

PREA AUDIT: AUDITOR'S INTERIM REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA

Bureau of Justice Assistance
U.S. Department of Justice

Name of facility:	Kulani Correctional Facility		
Physical address:	HC 01, Stainback Highway, Hilo, Hawaii 96720		
Date report submitted:	December 1, 2015 Interim, Final February 21, 2016		
Auditor Information	Jillian Shane		
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Telephone number:	575-523-3303		
Date of facility visit:	October 16-19, 2015		
Facility Information			
Facility mailing address: (if different from above)	Same as above		
Telephone number:	808-969-9107		
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager:	Sean Valencia	Title:	PREA Facility Manager
Email address:	sean.g.valencia@hawaii.gov	Telephone number:	808-969-9107
Agency Information			
Name of agency:	State of Hawaii, Department of Public Safety		
Governing authority or parent agency: (if applicable)	Not Applicable		
Physical address:	919 Ala Moana Blvd. # 400, Honolulu, HI 96814		
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Agency Chief Executive Officer			
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Agency-Wide PREA Coordinator			
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AUDIT FINDINGS

NARRATIVE:

The PREA audit of Kulani Correctional Facility, a facility within the Hawaii Department of Public Safety was conducted on Friday, October 16 through Monday October 19, 2014.

On Friday, an entrance meeting was held where introductions were made. The introductions involved the Shift Commander, the Facility PREA Compliance Manager, the Agency PREA Coordinator and the auditors.

After the meeting, a thorough tour of the KCF was conducted.

During the course of the on-site visit, a total of twelve inmates were interviewed. In addition, numerous inmates were informally interviewed while the tour and walk-through were being completed.

A total of nineteen staff were interviewed as well. In addition, many staff were interviewed informally during walkthroughs on all three shifts.

FACILITY OVERVIEW

The Kulani Correctional Facility (KCF) is a 200-bed minimum-security prison that was re-opened on July 1, 2014. The facility closed in 2009, resulting in the displacement of nearly 100 staff and the transfer of almost 200 Hawaii inmates to other overcrowded state facilities.

In anticipation of the reopening, \$686,400 was allocated for construction and renovation of the facility. The ongoing work includes electrical upgrades, new kitchen equipment, roofing repairs and other minor repairs around the 280-acre facility.

There are currently 56 staff working at the facility. Sixteen new Adult Correction Officer Recruits started basic training on June 30, 2014 and began their jobs at Kulani upon graduation in August 2014. Kulani employs a total of 91 full time staff.

The 200 low-risk inmates were returned in phases from August 2014 through December 2014. Prior to being transferred to Kulani, inmates are carefully screened, as the population does not include inmates with chronic medical conditions or serious mental illnesses, due to the high elevation, remoteness, and “vog” conditions from the active volcano.

Kulani specializes in programming for males who are less than 4 years away from the end of their sentence and incorporates vocational training and substance abuse treatment programs through partnerships with community providers and other state departments. The vocational programs include a Facility Maintenance Program, Agriculture/Horticulture Program and other technology career training programs. The Facility Maintenance Program teaches inmates important trade skills like carpentry, drywall, solar installation, and electrical and plumbing fundamentals. The inmates also learn mechanical repair and maintenance, construction, and heavy equipment operation.

PSD is also working with *kupuna* (elders) from East Hawaii to develop programs based on traditional Hawaiian cultural values. In addition, the Departments of Agriculture and the Department of Labor are working with Kulani to develop a plan for a sustainable agriculture program that can help inmates develop essential work skills and provide fresh produce to the facility and its neighboring facility, Hawaii Community Correctional Center.

Kulani is remotely located at the top of Stainback Highway about 20 miles from Hilo Town. The facility sits on 280 acres of land surrounded by 8,000 acres of protected forest. The main compound where inmates live and work consists of 20 acres.

The facility utilizes a water catchment system that was upgraded with a second water storage tank so it can presently support all the inmates, staff, and program requirements. The system can hold 6 million gallons of water used for drinking, cooking and cleaning.

Kulani opened in 1946 as a work camp for 120 inmates. The six original dormitories are still being used as of this date.

Kulani’s reactivation is a major accomplishment of the Abercrombie Administration (Governor) and is consistent with Hawaii’s participation in the Justice Reinvestment Initiative (JRI), launched in 2013. The JRI strategy is a data-driven plan to reduce spending on corrections, reinvest savings generated in strategies that would reverse crime trends and eventually bring inmates housed in Arizona back to Hawaii.

Facility Demographics

Rated Capacity:	200
Security/Custody level:	Minimum
Age range of offenders (yrs):	18-60 years
Gender	Male
Number of Staff:	76
Number of Physical Plant Buildings:	22
Number/Type of Housing Units:	8
Number of Segregation Cells:	8
Type of Medical facility:	Ambulatory/Non-Infirmary
Count on First Day of Audit:	175

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	0
Number of standards met:	41
Number of standards not met:	0
Number of standards not applicable	2
Total	43

§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

A Memorandum was issued to all employees within the Department of Public Safety which formally notified all staff of the requirements of the Prison Rape Elimination Act and the agency's zero tolerance regarding institutional sexual assault, sexual misconduct or sexual harassment by offenders, staff, volunteers, or contract providers.

Policy ADM.08.08 as well outlines the agency's zero tolerance concerning all forms of sexual abuse, sexual harassment, and retaliation for reporting incidents.

The State Level (agency) and the Facility KCF each had an organizational chart which illustrated this hierarchy and the positions. These also included job descriptions which detailed the duties related to the positions.

Interviews were conducted with both the Agency PREA Coordinator and the KCF Facility PREA Compliance Manager. The Agency Level PREA Coordinator is extremely versed with PREA. The Facility PREA Compliance Manager is also responsible for Investigations and performs numerous other duties in his role. While he is educated and completes the tasks for PREA, the facility may wish to allow more time to devote to additional PREA functions such as training and education. He is fairly new to the position but was extremely well versed.

