SI, DR |
| D. Does the institution have a written policy/procedure for identifying and managing security threat groups (STG)? | Attachment 1; Item 6(o); Page 9 | X | | | | SC/ JR | DR, SI |
| E. Does the institution regularly monitor STG recruitment activities and possible threats? | Attachment 1; Item 6(o); Page 9 | X | | | | SC/ JR | DR, SI |

| | | | | | | |
|---|---|-----------|----------|---|--------|------------|
| F. Does the institution submit monthly STG reports to the State's Mainland Branch? | Attachment 1; Item 6(o), Page 9 | X | | | SC/ JR | DR, SI |
| Other Comments: | | | | | | |
| SECURITY & CONTROL - SPECIAL MANAGEMENT (SHIP) | | 8 | 0 | | | |
| Audit Deficiencies- Have any issues been rectified from the last Audit (if applicable)? | Review previous audit report | | | X | CM/ AB | SI |
| A. Does the institution have written policies/procedures concerning the special management of inmates, Special Housing Incentive Program (SHIP)? | Attachment 1; Item 10(b/x); Page 13 | X | | | CM/ AB | SI, OB, DR |
| C. Are inmates assigned to the SHIP unit in accordance with the policy's placement criteria? | Attachment 1; Item 10(b/x); Page 13 | X | | | CM/ AB | SI, DR |
| D. Does the inmate receive due process when an assignment is made? | Attachment 1; Item 10(b/x); Page 13 | X | | | CM/ AB | SI, DR |
| E. Does the inmate receive regular status reviews in accordance with SHIP policy guidelines? | Attachment 1; Item 10(b/x); Page 13 | X | | | CM/ AB | SI, OB, DR |
| F. Does the inmate in SHIP have access to the law library and/or his attorney on record? | Attachment 1; Item 10(b/x); Page 13 | X | | | CM/ AB | SI, DR |
| G. Does the inmate maintain access to other programs and services in accordance with SHIP policy (i.e. Education)? | Attachment 1; Item 10(b/x); Page 13 | X | | | CM/ AB | SI |
| H. Is the SHIP unit appropriately supervised by qualified, trained staff? | Attachment 1; Item 10(b/x); Page 13 | X | | | CM/ AB | SI, OB |
| I. Does the institution document regular observation of inmates in the SHIP unit in accordance to the institution's policy and procedures? | Attachment 1; Item 10(b/x); Page 13 | X | | | CM/ AB | SI, OB, DR |
| Other Comments: | | | | | | |
| SECURITY & CONTROL - SEARCHES & INSPECTIONS | | 11 | 0 | | | |
| A. Does the institution have written policies/procedures concerning searches of vehicles, staff and inmates? | Review policy and interview staff, observe various searches during this audit | X | | | CM/ AB | DR |
| B. Does the institution have a written policy/procedure concerning the search of an inmate cell or bed areas? | Attachment 1; Item 6(l); Pages 8-9 | X | | | CM/ AB | SI, DR |
| C. Does the institution's policies/procedures on searches cover the search in storage and other critical areas in the facility? | Attachment 1; Item 6(l); Pages 8-9 | X | | | CM/ AB | SI, DR |
| D. Are the searches performed on a regular and/or random basis including a routine facility shake-down for contraband? | Attachment 1; Item 6(l); Pages 8-9 | X | | | CM/ AB | OB, SI, DR |
| E. When contraband is discovered, does the institution have a written policy/procedure on the handling of items, chain of custody, proper written documentation that must accompany the confiscated items to the designated facility authority for further investigation or disposal? | Attachment 1; Item 6(l); Pages 8-9 | X | | | CM/ AB | SI, DR |
| F. Does the institution have a secure storage area that is designated for evidence storage that is accessible to authorized staff only? | Attachment 1; Item 6(l); Pages 8-9 | X | | | CM/ AB | SI, OB |
| G. Are the inmates provided written notification of confiscated contraband items? | Attachment 1; Item 6(l); Pages 8-9 | X | | | CM/ AB | SI, DR |
| H. Is a disciplinary report issued to the inmate for confiscated contraband items (if appropriate)? | Attachment 1; Item 6(n); Page 9 | X | | | CM/ AB | SI, DR |
| I. Does the institution refer inmates for prosecution for violating the laws of the state? | Attachment 1; Item 6(l); Pages 8-9 | X | | | CM/ AB | SI, DR |
| J. Does the institution conduct security inspections on each shift in all areas? | Attachment 1; Item 6(l); Pages 8-9 | X | | | CM/ AB | SI, DR |
| K. Does the institution have a written policy/procedure to correct security deficiencies? | Attachment 1; Item 6(l); Pages 8-9 | X | | | CM/ AB | SI |

