

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility: Halawa Correctional Facility	
Physical address: 99-902 Moanalua, Aiea, HI 96701	
Date report submitted:	
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Date of facility visit: October 03, 2016-October 07, 2016	
Facility Information	
Facility mailing Address: <i>(if different from above)</i>	
Telephone number: 808-485-5284	
The facility is:	<input type="checkbox"/> Military <input type="checkbox"/> County <input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit <input type="checkbox"/> Municipality <input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit
Facility type:	<input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison
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Agency Information	
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Governing authority or parent agency: <i>(If applicable)</i>	
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AUDIT FINDINGS

NARRATIVE: On October 03, 2016 through October 06, 2016, the Halawa Correctional Facility (HCF) located in Aiea Hawaii was audited according to the Prison Rape Elimination Act (PREA) federal standards. Darin Baker, a certified PREA auditor conducted the audit of HCF with the assistance of Harry Churchward. Darin Baker and the author of this report has over 11 years of experience working within a state correctional system. Mr. Churchward has over 12 years of operational and investigative experience working inside multiple correctional facilities. Darin Baker conducted the policy and procedures review while Mr. Churchward assisted with the interviewing process of random and specialized inmate and staff interviews, and proof of practice reviews while on site at HCF. This is the second National PREA audit for HCF. After the first National audit in July of 2015, HCF, was found in compliance with the standards.

Prior to the on-site audit, discussions with the Hawaii Department of Public Safety's (PSD) PREA Coordinator Shelley Nobriga set up the logistics of the audit and how PSD would provide the pre-audit questionnaire and required documents needed for policy review prior to the onsite audit. After discussions prior to the onsite audit, this auditor received HCF's pre-audit questionnaire with documentation as requested allowing the auditor to review all documents and policies pertaining to each standard. Documentation consisting of agency and facility policies, proof of practice, training logs, and material were provided by HCF's PREA Facility Manager, Lieutenant White. Lieutenant White provided the documentation in an organized and systematic format broken up by standard making the policy review a simpler process. The auditor utilized both the pre-audit questionnaire and the compliance tool when reviewing policy for compliance with the federal standards. Communication between auditor, PREA Coordinator, and Facility PREA Manager was open and continuous throughout the audit process.

Additionally, HCF was provided a poster with the auditors name and address that was posted 6 weeks prior to the on-site audit in all housing units. The poster advised inmates the date of the audit and inmates could write the auditor regarding any PREA related issues and the correspondence would be treated like "legal mail". Six inmates wrote the auditor with five being interviewed by the audit team. The auditor after interviewing the inmates researched their issues and found all complaints and issues had previously been reported and handled by HCF as required according to each applicable standard. One inmate was not interviewed as his letter was received after the on-site audit and the content of the letter was not PREA related. Additionally, inmate interviews during the tour confirmed the posters had been placed inside the housing units for a period of time consistent with the 6-week protocol and were observed by the audit team during the onsite tour.

During the on-site audit, the audit team toured the entire campus that included two facilities, the Halawa medium security facility (HMSF) and the Halawa special needs facility (HSNF) that make up the Halawa Correctional Facility. Every housing unit, bathrooms, showers, all programming areas, culinary, infirmary, maintenance buildings, exercise yard, gym, staff offices, storage rooms, and correctional industries areas were toured by the audit team. Facility

administration provided access to all locked areas within the facility allowing auditors to observe all areas within the facilities. During the tour, inmates and staff members were briefly asked questions at random according to the PREA auditing protocol. In addition to the random tour interviews, specialized and random interviews were also conducted in offices on site with both inmates and staff as required by the PREA interview protocol in as confidential setting as possible. A total of 31 inmates were interviewed by the audit team during the auditing process that included inmates who wrote the auditor, specialized and random questions preset by the PREA auditing protocol, and audit tour. Specialized interviews were conducted with inmates who have previously reported sexual abuse, were identified as being limited English proficient, disabled, reported victimization during the risk screening, and inmates who identified as being LGBTI. A total of 28 staff members were interviewed during the audit process to include specialized staff members including the Director of Hawaii Department of Public Safety Nolan Espinda, the Warden of HCF Scott Harrington, the PREA Coordinator, HCF's Facility PREA manager, senior facility management, investigative staff, intake staff, medical and mental health staff, human resources staff, members of the sexual abuse incident review team, segregation staff, and random staff. Three (3) volunteers and contractors were also interviewed.