SUPPORTING DOCUMENTATION LIST

- 115.11 a. Memorandum
- Policy ADM.08.08
- 115.11 b. PSD Organizational Chart
- Interview with PREA Coordinator

§115.12 - Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Not Applicable

Auditor comments, including corrective actions needed if does not meet standard

This standard is not applicable, as KCF is a State facility and does not contract with other entities for the confinement of offenders. All other contracts were provided to review.

SUPPORTING DOCUMENTATION LIST

N/A

§115.13 – Supervision and Monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy ADM.08.08 outlines a PREA staffing plan which includes consideration of generally accepted detention and correctional practices, the composition of the inmate population, all components of the facility's physical plant, number and placement of staff, institutional programming on a shift, PREA Incident Reviews, state and local laws, findings of inadequacy, and incidents of sexual abuse, whether substantiated or unsubstantiated. In instances where the staffing plan is not complied with, it will be documented on the PREA Mandated Reporting Form PSD 8317 with the justification and forwarded to the Department PREA Coordinator.

Policy also states that in instances where a staffing plan is not complied with, the facility shall document and justify emergency/temporary deviations from the plan. The facility provided sample incident reports whereas some operations were modified.

The Facility PREA Coordinator provided departmental rosters for review, which illustrates compliance with required staffing. Staff at all levels who were interviewed discussed the amount of overtime that they are mandated to work. Overtime officers are filling the mandatory posts quite often.

Supervisory rounds are being logged, however, those which are unannounced are not. It was recommended that the facility begin to log/record unannounced rounds that are conducted. As part of a corrective action, the facility forwarded numerous samples of log entries which illustrated that they have begun to log all rounds, both announced and unannounced.

SUPPORTING DOCUMENTATION LIST

- 115.13 a. Policy ADM.08.08
 - Staffing Plan Meeting Minutes for KCF
 - Map of Facility/Schematic Layout
 - Security Operations Plan
 - Post Assignments Master Sheet
 - KCF Organizational Chart
 - KCF Legislative Budget 2016
 - Samples of instances that deviated from Staffing Plan
- 115.13 b. Below Minimum Staff Reportable Incidents
- 115.13 c. Staffing Plan Meeting Minutes for KCF
 - Staffing Plan Attachments

§115.14 – Youthful Inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Not Applicable

Auditor comments, including corrective actions needed if does not meet standard

Not Applicable- No one under 18 years of age at this facility

SUPPORTING DOCUMENTATION LIST

- 115.14 a. Policy ADM.08.08, Section 10, Youthful Offenders
- 115.14 b. Policy ADM.08.08, Section 10, Youthful Offenders

§115.15 – Limits to Cross-Gender Viewing and Searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

In addition, Policy COR.08.13 outlines, in detail, pat search, strip search and cross gender search procedures. It states that under normal conditions: Correctional officers shall not participate in or watch strip searches of inmates of the opposite gender; correctional officers shall not conduct pat or frisk searches of inmates of the opposite gender; correctional officers shall not participate in occupied toilet or shower inspections of inmates of the opposite gender; correctional officers shall not be assigned duty of conducting an inspection or head count of dormitories or cells occupied by inmates of the opposite gender, unless accompanied by or within view of another corrections officer.

During this review period, there were no cross gender strip searches or visual body cavity searches conducted, thus there was no log to review.

Lastly, Policy ADM.08.08, Prison Rape Elimination Procedure outlines the process to which staff of the opposite gender must announced when entering a housing unit. While conducting rounds throughout the facility both on the tour and without management during the audit, staff was viewed announcing opposite gender staff. During all staff and inmate interviews, staff and inmates alike admitted that this is a fairly new practice and becoming regular for them. Female staff expressed that they are stopped in the corridor in lieu of entering the housing areas to avoid making the announcements. It is recommended that management continually insures and speaks with female staff about the importance and need for the opposite-gender announcements.

SUPPORTING DOCUMENTATION LIST

- 115.15 a. PSD Policy COR.08.13
PSD Policy ADM.08.08
Memo
- 115.15 b. PSD Policy COR.08.13
PSD Policy ADM.08.08
Memo

- 115.15 c. PSD Policy COR.08.13
PSD Policy ADM.08.08
Memo
- 115.15 d. PSD Policy COR.08.13
PSD Policy ADM.08.08
Memo
- 115.15 e. PSD Policy COR.08.13
PSD Policy ADM.08.08
- 115.15 f. PowerPoint, Searches
Training Roster

§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy ADM.08.08, Prison Rape Elimination Act, indicates that disabled offenders and offenders with limited English proficiency shall be provided with equal opportunity to participate in or benefit from all aspects of PSD’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. 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.

Pacific Islander versions of various posters and handouts were viewed while in the facility. The video also offered close captioning as a means to obtain the educational information.

Pacific Interpreters is also available for translation services for limited English proficient offenders and designated procedures are available through the Civil Rights Compliance Officer (CRCO).

SUPPORTING DOCUMENTATION LIST

- 115.16 a. Policy ADM.08.08

Memorandum

Instruction on Use of Telephonic Interpreter from Pacific Interpreters

Department of Public Safety Limited English Proficiency Plan

Signage and Flyers are in English and Pacific Islander

PowerPoint Staff Training

115.16 b. Policy ADM.08.08

115.16 c. Policy ADM.08.08

§115.17 – Hiring and Promotion Decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy ADM.08.08, Prison Rape Elimination Act prohibits the hiring or promoting of anyone who may have had contact with inmates and shall not enlist the services of any contractor who may have had contact with inmates, who:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
2. 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; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (2) of this section.

Each employee has an affirmative duty to immediately disclose PREA related misconduct through their chain of command and material omissions or materially false information shall be grounds for termination.