| | | | | | | |
|--|--|----------|----------|--|--------|------------|
| Other Comments: | | | | | | |
| SECURITY & CONTROL - EMERGENCY RESPONSE | | 6 | 0 | | | |
| A. Does the institution have an emergency response preparedness plan? | Review emergency response plans, interview safety authority or designated staff member | X | | | CM/ AB | SI, DR |
| B. Does the institution have an emergency response team and a designated facility control center in case of an emergency? | Attachment 1; Item 6(l); Pages 8-9 | X | | | CM/ AB | SI |
| C. Does the institution have a written policy/procedure on managing riots, disturbances, hostage situations, work stoppages, fires, escapes, bomb threats and natural disasters? | Attachment 1; Item 6(l); Pages 8-9 | X | | | CM/ AB | SI, DR |
| D. Does the institution have appropriate agreements with the local county and law enforcement agencies in emergency responses? | Attachment 1; Item 6(l); Pages 8-9 | X | | | CM/ AB | SI, DR |
| E. Does the institution provide training of all staff in emergency response plans (I.e. Command post, food service, etc.) | Attachment 1; Item 6(l); Pages 8-9 | X | | | CM/ AB | SI, DR |
| F. Does the institution have a written policy/procedure for how often the facility must run emergency drills? | Attachment 1; Item 6(l); Pages 8-9 | X | | | CM/ AB | SI, DR |
| Other Comments: | | | | | | |
| SECURITY & CONTROL - INMATE COUNTS | | 5 | 0 | | | |
| A. Does the institution have a written policy/procedure for conducting inmate counts to include formal counts, information counts and lockdown (emergency) counts? | Review policy; interview security staff on various counts | X | | | CM/ AB | SI, DR, OB |
| B. Does the institution conduct a formal count on each shift? | Attachment 1; Item 6(l); Pages 8-9 | X | | | CM/ AB | SI, DR |
| C. Does the institution conduct an informal count on each shift? | Attachment 1; Item 6(l); Pages 8-9 | X | | | CM/ AB | SI, DR |
| D. Does the institution have a written policy/procedure for appropriate action when the count does not clear? | Attachment 1; Item 6(l); Pages 8-9 | X | | | CM/ AB | SI, DR |
| E. Does the institution have a face-to-ID count check? | Attachment 1; Item 6(l); Pages 8-9 | X | | | CM/ AB | SI, DR |
| Other Comments: | | | | | | |
| SECURITY & CONTROL - TOOL & KEY CONTROL | | 7 | 0 | | | |
| A. Does the institution have a written policy/procedure governing the storage, issuance, classification and use of tools and keys? | Review policy and interview Chief of Security who has the overall responsibility for tool control management | X | | | CM/ AB | SI, DR |
| B. Does the institution make adequate provisions for the secure storage of all tools and keys in the facility? | Attachment 1; Item 6(l); Pages 8-9 | X | | | CM/ AB | SI, OB |
| C. Does the institution have a tool & key control officer? | Attachment 1; Item 6(l); Pages 8-9 | X | | | CM/ AB | SI, OB |
| D. Does the institution have a logging system for issuance and the return of tools? | Attachment 1; Item 6(l); Pages 8-9 | X | | | CM/ AB | SI, DR |
| E. Does the institution have a logging system or issuance and the return of keys? | Attachment 1; Item 6(l); Pages 8-9 | X | | | CM/ AB | SI, OB |
| F. Does the institution have proper shadow boards to provide rapid visual inventory of tools? | Attachment 1; Item 6(l); Pages 8-9 | X | | | CM/ AB | SI, OB |
| G. Does the institution have a written policy/procedure to report lost or damaged tools? | Attachment 1; Item 6(l); Pages 8-9 | X | | | CM/ AB | SI, DR |
| H. Does the institution have a written inventory for all tools and keys? | Attachment 1; Item 6(l); Pages 8-9 | X | | | CM/ AB | SI, DR |
| Other Comments: | | | | | | |
| SECURITY & CONTROL - USE OF FORCE | | 3 | 0 | | | |