The auditing process allowed the auditor to observe how HCF has implemented processes to prevent, detect, and respond to reports and incidents of sexual victimization. At the conclusion of the audit of HCF, based upon documentation provided and information gained through the auditing process provided the auditor with the opportunity to have conclusive finding on reaching a determination of compliance or non-compliance with the PREA standards.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Halawa Correctional Facility is made up of two facilities sitting on 330 acre property. The Halawa medium security facility (HMSF) and the Halawa special needs facility (HSNF) fall under the operation and management of Warden Scott Harrington. The two facilities are made up of a special needs facility that was opened in 1962 and a medium security facility which was opened in 1987. The special needs facility houses close custody inmates, maximum security inmates, protective segregation inmates, and inmates with severe/chronic mental illness who can't be placed with general population inmates. The medium security facility is the newest and largest facility in the State of Hawaii housing general population inmates.

Halawa has seven housing units consisting of general population, intake, protective custody, mental health, and administrative and disciplinary segregation. Each housing unit is staffed 24 hours a day, 7 days a week. On the pre-audit questionnaire, Halawa reported having 1075 inmates and 410 staff members. On the first day of the audit, HCF had 1035 inmates.

Halawa provides multiple programming opportunities for inmates to include: education, substance abuse treatment, sex offender treatment groups, exercise and recreation, jobs within the prison working cleaning, food preparation, and maintenance. Other work opportunities are available to inmates through correctional enterprises programs.

During the on-site tour, PREA posters were observed in all areas of the prison. All housing units were toured and contained the PREA posters that contained information for inmates on how to report sexual abuse and sexual harassment. Included on the PREA posters were avenues for inmates to contact agencies outside of the PSD. Additionally, listed on the inmate telephones were specific phone numbers for inmates to call and report sexual abuse and sexual harassment. Inmates during the tour were asked and reported the PREA signage had been posted in the same area for quite some time. Inmates also reported numerous ways to report sexual abuse and sexual harassment. Inmates reported the staffing was the same and there was not an increase in additional staff due to the audit. Showers within the four housing units in the HMSF contained three walls and a shower curtain providing privacy from any person viewing from the outside. Hooks were available outside the shower allowing the inmates clothing to remain dry. The design of the housing units allowed staff direct supervision with limited obstructions.

At HSNF, the housing units also had the same PREA signage and telephone numbers available to inmates. Showers also allowed for privacy from cross gender staff meeting compliance with the standard. Inmates also reported feeling safe in all areas of the facility.

SUMMARY OF AUDIT FINDINGS:

Throughout the course of the audit process, the audit team was impressed with the professionalism all staff exhibited towards security functions and their obligations to meet compliance with the PREA standard. Staff exhibited an understanding of the PSD PREA policy and HCF's policies on how they have implemented PREA requirements into daily practice. All staff interviewed reported receiving PREA training. Staff interviewed during the auditing process also expressed an understanding of how to respond to an incident of sexual abuse and what they are mandated to report. Staff members also were able to report ways to report confidentially if the situation arose and the ability to report to an agency outside of the PSD.

Inmates who were interviewed all cooperated with the interview process expressing an understanding of PREA pertaining to the mechanisms in place on how and to whom they could report incidents of sexual abuse and sexual harassment. A disabled inmate who was deaf was interviewed reported seeing the PREA video however said he did not recall the video having subtitles. The video was watched by the audit team confirming subtitles did exist. Confirmation of the disabled PREA education was sought showing HCF was compliant with providing the education in the required time frame. The disabled inmate also reported HCF was "very good" about getting any information he needed whenever he needed it. Multiple gay and transgender inmates who were interviewed and made statements trusting Lt. White and if a PREA issue arose, they would report directly to her. Inmates confirmed Lt. White tours the housing units frequently making herself available to inmates. The inmates also reported other ways to report in the event Lt. White was not available.

PSD agency ADM policy 08.08 and HCF's Procedures have incorporated all the requirements from the PREA standards. Discussions between HCF's Warden, Chief of Security, Facility PREA Manager, Facility Plant Manager, PREA Coordinator, and the audit team were open to further

enhancing PREA prevention, detection; response after auditors toured the facilities. Before auditors left, such recommendations to include better placement of mirrors in the laundry and area were completed. It should be noted, HCF would have not have been found non-compliant if they chose not to move mirrors to better see behind the commercial washers and dryers. Additionally, an inmate bathroom was observed in the corrections industries containing a window allowing staff to view inside. From this viewing angle, a urinal can be seen and an inmate's genitalia could possibly be exposed to cross gender staff that might be walking up the stairs looking in through the window. Discussions with facility management quickly remedied the issue blocking the viewing angle where an inmate would be free from any person viewing from the stairs.