New employees each have a background check and a suitability check prior to hiring. Employees who are promoted have a background check prior to promotion. HR Files and documentation was provided illustrating this process for both new hires and staff promotions.

ADM.08.08 requires that PSD provides information on substantiated allegations of sexual abuse or sexual harassment involving current or former employees, upon receiving a request from an institutional employer conducting a background check on the employee.

An interview was conducted with the Agency Level Human Resource Analyst. She outlined each process in detail and was well versed in all aspects of this standard.

SUPPORTING DOCUMENTATION LIST

- 115.17 a. Policy ADM.08.08
- 115.17 b. Policy ADM.08.08
- 115.17 c. Policy ADM.08.08
- 115.17 d. Policy ADM.08.08
- 115.17 e. Policy ADM.08.08

§115.18 – Upgrades to Facilities and Technology

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

SUPPORTING DOCUMENTATION LIST

During the review period, there were no substantial additions to the facility or technology available. All essential staff that were interviewed were aware of the necessity to include safety and PREA in their decisions and implementation. For the 2016 fiscal year, KCF is scheduled to receive funding for technology upgrades.

- 115.18 a. Policy ADM.08.08
- 115.18 b. Policy ADM.08.08

§115.21 – Evidence Protocol and Forensic Medical Examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

PSD conducts administrative sexual abuse investigations for the facility. Criminal sexual abuse investigation is referred to County (local) law enforcement agencies based on statutory authority. If the County agency declines to investigate a criminal matter, a referral will be made to the State of Hawaii Department of the Attorney General to investigate the criminal allegation. Policy ADM.08.08 stated that the law enforcement agency will use the departmental evidence protocols to maximize the potential for obtaining usable physical evidence during administrative investigation. They will preserve the crime scene for criminal investigations and possible prosecution cases.

Staff in the Health Care Division determines whether or not a victim of sexual abuse is transported for a forensic medical exam. This will be held at the Sexual Abuse Treatment Center (SATC) or an emergency unit at the hospital.

The SATC will provide a victim advocate to the victim of a sexual abuse or sexual assault matter. They will also have access to forensic medical examinations through the local hospitals. The forensic exam will be conducted by SATC staff who are physicians and nurses who are trained as sexual assault nurse examiners. If a victim requests, a victim advocate from SATC shall support the victim through the forensic examination process and through the investigatory process and will be at no cost to the victim.

Specialized training in administrative sexual abuse investigation is provided and the lesson plan was reviewed.

During the twelve months preceding the audit, there were no SANE medical examinations conducted for KCF offenders.

SUPPORTING DOCUMENTATION LIST

- 115.21 a. Policy ADM.08.08
Uniform Evidence Protocol
- 115.21 b. Policy ADM.08.08
- 115.21 c. Policy ADM.08.08
Contract/MOU
Memo
- 115.21 d. Policy ADM.08.08
Contract/MOU
- 115.21 e. Policy ADM.08.08
- 115.21 f. Policy ADM.08.08

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy ADM.08.08 requires that all allegations/incidents of sexual abuse and sexual harassment are referred for administrative and/or criminal investigation. Sexual harassment matters are only referred should the incident meet the criminal standard. If the incident does not meet a criminal standard, then it will be referred only for administrative investigation. If a sexual abuse or harassment case meets the elements for a criminal case, both Internal Affairs (IA) and outside law enforcement will be notified. The Administrative portions of the matters are completed by IA and the criminal investigation will be completed by the outside law enforcement agency.

Facility first responders are responsible to preserve any physical evidence related to these matters. In the event of an incident, the victim of a matter will be taken to the facility's medical unit and then, if necessary, to the local hospital ER or SATC. The facility does not conduct a SANE (only SATC).

SUPPORTING DOCUMENTATION LIST

- 115.22 a. Policy ADM.08.08
- 115.22 b. Policy ADM.08.08
- 115.22 e. Policy ADM.08.08

§115.31 – Employee Training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy ADM.08.08 requires staff training. All employees are trained in the required elements of the standard to include zero-tolerance; how to fulfill their responsibilities; inmate's right to be free from sexual abuse and sexual harassment; inmate's right to be free from retaliation from sexual abuse and harassment; the rights of employees to be free from

retaliation from reporting; the dynamics of sexual abuse in confinement; common reactions of victims; how to detect and respond and how to avoid inappropriate relationships with inmates; how to communicate effectively with LGBTI inmates; and how to comply with relevant laws related to mandatory reporting.

During interviews with staff, staff were able to answer all audit questions. They indicated that the training was fairly recent and was mostly completed with the aid of videos.

SUPPORTING DOCUMENTATION LIST

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| 115.31 a. | Policy ADM.08.08
Training Power Point |
| 115.31 b. | Policy ADM.08.08
Training Power Point |
| 115.31 c. | Policy ADM.08.08 |
| 115.31 d. | Policy ADM.08.08
Training Power Point |

§115.32– Volunteer and Contractor Training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy ADM.08.08, Prison Rape Elimination Procedure, outlines all required topics to which are required to be instructed on. The PowerPoint was attached for each as well. It covers a review of the administrative regulation, zero tolerance, how to fulfill their requirements under the policies and procedures, information on reporting and responding to such incidents, recognition of warning signs of a victim, information related to the investigation of incidents and prosecution of perpetrators, common reactions of victims, sensitivity to offender allegations, offender rights to be free from retaliation for reporting sexual abuse and sexual harassment, how to communicate effectively with LGBTI and gender non-conforming, offender signs or predatory behavior, confidentiality, compliance with relevant laws to mandatory reporting and consequences for failure to report.

Training for volunteers and contractors is based on their amount of contact with inmates. Those who have regular contact will be training in the same manner of which staff is trained. Those who do not have regular contact receive information on mandatory reporting, PREA, Hawaii laws and the zero-tolerance policy.