| | | | | | | |
|---|---|-----------|----------|--|--------|----------------|
| A. Does the institution have a written policy/procedure for Use of Force? | Review policy; interview Chief of Security and SORT team members if available during this audit | X | | | CM/ AB | SI, DR |
| B. Does the institution provide proper training of appropriate staff members under this policy? | Attachment 1; Item 6(m) Subitems (i-iii); Pages 8-9 | X | | | CM/ AB | SI, DR |
| C. In the event of a Use of Force, does the institution properly notify the State's Mainland Branch? | Attachment 1; Item 6(m) Subitems (i-iii); Pages 8-9 | X | | | CM/ AB | SI, DR |
| Other Comments: | | | | | | |
| SECURITY & CONTROL - DISCIPLINE | | 10 | 0 | | | |
| A. Does the institution have a written policy/procedure that governs the rules and regulations of the facility? | Attachment 1; Item 6(n); Page 9 | X | | | CM/ AB | SI, DR |
| B. Does the institution provide proper notification of Priority 1 incidents to the State's Mainland Branch? | Attachment 1; Item 6(n); Page 9 | X | | | CM/ AB | SI, DR |
| C. Does the institution complete its investigations in a timely manner in accordance with policy? | Attachment 1; Item 6(n); Page 9 | X | | | CM/ AB | SI, DR |
| D. Does the institution conduct its disciplinary hearings in a timely manner in accordance with policy? | Attachment 1; Item 6(n); Page 9 | X | | | CM/ AB | SI, OB |
| E. Does the charges on the disciplinary report match the offense? | Attachment 1; Item 6(n); Page 9 | X | | | CM/ AB | DR |
| F. Are the inmates provided a copy of the disciplinary report to review? | Attachment 1; Item 6(n); Page 9 | X | | | CM/ AB | II, DR |
| G. Does the institution give an inmate the opportunity to appeal? | Attachment 1; Item 6(n); Page 9 | X | | | CM/ AB | II, DR |
| H. Is the disciplinary committee impartial and not involved in the original investigation and/or write up? | Attachment 1; Item 6(n); Page 9 | X | | | CM/ AB | SI, II |
| I. Does the institution notify the Mainland Branch if an inmate's disciplinary segregation exceeds 60 days? | Attachment 1; Item 6(n); Page 9 | X | | | CM/ AB | SI, DR |
| J. Does the institution send its disciplinary reports and disciplinary appeals to the Mainland Branch at the end of each month? | Attachment 1; Item 6(n); Page 9 | X | | | CM/ AB | SI, DR |
| Other Comments: | | | | | | |
| INMATE TRUST FUNDS & RESTITUTION PAYMENTS | | 4 | 0 | | | |
| Audit Deficiencies- Have any issues been rectified from the last Audit (if applicable)? | Review previous audit report | | | | X | JLB |
| A. Does the institution follow PSD policy COR.02.12 "Inmate Trust Accounts"? | PSD Policy COR.02.12 | X | | | JLB | OB, SI |
| B. Does the institution maintain separate spendable & restricted accounts for inmates that do not bear interest? | Attachment 1; Item 6(p); Pages 9-10 | X | | | JLB | OB, DR, SI, II |
| C. Does the institution restrict monetary deposits into an inmate's account to only those who are approved on the Inmate's visit list? | Attachment 1; Item 6(p); Pages 9-10 | X | | | JLB | OB, DR, II, SI |
| D. Does the institution deduct monthly restitution payments on all deposits as identified by the Mainland Branch for CVCC? | Attachment 1; Item 6(q); Page 9, Act 139 (Session Laws 2012) | X | | | JLB | OB, DR |
| Other Comments: | | | | | | |
| TELEPHONE COSTS & PHONE MONITORING | | 3 | 0 | | | |
| Audit Deficiencies- Have any issues been rectified from the last Audit (if applicable)? | Review previous audit report | | | | X | JLB |
| A. Does the institution have a schedule of phone rate charges and services available? | Attachment 1; Item 6(r); Page 10 | X | | | JLB | OB, DR |
| B. With the exception of phone calls with attorneys' regarding legal matters, does the institution monitor its phone calls for security purposes? | Attachment 1; Item 6(r); Page 10 | X | | | JLB | DR, OB, SI, II |