Throughout the audit, any possible issue arising from staff or inmate interviews making compliance a concern became apparent, proof of compliance was sought and obtained. Specific examples include inmates not recalling receiving the PREA risk assessment upon intake into the facility or staff not recalling their specific PREA training date. In these scenarios, all risk assessments and staff confirmation of training were sought finding they had in fact been done according to the PREA standards and associated time frames.

At the conclusion of the audit, this auditor concluded HCF is compliant with the PREA requirements based upon existing policy, practice, and review of materials.

Number of standards exceeded: 0

Number of standards met: 43

Number of standards not met: 0

Standard

Number here: 115.11, Zero Tolerance of sexual abuse and sexual harassment; Prison Rape Elimination Act (PREA) coordinator

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

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

The State of Hawaii's Department of Public Safety (PSD) does have a written Agency Policy (ADM.08.08 pg. 11) on Zero-Tolerance prohibiting sexual harassment and sexual abuse in all of its facilities. PSD policy (ADM.08.08) does incorporate all of the elements of the standard explaining how PSD takes a proactive approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy also incorporates definitions of prohibited behaviors to include inmate on inmate sexual

harassment and inmate on inmate sexual abuse, and staff on inmate sexual harassment and staff on inmate sexual abuse.

Documentation provided also included the "Halawa Correctional Facility PREA Coordinated Response Plan Checklist" that provides a step by step approach breaking down the responsibilities of each staff member in the event of an sexual abuse and sexual harassment allegation. While on site, completed checklists were reviewed and corroborate HCF and PSD's use of the checklist.

PSD has designated Shelley Nobriga as the agencies "PREA Coordinator". Documentation provided to the auditor included a flow chart and policy ADM.08.08. Ms. Nobriga and the PREA Coordinator position are in the Litigation Coordination Office and reports directly to the Director of the PSD. Ms. Nobriga was interviewed as part of the audit protocol as the PREA Coordinator. Ms. Nobriga reported having sufficient time and authority dedicated to enforce and coordinate DPS efforts towards PREA compliance. Ms. Nobriga is also certified through the Department of Justice to conduct PREA audits of Prisons and Jails and also juvenile facilities. Ms. Nobriga was very knowledgeable regarding PSD's efforts to comply with the many PREA standards and subsections.

Halawa Correctional Facility (HCF) designated Lieutenant White as the "PREA Facility Manager". Lt. White was interviewed as part of the PREA auditing protocol and exhibited a tremendous amount of knowledge regarding PREA and how HCF has incorporated the PREA standards into daily practice. HCF's PREA Facility Manager title is different than the "PREA Compliance Manager" however Lt. White's PREA Facility Manager position incorporates all the required responsibilities. Lt. White was found to be instrumental in all aspects of the facilities efforts towards PREA compliance serving multiple roles within the facility. Lt. White has incorporated written policies for the position spelling out what the position entails. Lt. White also reported having two staff members available in the event she is out on extended leave. Both Lt. Chancheck and Sgt. Lieberneck were interviewed confirming understanding of the responsibilities.

Interviews with inmates confirmed an understanding about PSD's zero tolerance policy and that a policy does exist.

In reviewing all documentation provided before, on-site, and during the interviewing process, PSD and HCF are compliant with the standard.

RECOMMENDATION: None

Standard

Number here: 115.12 Contracting with other entities for the confinement of inmates.

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

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

HCF does not contract with other facilities for the confinement of inmates however PSD does contract with the Corrections Corporation of America for confinement of inmates. Inmates from the PSD are housed in the Saguaro Correctional Facility. The Saguaro Correctional Facility passed a PREA audit in

2014. PSD does have contract that includes verbiage in which the contract agency housing PSD inmates must comply with the PREA standards and allows for PSD to monitor.

Additionally, PSD policy ADM.08.08 mandates new contracts and contract renewals for the confinement of inmates contain language in which the contracting entity must adopt and comply with the PREA standards.

RECOMMENDATION: None

Standard

Number here: 115.13 Supervision and monitoring

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

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

PSD provided agency policy ADM 08.08 which incorporates the elements of the standard. HCF in the event the written staffing plan is not complied with will document using the PREA Mandated Reporting Form (PSD 8317) justifying the deviations. The form is then forwarded to the PREA Coordinator within 3 days. HCF Warden reviews the staffing plan annually starting the fiscal year in July, who then submits any assessments to the PREA Coordinator. Additional considerations with the staffing plan consider the facilities video monitoring systems and possible resources to the facility to comply with the staffing plan.

Documentation was provided of the annual assessment of HCF's Wardens review that was submitted to the PREA Coordinator in 2016 confirming compliance with the standard.