An updated list was provided to illustrate that all volunteers and contracted workers (medical) have completed their annual training, which includes a PREA instructional class. Each individual who completes this class documents it on an acknowledgment sheet. Samples were reviewed and illustrate compliance.

CORRECTIVE ACTION: While completing staff interviews, there was major confusion regarding volunteers and what was referenced as VolCor. The facility was not provided updated lists as to who is cleared, who has been trained and those who have not. The facility will document a process and provide to the auditor to review to ensure that all volunteers are properly identified as trained prior to contact with the inmate population. The Facility relies on the use of Hawaii Community Correctional Center to manage a list of authorized volunteers.

As their corrective action, the facility provided detailed information regarding volunteers and VolCor by ensuring that HCCC staff monthly forward and update an approved list volunteer list to the Warden for distribution to the front gate, PREA Staff at the facility, and at the Agency Level.

SUPPORTING DOCUMENTATION LIST

- | | |
|-----------|--|
| 115.32 a. | Policy ADM.08.08
Training Power Point |
| 115.32 b. | Policy ADM.08.08
Training Power Point |
| 115.32 c. | Policy ADM.08.08
Training Power Point |

§115.33 – Inmate Education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy ADM.08.08 states that inmates shall receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report. In addition, Policy ADM.08.08, Prison Rape Elimination Procedure outlines the process of offender education that needs to be completed within thirty (30) days of intake.

A video was observed which outline reporting processes, the policies and zero tolerance of the PSD and all definitions regarding PREA. The video is shown in the holding area. Inmates expressed that they were unable to hear the video. It was recommended that this video be played in the housing areas as well; the volume adjusted accordingly depending on the number of people in the intake area, or to add external speakers.

Inmates are also provided with an informational brochure. Information and educational facts are also in the inmate handbook. During inmate interviews, the vast majority of offenders recalled watching this video and receiving printed information.

During the past twelve months, a total of 191 inmates were admitted to KCF and received this information.

Inmates with disabilities or who are limited English proficient would have access to interpreters through Pacific Interpreters, if necessary.

SUPPORTING DOCUMENTATION LIST

- 115.33 a. Policy ADM.08.08
Inmate Brochure
- 115.33b. Number of Inmates who received comprehensive education
Policy ADM.08.08
Inmate Brochure
- 115.33 c. Policy ADM.08.08
Inmate Brochure

§115.34 – Specialized Training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy ADM.08.08 states that investigators shall be trained on investigations of sexual assault/rape, sexual abuse and sexual harassment in confinement settings; interview techniques; evidence collection in confinement settings; criteria required to substantiate a case for administration action or prosecution referral; and the proper use of Garrity and Miranda advisements (for IA).

The PowerPoint for the class was provided and reviewed. They are extremely thorough and detailed in the topics required by the standards.

PSD has 44 trained investigators. The training roster for each was provided which documented their completion of the course.

SUPPORTING DOCUMENTATION LIST

- 115.34 a. ADM.08.08
 Investigator Interview
 Investigation lesson plan

- 115.34 c. ADM.08.08
 Investigator Interview
 Investigation lesson plan
 Training Sign In Roster

§115.35 – Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy ADM.08.08, Prison Rape Elimination Procedure states that medical and mental health staff shall be trained and that this training shall be documented. The training shall include: how to detect and assess signs of sexual assault/rape, sexual abuse and sexual harassment; how to preserve physical evidence; how to respond effectively and professionally to victims; and how to and who to report incidents to.

Sample training certificates were reviewed of a mental health worker and a medical worker.

The PowerPoint Presentation and Lesson Plan were attached that is used for medical and mental health staff.

Medical and mental health staff interviewed was extremely well versed in the procedures and the training topics.

SUPPORTING DOCUMENTATION LIST

115.35 a. Policy ADM.08.08

115.35 c. Certificate

§115.41 – Screening for Risk of Victimization and Abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action).

Auditor comments, including corrective actions needed if does not meet standard

Offender screening and placement is completed within seventy-two hours of their arrival into a reception and diagnostic facility and again upon transfer between facilities, as per Policy ADM.08.08, Prison Rape Elimination Procedure. During the assessment, all offenders will be screened for risk of being sexually victimized or sexually aggressive. The facility intake screening shall ordinarily take place within 72 hours of arrival at the facility and will be conducted using the PREA Screening Tool. Within 30 days from the offender's arrival at the facility, social workers will reassess the inmate's risk of sexual victimization or sexual aggressiveness by creating an updated PREA Screening Tool assessment, if new additional relevant information was not considered at the 72 hours screening.

After an initial screening, transgender inmates and intersex inmates are screened every six months as part of classification reviews.

A Mental Health Screening Form is used. The sample attached illustrated an offender who indicated that he had experienced prior sexual victimization. The inmate sample provided was for an inmate who did not experience or perpetrate victimization or abuse and was cleared for general population.

The facility identified, prior to the audit, that screenings were not being completed timely. To ensure the screenings are being completed timely, the facility provided the auditor with a roster of all newly admitted inmates (those from September-November as the error was self identified in August). In addition, the facility did forward both the 72 hour screenings as well as the 30 day screening forms for newly admitted inmates which illustrated compliance. A

new PREA compliance manager was hired just prior to the audit and since has been trained as the individual who has oversight of this process.

SUPPORTING DOCUMENTATION LIST

- 115.41 a. Policy ADM.08.08
- 115.41 b. Policy ADM.08.08
PREA Screening Tool
PREA Screening Tool Instructions
- 115.41 c. PREA Screening Tool
PREA Screening Tool Instructions
- 115.41 g Policy ADM.08.08
- 115.41 h Policy ADM.08.08

§115.42 – Use of Screening Information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Information obtained from the assessments will be used to inform housing, work, bed and education/programming assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being aggressive, as per Policy ADM.08.08, Prison Rape Elimination Procedure.