| | | | | | | |
|---|--|---|----|---|-------|------------|
| C. Does the institution generate an incident report when a potential security violation is discovered during the monitoring of phone calls? | Attachment 1; Item 6(r); Page 10 | X | | | JLB | DR, SI |
| Other Comments: | | | | | | |
| DNA TESTING PROGRAM | | | | | | |
| Audit Deficiencies- Have any issues been rectified from the last Audit (if applicable)? | Review previous audit report | | 4 | 0 | X | JLB |
| A. Has the facility staff received proper training from the State's Mainland Branch on bucal swab collection? | Attachment 1, Item 6(s); Page 10 | X | | | JLB | SI, DR |
| B. Does the institution conduct the DNA test prior to inmates returning to Hawaii? | Attachment 1, Item 6(s); Page 10 | X | | | JLB | SI, OB |
| C. Does the institution send the completed DNA collection forms to the State's Mainland Branch prior to the inmates return? | Attachment 1; Item 6(s), Page 10 | X | | | JLB | SI, OB |
| D. Does the institution have DNA kits from the State? | Attachment 1, Item 6(s), Page 10 | X | | | JLB | SI |
| Other Comments: | | | | | | |
| INMATE PROGRAMS - EDUCATION SERVICES | | | | | | |
| Audit Deficiencies- Have any issues been rectified from the last Audit (if applicable)? | Review previous audit report | | 14 | 0 | X | RP/MN DR |
| A. Does the institution have access to the State's SMS system and have they received proper training in SMS? | Attachment 1; Item 10(a,b), Pages 11-13) | X | | | RP/MN | OB, DR |
| B. Does the institution comply with the State's education program standards on program placement as indicated in the State's SMS system? | Attachment 1; Item 10(a,b); Pages 11-13) | X | | | RP/MN | BO, SI |
| C. Does the institution utilize a standardized assessment for education placement? | Attachment 1; Item 10(a,b); Pages 11-13) | X | | | RP/MN | OB, SI |
| D. Does the institution provide Basic Literacy/ESL classes as necessary? | Attachment 1; Item 10(a,b); Pages 11-13) | X | | | RP/MN | OB, SI |
| E. Does the institution provide Adult Basic Education classes? | Attachment 1; Item 10(a,b), Pages 11-13) | X | | | RP/MN | OB, SI, II |
| F. Does the institution provide GED and GED testing to qualifying inmates? | Attachment 1; Item 10(a,b), Pages 11-13) | X | | | RP/MN | SI |
| G. Does the institution provide access to college correspondence courses (at the inmate's expense)? | Attachment 1; Item 10(a,b), Pages 11-13) | X | | | RP/MN | SI, II |
| H. Is the institution available to provide access to distance learning alternatives at the State's request (no cost to the Provider) if such request is made? | Attachment 1; Item 10(a,b), Pages 11-13) | X | | | RP/MN | SI, OB, II |
| I. Does the institution provide vocational training (SCC only) and what types of training is provided? | Attachment 1; Item 10(a,b); Pages 11-13) | X | | | RP/MN | SI, OB, II |
| J. Does the institution provide cognitive behavior programs (Transformation CBT)? | Attachment 1; Item 10(a,b); Pages 11-13) | X | | | RP/MN | OB, SI, II |
| K. Are the instructors for the cognitive behavior program certified to teach these courses from a training program approved by the State? | Attachment 1; Item 10(a,b), Pages 11-13) | X | | | RP/MN | SI |
| L. Does the institution provide Anger/Stress Management? | Attachment 1; Item 10(a,b); Pages 11-13) | X | | | RP/MN | SI |
| M. Does the institution provide Hawaiian cultural programs to address religious and cultural needs of inmates? | Attachment 1; Item 10(a,b); Pages 11-13) | X | | | RP/MN | OB |
| N. Does the institution's adult education program meet the State's correctional education program? | Attachment 1; Item 10(a,b); Pages 11-13) | X | | | RP/MN | SI |