Agency policy ADM 08.08 mandates the Warden of HCF will ensure Lieutenants, Captains, and Correctional supervisors conduct and document unannounced "walk-throughs". The policy states the "walk-throughs" are to be done on all shifts or "watches" and intended to deter staff sexual abuse and sexual harassment. The policy also prohibits staff from alerting other staff of such walk-throughs. HCF provided documentation of supervisors signed logs confirming practice with the agency policy and elements of the standard.

Interviews with supervisory staff confirmed practice of conducted the unannounced rounds and how documentation is completed. Documentation was provided confirming practice of the standard. Interviews with line staff confirmed practice of the unannounced rounds and the limitations of when other staff can be notified of the supervisory unannounced rounds. Inmates also confirmed supervisory staff does come into the housing units and other work areas to include all shifts or watches.

RECOMMENDATION: None

Standard

Number here: 115.14 Youthful inmates

- Exceeds Standard (substantially exceed requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard)

for the relevant review period)

Does Not Meet Standard (required corrective action)

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

The State of Hawaii's Department of Public Safety policy ADM. 08.08 pg 14 #5, incorporates the elements of the standard. The policy prohibits housing youthful offenders housed in the same housing unit where the youthful offender will "have sight, sound, and physical contact with any adult offender". PSD further requires facility staff to document on the PREA Mandated Reporting form (PSD 8317) when a youthful inmate is housed inside a housing unit, shared dayroom, or other common space with an adult offender. Agency policy ADM. 08.08 requires HCF staff to maintain direct supervision if a youthful inmate when outside housing units when in sight and sound of adult offenders. Policy ADM. 08.08. also requires HCF to document any exigent circumstances when youthful inmates access to large muscle exercise, required education programs, or other programs has been denied. HCF reports no youthful inmates have been housed at HCF within the last 12 months.

Interviews with PREA Coordinator, PREA Facility Manager, random staff, and inmates corroborate HCF's reporting of not having any youthful inmates being housed with adult offenders. During the on-site tour, there were no youthful inmates observed by the auditors.

RECOMMENDATION: None

Standard

Number here: 115.15 Limits to cross-gender viewing and searches.

Exceeds Standard (substantially exceed requirement of standard)

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

Does Not Meet Standard (required corrective action)

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

PSD has policy ADM. 08.08 and confidential policy COR.08.13 that incorporates all of the elements of the standard. ADM 08.08 states opposite gender strip searches shall not be done and pat down searches of inmates of the opposite gender should not be done without the presence of another staff member. HCF does not house female inmates however agency policy ADM.08.08 does not allow pat-down searches of female inmates by cross gendered staff absent exigent circumstances. Confidential policy COR.08.13 articulates the authorized scenarios and defines emergency situations further supporting agency policy. The policy requires Policy requires staff to complete reports when such searches are conducted and submitted to the facility security chief. HCF reports they have not conducted any cross-gendered strip or cross-gender visual body cavity searches of inmates or that involved exigent circumstances within the last 12 months.

PSD has policy ADM.08.08 allowing inmates to shower, perform bodily functions, change clothing without non-medical staff of the opposite gender viewing their genitalia, except in exigent circumstances or when viewing is incidental to routine cell checks. Policy also requires staff of the opposite gender to announce verbally by stating, "male or female in the housing unit, ensure that you are properly dressed". The policy is also specific requiring staff to document the announcement into the housing unit log book.

During the onsite tour, announcements were made by female staff. Interviews with inmates and staff confirmed the knock and announce is being done by all female staff members when entering a housing unit. During the tour in housing units, staff was able to point out previous documentation of the knock

and announce. Additionally during the tour, no cameras were placed in areas such as showers, toilets, or changing areas, keeping compliant with the standard.

Policy ADM.08.08 incorporates the element of the standard prohibiting non-medical staff from conducting a strip search of a transgender or intersex inmate for the sole purpose of determining the genitalia status of the inmate.

HCF provided training PowerPoint slide #62 addressing the training of staff of conducting pat searches of transgender and intersex inmates in a professional, respectful, least intrusive manner while ensuring the safety and security of the facility. Interviews with staff and transgender inmates confirm pat searches are being done in respectful manner.

RECOMMENDATION: None.

Standard

Number here: 115.16 Inmates with disabilities and inmates who are limited English proficient.

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

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

PSD has taken appropriate steps to ensure all inmates with disabilities to participate in all the agency efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PSD policy ADM.08.08 incorporates all the requirements of the standard. PSD provides education to all inmates to include English limited proficient, deaf, visually impaired.