Policy allows for inmates who are transgender or intersex to shower separately.

The PREA Compliance Manager receives a copy of the PREA Risk Screening and can make changes or speak with inmates to see if there are any issues or concerns. They may then determine if changes are necessary or whether the current housing should remain.

SUPPORTING DOCUMENTATION LIST

- 115.42 a. Policy ADM.08.08
- 115.42 b. Policy ADM.08.08
- 115.42 c. Policy ADM.08.08

§115.43 – Protective Custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Offenders identified as high risk for sexual victimization shall not be placed in involuntary segregation unless an assessment of all available alternatives has been made, as per policy ADM.08.08, Prison Rape Elimination Act. Further, should that be the only alternative, inmates placed in this type of housing shall be afforded programs, privileges, education, and work opportunities to the best extent possible. Lastly, this shall only be done, for a limited time until alternative means of separation can be completed, ordinarily not to exceed thirty days.

Policy AD.08.08 states that offenders that are at a high risk for sexual victimization or an offender who is alleged to have suffered sexual abuse or sexual assault shall not be placed in involuntary segregated housing, unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers.

During the year prior to this audit, there were no instances when an offender was identified as being high risk for imminent victimization and as a result, no offenders were involuntarily segregated. Discussion with multiple levels of staff illustrates that they were aware of this requirement.

SUPPORTING DOCUMENTATION LIST

- 115.43 a. Policy ADM.08.08
 Policy COR.11.01
- 115.43 c. Policy ADM.08.08
 Policy COR.11.01
- 115.43 e. Policy ADM.08.08
 Policy COR.11.01

§115.51 – Inmate Reporting

- Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy ADM.08.08, Prison Rape Elimination Act outlines reporting procedures for inmates.

Staff are to take verbal reports, third party reports, and anonymous reports seriously. All staff interviewed were aware of this requirement.

All inmates interviewed were aware of the posters which have the phone numbers attached. However, many offenders stated that they do not believe that there is such a thing as an unrecorded line. Facility staff indicated that inmates could make official calls through the Case Management staff or process confidential correspondence via emergency grievances.

SUPPORTING DOCUMENTATION LIST

115.51 a. ADM.08.08

115.51 b. ADM.08.08

Inmate Pamphlet/Brochure

Contract with SATC

115.51 c. ADM.08.08

Information on the Office of the Ombudsman

115.51 d. ADM.08.08

Sample Incident Reports

PowerPoint for Staff

§115.52 – Exhaustion of Administrative Remedies

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy ADM08.08 refers to Policy COR.12.03. which states that in response to an emergency allegation of sexual abuse, the grievance officer will issue a final agency decision within five

calendar days detailing whether the offender is at substantial risk of sexual abuse and if action has been taken in response to the emergency grievance.

In the twelve months prior to this audit, there were no emergency grievances filed relating to sexual abuse or sexual assault.

Copies of all grievances referencing PREA allegations are to be forwarded to the Facility PREA Compliance Manager and the PREA Coordinator.

There is no time limit as to when an offender can file a grievance regarding an allegation of sexual abuse. Staff members who are party to an allegation will not respond to any part of a grievance.

Inmates are provided 'New Arrival Information' at intake which details this process.

KCF has not processed any grievances alleging sexual abuse, therefore the extension option was not exercised.

KCF received no grievances alleging sexual abuse filed by inmates in the past twelve months in which the inmate declined third-party assistance or containing documentation of the inmate's decision to decline.

KCF received no emergency grievances nor non-emergency grievances alleged substantial risk of imminent sexual abuse filed in the past twelve months. In addition, since no grievances were filed, no disciplinary action was issued due to an inmate filing in bad faith.

SUPPORTING DOCUMENTATION LIST

115.52 a.	ADM.08.08
115.52 b.	ADM.08.08
115.52 c.	ADM.08.08
115.52 d.	ADM.08.08
115.52 e.	ADM.08.08
115.52 f.	ADM.08.08
	COR.12.03
115.52 g.	ADM.08.08

§115.53 – Inmate Access to Outside Confidential Support Services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

A contract exists with the Sex Abuse Treatment Center (SATC) for services. This number is displayed on posters, pamphlets, the inmate’s handbook, policy, staff informational handouts, and in policy. Test calls were made to this number. The individual who answered confirmed that these calls were not recorded. SATC provides sexual abuse crisis phone intakes, secondary phone contacts, crisis stabilization and counseling, and therapy.

Policy ADM.08.08, Prison Rape Elimination Act outlines the reporting process to include two phone numbers for offenders to call. These phone numbers are likewise posted in all housing units, in the dayrooms and in various other places throughout the complex. The Facility was advised to add stickers with the relevant phone numbers next to the inmate phone system to avoid any taint from looking at the poster or pamphlet. The Facility immediately complied with this request.

SUPPORTING DOCUMENTATION LIST

- 115.53 a. ADM.08.08
PREA pamphlets, English and Pacific Islander
Posters for Rape Crisis Hotline
- 115.53 b. ADM.08.08
Mental Health Consent Form
- 115.53 c. Contract with Health and Human Services: Sex Abuse Treatment Center

§115.54 – Third-Party Reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy ADM.08.08, Prison Rape Elimination Act, states that reports of sexual assault/rape, sexual abuse, sexual misconduct and sexual harassment can be made by a third-party on behalf of an offender by calling. Inmates can also write a letter to the PREA Coordinator or call the PREA Reporting phone numbers. All of this information is provided to the inmate and to the families via the department’s website.

During interviews, nearly all inmates were clear about this line and various reporting procedures.