| | | | | | | |
|---|---|-----------|----------|----------|-----------|------------|
| Other Comments: | | | | | | |
| INMATE PROGRAMS - SUBSTANCE ABUSE TREATMENT | | 13 | 0 | | | |
| Audit Deficiencies- Have any issues been rectified from the last Audit (if applicable)? | Review previous audit report | | | X | DK | |
| A. Does the institution have access to the State's SMS system and have they received proper training in SMS? | This item cannot be marked "non-compliant" if staff does not have SMS access and did not receive training by the State. | X | | | DK | DR, SI |
| B. Does the institution provide an Outpatient Substance Abuse Program (formerly referred to as Level II) utilizing a cognitive behavioral treatment component as specified by the State? | Interview Treatment Manager and staff; review 10% of substance abuse records | X | | | DK | OB, II, SI |
| C. Does the institution provide a Substance Abuse Residential TC Program (formerly referred to as Level III) as specified by the State? | Interview Treatment Manager and staff; review 10% of substance abuse records | X | | | DK | OB, II |
| D. Does the institution's treatment strategies and interventions focus on the offender's Top 3 criminogenic risk factors as identified by the risk assessment tool. | | X | | | DK | DR, II |
| E. Does the institution's treatment strategies and practices inclusive of modeling and the role-playing of learned skills. | | X | | | DK | OB, SI |
| F. Does the institution provide <i>continuing care services</i> to inmates that completed the Substance Abuse Residential TC Program? | Interview Treatment Manager and staff, review 10% of substance abuse records | X | | | DK | |
| G. What is the ratio of direct service treatment staff to inmates? | | X | | | DK | OB, SI |
| H. Does the institution complete substance abuse assessments in accordance with the State's LSI-R/ASUS protocols? | | X | | | DK | DR, SI |
| I. Are the institution's substance abuse treatment counselors LSI-R/ASUS certified? | Review certification | X | | | DK | DR, SI |
| J. Does the institution place an Inmate on the priority listing within 30 days after receiving an inmate's request and/or if required by inmate's substance abuse assessment? | LIQUIDATED DAMAGE ITEM: Review priority listing with Treatment Manager for the past quarter | X | | | DK | DR, SI |
| K. Does the institution conduct random or suspect urinalysis to inmates participating in substance abuse treatment? | | X | | | DK | DR, SI |
| L. Does the institution allow access to random and suspect urinalysis data test results for data reporting purposes? | | X | | | DK | DR, SI |
| M. Does the institution have written guidelines to re-admit an inmate for treatment after termination and/or non-compliance? | | X | | | DK | DR, SI |
| Other Comments: | | | | | | |
| INMATE PROGRAMS - OTHER | | 9 | 0 | | | |
| Audit Deficiencies- Have any issues been rectified from the last Audit (if applicable)? | Review previous audit report | | | X | SJ | DR |
| A. Does the institution have a written policy/procedure concerning worklines and is the institution in compliance with its pay scale being equal to the State's correctional facilities at 0.25 per hour? | Attachment 1, Item 14); Pages 15-16 | X | | | SJ | DR |
| B. Does the institution provide workline opportunities for at least 2/3 of the population? | Attachment 1; Item 14). Pages 15-16 | X | | | SJ | SI, DR |

| | | | | | | | |
|--|--|---|----|---|---|-----|----------------|
| C. Does the institution have a hobby shop and/or hobby craft program for inmates in general population to participate? | Attachment 1; Item 14); Pages 15-16 | X | | | | SJ | OB |
| D. Does the institution have a Faith-based Unit designed to serve as a socialization process where inmates learn to identify self-centered interests and replace those behaviors with productive activities? | Attachment 1; Item 14); Pages 15-16 | X | | | | SJ | OB |
| E. Does the institution provide religious programs in accordance with policy and standards? | Attachment 1; Item 14); Pages 15-16 | X | | | | SJ | OB |
| F. Does the institution have a Chaplain? | Attachment 1; Item 14); Pages 15-16 | X | | | | SJ | SI |
| G. Does the institution provide space for religious programs and events? | Attachment 1; Item 14); Pages 15-16 | X | | | | SJ | OB |
| H. Does the institution require its volunteers to complete appropriate, documented training and facility orientation programs prior to assignment? | Attachment 1; Item 14); Pages 15-16 | X | | | | JLB | SI |
| I. Is there a criminal background check done on all volunteers who have direct, unsupervised contact with inmates? | Attachment 1; Item 14); Pages 15-16 | X | | | | JLB | DR, SI |
| Other Comments: | | | | | | | |
| INMATE CLASSIFICATION | | | 4 | 0 | | | |
| Audit Deficiencies- Have any issues been rectified from the last Audit (if applicable)? | Review previous audit report | | | | X | JLB | |
| A. Does the institution have a written policy/procedure for its internal classification system used for housing and workline purposes? | Attachment 1; Item 13, Pages 14-15; PSD Policy CORR.18.01 | X | | | | JLB | DR, OB, SI, II |
| B. Does the institution follow PSD policy COR.18.01 "Inmate Classification"? | Review policy and interview classification officer; HI classification should be completed on an annual basis | X | | | | JLB | SI, OB, DR |
| C. Does the institution have a Classification Officer? | Attachment 1; Item 13; Pages 14-15 | X | | | | JLB | SI, OB |
| D. Does the classification have access to the State's Offendertrak Management system? | Attachment 1; Item 13; Pages 14-15 | X | | | | JLB | OB, SI, DR |
| Other Comments: | | | | | | | |
| HEALTH CARE SERVICES | | | 23 | 3 | | | |
| Audit Deficiencies- Have any issues been rectified from the last Audit (if applicable)? | Review previous audit report | | | X | | TA | SI, DR |
| A. Does the institution provide routine health care services to inmates? | Attachment 1; Item 15, Page 16 | X | | | | TA | SI, DR, OB |
| B. Does the institution operate within 85% of the National Commission on Correctional Health Care Standards (NCCHC) - Prison Edition, 2008? | Attachment 1; Item 15; Page 16 | X | | | | TA | |
| C. Does the institution have a Health Services Administrator that may be a registered nurse? | Attachment 1; Item 15, Page 16 | X | | | | TA | SI, DR, OB |
| D. Does the institution employ licensed health care staff including physicians, nurse practitioners, registered nurses and physician assistants that is overseen by the Health Services Administrator? | Attachment 1; Item 15; Page 16 | X | | | | TA | SI, DR, OB |
| E. Is the health care staff trained in correctional health care? | Attachment 1; Item 16(b); Page 16 | X | | | | TA | SI, DR |
| F. Does the institution provide primary care services including sick call exams and daily urgent care for the inmates in general population and segregation? | Attachment 1; Item 16(a); Page 16 | X | | | | TA | SI, DR, OB |

| | | | | | | |
|--|---------------------------------------|----------|----------|---|----|------------|
| G. Is the clinical delivery of care timely, appropriate to the acuity of the patient, and at a level comparable to the community standard for medical care in accordance with NCCHC standards? | Attachment 1; Item 16(a), Page 16 | X | | | TA | SI, DR, OB |
| H. Does the institution have a secured sick call management system that processes sick call requests within 24-hour of its notification and/or receipt? | Attachment 1; Item 16(c); Pages 16-17 | X | | | TA | SI, DR, OB |
| I. Does the institution provide necessary health care follow-up appropriate to the acuity of the patient within 72-hours of received request? | Attachment 1; Item 16(c); Pages 16-17 | X | | | TA | SI, DR, OB |
| J. Does the institution provide a chronic care management system as described in the State's contractual agreement? | Attachment 1; Item 16(d); Page 17 | X | | | TA | SI, DR, OB |
| K. Does the institution provide medical and specialty services utilizing community specialists or whenever possible, specialist services on-site? | Attachment 1; Item 16(e); Page 17 | X | | | TA | SI, DR, OB |
| L. Does the institution provide observation beds/cells for patients who require more intense monitoring or treatment? | Attachment 1; Item 16(f); Page 17 | X | | | TA | SI, DR |
| M. Does the institution provide routine diagnostic procedures and/or services? | Attachment 1; Item 16(g); Page 17 | X | | | TA | SI, DR |
| N. Does the institution provide fixed and/or mobile radiology services? | Attachment 1; Item 16(h); page 17 | X | | | TA | SI, DR, OB |
| O. Does the institution provide periodic prevention visits to review a patient's need for preventive services as described in the State's contractual agreement? | Attachment 1; Item 16(i); Page 17 | X | | | TA | SI, DR, OB |
| P. Does the institution provide an infection control program to include ongoing monitoring during intake, prevention visits, and during sick calls? | Attachment 1; Item 16(j); Page 17 | X | | | TA | SI, DR, OB |
| Q. Does the institution provide immunizations as described in the State's contractual agreement? | Attachment 1; Item 16(k); Pages 17-18 | X | | | TA | SI, DR, OB |
| R. Does the institution provide preventive screening services as described in the State's contractual agreement? | Attachment 1; Item 16(l); Page 18 | X | | | TA | SI, DR, OB |
| S. Does the institution provide Hepatitis C treatment that is consistent to the State's treatment guidelines? | Attachment 1; Item 16(m); Page 18 | | X | | TA | SI, DR |
| T. Does the institution provide mortality and peer reviews? | Attachment 1; Item 16(p); Page 18 | X | | | TA | SI, DR |
| U. Does the institution provide medical prostheses at the cost of the inmate in accordance with the State's policy and procedures? | Attachment 1; Item 16(q); Page 18 | X | | | TA | SI, DR, OB |
| V. Does the institution provide optometry care as described in the State's contractual agreement? | Attachment 1; Item 16(r); Pages 18-19 | X | | | TA | SI, DR |
| W. Does the institution provide dental services as described in the State's contractual agreement? | Attachment 1; item 16(s); Page 19 | X | | | TA | SI, DR, OB |
| X. Does the institution provide mental health services as described in the State's contractual agreement? | Attachment 1; Item 16(t); Page 19 | | X | | TA | SI, DR, OB |
| Y. Does the institution assess reasonable co-payment fees consistent with the State's written co-payment policies and procedures? | Attachment 1; Item 21; Page 21 | X | | | TA | SI, DR |
| Other Comments: X- Open CAP from previous audit. | | | | | | |
| PRISON RAPE ELIMINATION ACT (PREA) | | 7 | 0 | | | |
| Audit Deficiencies- Have any issues been rectified from the last Audit (if applicable)? | Review previous audit report | | | X | SJ | |