SUPPORTING DOCUMENTATION LIST

115.54 a. Policy ADM.08.08

Public Website

§115.61 – Staff and Agency Reporting Duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Employees, contract workers and volunteers, according to policy ADM.08.08, shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports and shall immediately and confidentially report to their shift commander or supervisor: Any knowledge or suspicion or information (including third party and anonymous kites, letters and reports) regarding incidents of sexual assault and rape, sexual abuse, sexual harassment and sexual misconduct in a correctional setting; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Sample incident reports from inmates at other facilities indicating reporting methods were provided and reviewed. Each illustrated compliance.

SUPPORTING DOCUMENTATION LIST

115.61 a. ADM.08.08

115.61 b. ADM.08.08

§115.62 – Agency Protection Duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy ADM.08.08, Prison Rape Elimination Act states that any employee, contract worker or volunteer who learns that an offender is subject to a substantial risk of imminent sexual

abuse or sexual assault/rape, that person shall take immediate action to protect the offender.

There were no instances in the past twelve months whereas the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.

SUPPORTING DOCUMENTATION LIST

115.62 a. ADM.08.08

§115.63 – Reporting to Other Confinement Facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy ADM.08.09, Prison Rape Elimination Act states that should an offender report an incident that happened at another facility, the information will be documented then forwarded to the Facility PREA Coordinator. The Facility PREA Coordinator will then notify the Facility PREA Coordinator at the facility where the incident allegedly occurred, including "cc" to the Wardens. If the incident allegedly occurred at a facility that is not a State facility, the appointing authority or the Facility PREA Coordinator on behalf of the appointing authority where the incident was reported shall notify the head of the facility or the appropriate office of the agency where the alleged incident occurred. This will occur within seventy-two (72) hours of receipt of the information.

A sample of an incident referral was provided and illustrated compliance.

When discussing with the Facility PREA Coordinator Chief of Security, each were well versed and understood this practice.

SUPPORTING DOCUMENTATION LIST

115.63 a. ADM.08.08

115.63 b. ADM.08.08

115.63 c. ADM.08.08

115.63 d. ADM.08.08

§115.64 – Staff First Responder Duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Policy ADM.08.08, Prison Rape Elimination Act provides staff with an outline for PREA facility response. The process includes, as required by the standard: Separation of the perpetrator and the victim; preserving and protecting the crime scene; forensic evidence preservation (when within time frames) for both the victim and the perpetrator; and other agency required reporting and documentation steps.

The agency/facility provided several samples of PREA reports at other facilities, whereas the documentation illustrates that offenders and victims were separated and the first responder duties were adhered to..

SUPPORTING DOCUMENTATION LIST

- 115.64 a. ADM.08.08
- 115.64 b. ADM.08.08

§115.65 – Coordinated Response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy ADM.08.08, Prison Rape Elimination Act, states that each facility shall use the PREA Checklist as applicable and PREA Response Plan Guideline for Sexual Assault or Sexual Abuse to develop a written PREA facility response plan.

The facility response plan for KCF was reviewed and met all of the elements of the standards and processes.

SUPPORTING DOCUMENTATION LIST

- 115.65 a. ADM.08.08

§115.66 – Preservation of ability to protect inmates from contact with abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

There is a collective bargaining agreement in place. The agreement does not prohibit the agency's ability to remove alleged staff sexual abusers from contract with nay inmate pending the outcome of an investigation or of a determination of whether or to what extend discipline is warranted.

SUPPORTING DOCUMENTATION LIST

- 115.66 a. Unit 1, 3, 4, 9, 10, 13 Collective Bargaining Agreements with the United Public Workers Union (UPW) and the Hawaii Government Employees Association (HGEA).

§115.67 – Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy ADM.08.08, Prison Rape Elimination Act details the zero tolerance policy the PSD have for acts of retaliation or intimidation. Offenders, staff, volunteers or contract workers have the right to be free from retaliation for reporting sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment and for cooperating with investigations

The Facility PREA Manager maintains a log of all those who report and tracks each on scheduled basis to ensure that the offender victims are not retaliated against. He monitors their work, education and housing assignments as well as their disciplinary history to ensure that they are not being sanctioned or reassigned as retaliatory practices. If retaliation has occurred, he will report these suspicions and/or observations to the PSD PREA Coordinator. This monitoring is completed for at least 90 days following a report of sexual abuse or sexual assault.

KCF employs several protection measures such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with the victim, and emotional support services for offender victims or staff who fear retaliation for reporting sexual abuse, sexual assault, or sexual harassment or for cooperating with investigations.

A retaliation monitoring log was provided and reviewed. Also, a staff advised that there were no incidents of retaliation found.

SUPPORTING DOCUMENTATION LIST

115.67 a. ADM.08.08

115.67c. ADM.08.08

§115.68 – Post-Allegation Protective Custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy ADM.08.08, Prison Rape Elimination Procedure states that any employee, contract worker or volunteer who learns that an offender is subject to a substantial risk of imminent sexual abuse or sexual assault/rape, that person shall take immediate action to protect the offender.

The facility shall assign such offenders to involuntary removal from general population housing only if an alternative means of separation from the likely abuser can be arranged, and such assignment shall not ordinarily exceed a period of thirty (30) days.

KCF has not had any inmates who reported being sexually abused, who was held in involuntary segregation.

Staff that was interviewed were well aware of the requirements surrounding this standard and policy. There were no instances with which this was required during the review period.

SUPPORTING DOCUMENTATION LIST

115.68 a. ADM.08.08

§115.71 – Criminal and Administrative Agency Investigations

- Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

A copy of the PowerPoint training for Investigators was reviewed with the file. In addition, a training roster for the PSD was included which showed which staff have been trained, including the investigators for the facility.

The Prison Rape Elimination Act Policy, ADM.08.08 in detail outlines the investigative process; this includes timeliness, documentation, and use of interpreters, contracted/volunteers employees, victim rights, credibility, preponderance of evidence, retaliation, and discipline/departure of staff.