| | | | | | | | |
|---|--|-----------|----------|--|---|----|--------|
| A. Does the institution have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the facility's approach to preventing, detecting, and responding to such conduct? | Supplemental Contract #3, Special Conditions Page 1 | X | | | | SJ | DR |
| B. Has the institution been audited by the Department of Justice (DOJ)? | Date of Audit:1/2024 | X | | | | SJ | DR, SI |
| C. DOJ Results from most recent audit | Number of standards exceeded:2 Number of standards met:0 Number of standards not met:0 Number of standards not applicable:0 | X | | | | SJ | DR, SI |
| D. Does the institution have a plan of action for standards not met? | Supplemental Contract #3, Special Conditions Page 1 | X | | | | SJ | DR |
| E. Does the State contracting for the confinement of its inmates with private agencies or other entities, including other government agencies, include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards? | Supplemental Contract #3; Special Conditions Page 1 | X | | | | SJ | DR |
| F. Does the new contract or contract renewal provide for contract monitoring to ensure that the contractor is complying with the PREA standards? | Attachment 1; Items 25-26; Page 24 | X | | | | SJ | DR |
| G. Does the State obtain incident-based and aggregated data from the private facility with which it contracts for the confinement of its inmates? | Attachment 1; Item 27 (a-g), Page 27 | X | | | | SJ | DR |
| Other Comments: | | | | | | | |
| MANAGEMENT - PERSONNEL / REPORTING | | 19 | 0 | | | | |
| Audit Deficiencies- Have any issues been rectified from the last Audit (if applicable)? | Review previous audit report | | | | X | SJ | DR |
| A. Does the institution provide 24-hour care and supervision to inmates in accordance with written policy/procedures and ACA standards? | Attachment 1; Item 24 (a-k), Pages 22-23 | X | | | | SJ | DR, SI |
| B. Does the institution conduct criminal background checks on all staff? | Attachment 1; Item 24 (a-k), Pages 22-23 | X | | | | SJ | DR, |
| C. Does the institution conduct random drug testing on staff? | Attachment 1; Item 24 (a-k), Pages 22-23 | X | | | | SJ | DR |
| D. Does the institution provide a minimum of 160 hours of basic correctional training within 3 months of employment and an additional 40 hours of annual supplemental training? | Attachment 1; Item 24 (a-k), Pages 22-23 | X | | | | SJ | DR |
| E. Does the institution refer staff for prosecution for violating the laws of the state? | Attachment 1; Item 25; Pages 22-23 | X | | | | SJ | DR, SI |
| F. Does the institution employ a single on-site Warden to manage each facility under the State's contractual agreement? | Attachment 1; Item 24 (a-k), Pages 22-23 | X | | | | SJ | SI, OB |