Hawaii Police Department (County) has jurisdiction on criminal investigation and PSD Internal Affairs will conduct administrative investigations. IA investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Administrative investigative reports are to include descriptions of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative findings of fact.

SUPPORTING DOCUMENTATION LIST

115.71 a. ADM.08.08

115.71 i. ADM.08.08

§115.72 – Evidentiary Standard for Administrative Investigations

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy ADM.008.08 states that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual assault, sexual abuse or sexual harassment are substantiated.

Policy ADM.08.08 was reviewed which provides a thorough definition of the preponderance of evidence which is utilized. In addition, the Standard of Conduct and a hearing format sheet was attached, which also outlines the disciplinary process. The Collective Bargaining Agreements acknowledge the just and proper cause standard, which requires the establishment of guilt based on a preponderance of the evidence.

Copies of all investigations that occurred at this facility were attached and reviewed. These referenced the preponderance of evidence and based on the documents provided, it appears that this was followed.

This was also confirmed with interviews with the PREA Coordinator and IA.

SUPPORTING DOCUMENTATION LIST

115.72 a. ADM.08.08

§115.73 – Reporting to Inmate

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy ADM.08.08, Prison Rape Elimination Act states that facility staff will document all notification and attempted notifications of offenders/victims.

Policy also states that if the allegation is against another offender the offender victim shall be notified, if the Facility and/or the PREA Compliance Manager or PSD PREA Coordinator learns that the alleged abuser has been charged or convicted on a charge related to sexual abuse or sexual assault within the facility. It also states that if the allegation is against a staff member, the offender victim shall be informed unless it has been determined that the allegation is unfounded, whenever:

- a. the staff member is no longer posted within the offender victims unit;
- b. the staff member is no longer employed at the facility;
- c. And/or the staff member has been charged or convicted on a charge related to sexual abuse or sexual assault within the facility.

During the review period, a staff member resigned based on allegations of staff overfamiliarity. The investigation was finalized and the inmate was notified of the results and employment status of the staff member.

SUPPORTING DOCUMENTATION LIST

115.73 a. ADM.08.08

Incident Checklist

Statement

115.73 b. ADM.08.08

115.73 c. ADM.08.08

115.73 d. ADM.08.08

115.73 e. ADM.08.08

PREA Mandated Reporting Form

§115.76 – Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy ADM.08.08, Prison Rape Elimination Act outlines in detail the staff disciplinary process and categories of reporting. All cases involving sexual assault/rape, sexual abuse and sexual harassment will be referred to the Director via an administrative investigation conducted by IA. When the investigation indicates that staff committed misconduct the investigation will be processed for a due process disciplinary hearing via the Inspection and Investigation Office.. The criminal investigation related to sexual assault/rape/sexual abuse and criminal sexual harassment will be managed by HPD or County law enforcement. .

SUPPORTING DOCUMENTATION LIST

115.76 a. ADM.08.08

115.76 b. ADM.08.08

Sample Resignation

115.76 c. ADM.08.08

115.76 d. ADM.08.08

§115.77 – Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy ADM.08.08, Prison Rape Elimination Act, indicates that all cases will be referred to the HPD, who if appropriate will be referred the criminal case to the County Prosecutor's Office for prosecution. It also states that any contract worker or volunteer who engages in sexual assault/rape, sexual abuse or sexual harassment or retaliates against an offender who reports sexual assault/rape, sexual misconduct and sexual harassment or cooperates with the investigation where such behavior rises to the level of criminal behavior, shall be prohibited from contact with offenders and reported to the HPD or local law enforcement and to the relevant licensing bodies.

A memorandum was provided indicating that in the twelve months prior to this audit, there was no contractor or volunteer who committed acts of sexual abuse or sexual harassment at the facility.

SUPPORTING DOCUMENTATION LIST

- 115.77 a. ADM.08.08
- 115.77 b. ADM.08.08

§115.78 – Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy ADM.08.08, Prison Rape Elimination Act indicates that consensual sexual activity between offenders is prohibited and will be subject to discipline through the adjustment hearing process. If an offender commits sexual abuse or sexual harassment, the discipline will be through the adjustment hearing process.

The definition of sexual assault is that an offender commits this offense when he/she has active or passive contact or fondling which is coerced or forced between his genitals, hands,

out, buttocks, or breast or with the use of animate or inanimate objects and the genitals, hands mouth, buttocks, anus or breast of another person. Contact can be with or without clothing being worn by one or both parties.

ADM.08.08 also describes counseling or other interventions designed to address and correct underlying reasons or motivations for abuse which is offered.

Inmates are disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such an act and inmates will not be subject to discipline for a report of sexual abuse made in good faith.

During the prior twelve months, no incidents occurred where there was a criminal finding of guilty and the offender has not been through the process.

SUPPORTING DOCUMENTATION LIST

115.78 a.	ADM.08.08
	Inmate Disciplinary Sanctions
115.78 d.	ADM.08.08
115.78 e.	ADM.08.08
115.78 f.	ADM.08.08
115.78 g.	ADM.08.08

§115.81 – Medical and mental health screenings; history of sexual abuse

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy states that health care staff will obtain informed consent from the offender before reporting incidents that did not occur in an institutional setting.

Policy ADM.08.08, Prison Rape Elimination Act states that initial intake assessments will be completed and should the offender state that he has experienced prior victimization, either inside or outside of an institutional setting, that the offender will be offered follow up within fourteen days.

This information is confidential and strictly limited to medical and mental health clinicians 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 law (as per Policy ADM.08.08)

A sample of an offender intake form was reviewed in which the inmate had indicated such prior victimization. The inmate was seen for follow-up by Mental Health Staff, who is primarily assigned a HCCC. The Mental Health Staff has assigned weekly visits to KCF.