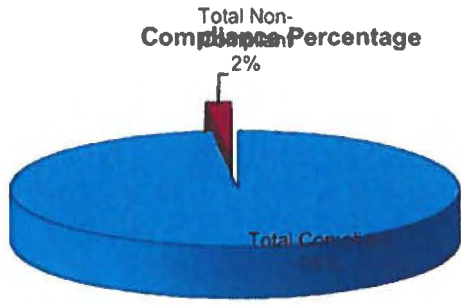
| | | | | | | |
|---|--|---|--|--|----|------------|
| G. Does the institution operate its facility utilizing the Unit Management Model? | Attachment 1; Item 24 (a-k), Pages 22-23 | X | | | SJ | SI, OB |
| H. Does the institution have a Quality Assurance Manager? | Attachment 1; Item 26 (a-f); Pages 23-24 | X | | | SJ | SI, OB |
| I. Does the institution's QA Manager track facility policies, revisions/changes? | Attachment 1; Item 26 (a-f); Pages 23-24 | X | | | SJ | SI, DR |
| J. Does the institution's QA Manager schedule internal audits? | Attachment 1; Item 26 (a-f), Pages 23-24 | X | | | SJ | SI, DR, OB |
| K. Does the institution's QA Manager serve as a local coordinator for all external audits? | Attachment 1; Item 26 (a-f), Pages 23-24 | X | | | SJ | SI |
| L. Does the institution's QA Manager track audit deficiencies, plans of action and other remedial actions related to audit outcomes? | Attachment 1; Item 26 (a-f); Pages 23-24 | X | | | SJ | SI, DR |
| M. Does the institution's QA Manager make recommendations to the Warden for policy and procedural changes? | Attachment 1; Item 26 (a-f); Pages 23-24 | X | | | SJ | SI, DR |
| N. Does the institution's QA Manager provide responses and corrective action plans to the State within 30 days of receiving any adverse actions as documented in its monitoring report? | Attachment 1; Item 26 (a-f), Pages 23-24 | X | | | SJ | SI, DR |
| O. Does the institution submit inmate progress reports every 6 months to the State's Mainland Branch? | Interview Chief of Unit Management and Classification Supervisor; review records and files | X | | | SJ | DR |
| P. Does the institution complete annual classifications on the Hawaii classification system on Offendertrak? | Attachment 1; Item 32 (a-g), Pages 26-27 | X | | | SJ | DR, OB |
| Q. Does the institution submit notification incident packets to the State's Mainland Branch? | Attachment 1; Item 32 (a-g), Pages 26-27 | X | | | SJ | DR |
| R. Does the institution submit disciplinary reports at the end of each month to the State's Mainland Branch? | Attachment 1; Item 32 (a-g), Pages 26-27 | X | | | SJ | DR |
| S. Does the institution submit a monthly report by the 5th working day of each month to the State's Mainland Branch? | Attachment 1; Item 32 (a-g), Pages 26-27 | X | | | SJ | DR |

Other Comments:



*As contractually required, the Warden shall have thirty (30) days from the receipt of this monitoring report to respond with a corrective plan of action to address all issues of Non-Compliance.

| | |
|---------------------|-----|
| Total Compliant | 265 |
| Total Non-Compliant | 5 |



- Total Compliant
- Total Non-Compliant

**CCA Saguaro Correctional Center
Contract Deficiency Notification**

Notice Date: **October 23, 2024**

Contract Citation: SECURITY AND CONTROL : : (continuation from 4th Quarter audit June 23-29, 2024.)

Description of Deficiency: E. Are staff members required to read and sign-off that they have read and understand post orders pertaining to their assigned areas??

- *Posted post orders and memos are not being followed by staff in the housing area.*

Importance/Urgency Level: 2- Major and U- Urgent

KEY:

| Importance | Urgency |
|------------|----------------|
| 1= Minor | NU= Non-Urgent |
| 2= Major | U= Urgent |

Issue Code Key: 2/ U

Signature: _____
Mainland & FDC Branch Administrator

Date: _____

**CCA Saguaro Correctional Center
Contract Deficiency Notification**

Notice Date: **October 23, 2024**

Contract Citation: HEALTH CARE SERVICES:

Description of Deficiency: S. Does the institution provide Hepatitis C treatment that is consistent with the State's treatment guidelines?

- *Provider has not worked up patients for Hep C treatment for over 6 months. This has caused a delay in care.*

Importance/Urgency Level: 2- Major and U- Urgent

KEY:

| Importance | Urgency |
|------------|----------------|
| 1= Minor | NU= Non-Urgent |
| 2= Major | U= Urgent |

Issue Code Key: 2/ U

Signature: _____
Mainland & FDC Branch Administrator

Date: _____