SUPPORTING DOCUMENTATION LIST

- 115.81 c. ADM.08.08
- 115.81 b. ADM.08.08
- 115.81 d. ADM.08.08
- 115.81 e. Medical Consent

§115.82 – Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy ADM.08.08 states that clinical services will conduct a cursory assessment of any victim of sexual assault. Urgent and emergent medical care is provided at the facility as needed. Additional medical care is provided during or after the forensic exam, based on the treatment plan from the ER or SATC. Victims shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services.

Policy also indicates that treatment services provided to victims shall be without financial cost and regardless if the victim names the abuser or refuses to cooperate with the investigative process.

During the review period, KCF has not conducted any assessments for victims of sexual assault.

In addition, medical staff interviewed were aware of their roles.

SUPPORTING DOCUMENTATION LIST

- 115.82 a. ADM.08.08

115.82 c. ADM.08.08

115.82 d. ADM.08.08

§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

According to Policy ADM.08.08, Prison Rape Elimination Procedure, acute trauma care will be provided to victims of sexual assault including but not limited to, treatment of injuries, HIV/Aids and testing for STD’s. During the time period under review, there was no acute measures necessary due to their being no sexual abuse occurrences. Medical staffs, as well as management and security supervisors, who were interviewed, were all aware of these requirements.

In addition, policy states that the evaluation and treatment will include, as appropriate, follow-up service, treatment plans, and when necessary, referral for continued care following transfer to other facilities or their release from custody.

SUPPORTING DOCUMENTATION LIST

115.83 c. ADM.08.08

115.83 d. ADM.08.08

115.83 e. ADM.08.08

115.83 f. ADM.08.08

115.83 h. ADM.08.08

§115.86 – Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy ADM.08.08, Prison Rape Elimination Act, states that the facility will conduct a PREA Incident Audit at the conclusion of any investigation, even if it has not been substantiated. If an allegation is unfounded, the PREA incident SAR does not need to be completed. The policy continues to outline the review process. A facility incident review computer generated sheet is utilized. This form contains prompts for all pertinent information required as per the standard but, in addition, includes all information necessary for data collection and the Survey of Sexual Violence. The auditor also reviewed all required areas relating to the incident, cameras, staff response, investigation, demographics, and the facility operations as a whole. This review of the standard provided for a clear summary, overview and demographic analysis of the cases.

A sample Facility Incident review was attached to illustrate compliance. The SAR was discussed with the Warden and Facility PREA Manager, which indicated that the recommendations were implemented to further deter any future staff overfamiliarity from occurring at KCF.

Ordinarily, these reviews are held within 30 days of completion of the investigation related to the incident. Involved in the reviews are Warden, supervisors, investigators, medical or mental health professionals, and case management staff s. Interviews with the aforementioned specialized staff corroborated the process.

SUPPORTING DOCUMENTATION LIST

115.86 c.	ADM.08.08
	Incident Review
115.86 b.	ADM.08.08
115.86 c.	ADM.08.08
115.86 d.	ADM.08.08
115.86 e.	ADM.08.08

§115.87 – Data Collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

A matrix was provided and reviewed which shows all the crime types, definitions, and elements, as well as BJS Reporting relating to each type of PREA related incident/occurrence.

The 2014 SSV was provided to show that the facility reports incidents to the Department of Justice.

Policy ADM.08.08, Prison Rape Elimination Act outlines the aggregating and reporting requirements for the agency relating to incident-based sexual assault/rape, sexual abuse and sexual harassment at least annually. The reports are completed in part, at the facility level and compiled, reviewed and maintained at the agency level for the entire State.

The Agency PREA Coordinator thoroughly outlined this process during her interview and clearly was extremely knowledgeable in the process. This information is incorporated into the annual PREA report.

SUPPORTING DOCUMENTATION LIST

- | | |
|-----------|---------------------------------|
| 115.87 c. | PREA Crime Types Comparison |
| | PREA Incident Crime Types |
| | Survey of Sexual Violence, 2014 |
| 115.87 b. | ADM.08.08 |
| 115.87 d. | ADM.08.08 |
| 115.87 e. | ADM.08.08 |
| 115.87 f. | ADM.08.08 |
| | Annual Report |
| | PREA incidents |

§115.88 – Data Review for Corrective Action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy ADM.08.08, Prison Rape Elimination Act, outlines the process by which the PREA Administrator will collect and aggregate data, identify problem areas, recommend corrective action, and prepare an annual report. It states that the PREA Coordinator will prepare an annual report of findings and corrective actions for each facility as well as for the agency as a

whole. It shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual assault/rape, sexual abuse, and sexual harassment.

The 2014 annual report was provided and reviewed. All required elements as per the standard and the policy are present. This report contained the corrective actions that KCF took during the 2014 review period and it is posted on the department's website.

SUPPORTING DOCUMENTATION LIST

- | | |
|-----------|-------------------------|
| 115.88 a. | ADM.08.08 |
| | 2014 PREA Annual Report |
| 115.88 b. | ADM.08.08 |
| | 2014 PREA Annual Report |
| 115.88 c. | Website |
| | 2014 PREA Annual Report |
| 115.88 d. | ADM.08.08 |

§115.89 – Data Storage, Publication, and Destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy ADM.08.08 states that personal identifying information will be removed prior to information being placed on the public website. Also, all claims of sexual assault, rape, sexual abuse, sexual misconduct and sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation finds, and recommendations for post-release treatment and/or counseling are retained by via the PSD PREA Coordinator as dictated by the Standards

This information is also available on the Public Website and after review it was seen that all personal identifiers have been removed.

SUPPORTING DOCUMENTATION LIST

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|----------|-----------|
| 115.89 . | ADM.08.08 |
|----------|-----------|

Website

115.89 c. ADM.08.08

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.



Jillian Shane
DOJ PREA Auditor



Date