Inmate interpreters are prohibited by ADM.08.08 however the policy articulates the exigent circumstances when an inmate interpreter may be used consistent with the element of the standard. HCF reports they have not used any inmate interpreters within the last 12 months. During the on-site audit and interviews with staff and inmates found there was no indication inmate interpreters were being used. ADM 08.08 policy articulates staff will utilize form 8317 in the event an inmate interpreter was used. PSD also has procedures in place utilizing Pacific Interpreters which is available 24 hours 7 days a week. The contract for the interpretation service was provided and has been in place since 2013.

RECOMMENDATIONS: None.

Standard

Number here: 115.17 Hiring and promotion decisions.

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

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

PSD has policy ADM.08.08 prohibiting the hiring and promoting of any person who has contact with inmates and shall not utilize the services of any contractor or volunteer who has engaged in sexual abuse either working in a confinement setting or has been convicted of attempting to engage in sexual abuse, or has been civilly or administratively adjudicated to have been engaged in sexual abuse. PSD policy also incorporates the element of the standard considering any person who has engaged in sexual harassment when hiring or promoting the person who may have contact with inmates.

PSD policy mandates before hiring new employees, contractors, or volunteers who may have contact with offenders will have criminal background records checks consistent with local, state, and federal checks. Policy also indicates "best effort" to contact previous in confinement employers. During the agency interview with PSD staff, the agency attempts to contact other confinement facilities and if there is no response the agency puts the burden of proof on the applicant to make contact with the previous employer and to be able to provide such documentation the applicant is qualified under these guidelines. Additionally, the agency (PSD) would again reach out to the agency in an attempt to confirm the information they received from the applicant.

PSD requires all employees, contractors, and volunteers' background ran every 5 yrs. PSD personal office in charge of maintaining compliance with this standard. PSD asks all applicants about previous misconducts, in written application, interview for hire, promotional interview, interview or written self-evaluation conducted as part of review of current employees and is documented on PSD 8318. Policy ADM.08.08 requires all staff to report any such misconduct. Agency policy also incorporates any omissions regarding sexual abuse and sexual harassment shall be grounds for discipline up to termination.

Auditors were able to meet the Personal Office employees who conduct the required backgrounds for all applicants, promotions, and for every employee. Examples of recent applicants were provided showing compliance with the standard. Examples of applicants and previous employees who had been found to have engaged in such abuse disqualifying them also confirmed compliance with the standard.

Personnel Office staff and the volunteer coordinator both confirmed during their interviews background checks for contractors and volunteers is also done before being allowed contact with inmates. ADM.08.08 requires volunteer and contractors backgrounds to be conducted every five years. The background check also asks the volunteer and contractor if they have engaged in such sexual misconducts in the written application, and during the interview.

RECOMMENDATION: None

Standard

Number here: 115.18 Upgrades to facilities and technologies.

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

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

HCF reports they have had no substantial upgrades to the facility since 2012 and their last PREA audit that was conducted in 2015 on the pre-audit questionnaire however HCF reported they have added video

monitoring system to the HSNF. During the tour of HSNF, video cameras were observed in areas that assisted staff in the supervision of inmates and blind spots. The audit team looked at the video monitors and asked unit housing staff if they could manipulate the camera system. Staff members reported they did not have the capability to move the cameras. Interviews with the Chief of Security and Facility PREA Manager confirmed only they had access to the camera system as a security measure.

HCF does have future plans on upgrading the HMSF side of HCF that includes adding video monitoring capabilities. During the interview with the Warden regarding the modifications, the Warden spoke to how video monitoring would help in the prevention, detection, and response to allegations of sexual harassment and sexual abuse. The future video monitoring system would have the capability to store video footage and allow the facility to further investigate allegations of sexual abuse.

ADM.08.08 policy incorporates the elements of the standard requiring PSD to consider the impact of the design and addition of video monitoring equipment on its ability to protect offenders from sexual abuse. HCF and PSD are compliant with the elements of the standard.

RECOMMENDATION: None

Standard

Number here: 115.21 Evidence protocol and forensic medical exams.

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

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

HCF and PSD has incorporated all elements of the standard into ADM.08.08 policy. HCF utilizes PSD's uniform evidence protocol form 8317. PSD and HCF only conduct administrative sexual abuse investigations while the Honolulu Police Department investigates the criminal sexual abuse allegations which are statutorily mandated. PSD provided documentation of multiple attempts to get the Honolulu Police Department to enter into an MOU however all attempts have been unsuccessful.

PSD/HCF provided PowerPoints on training investigators. Policy ADM.08.08 pg. 18, #3 states departmental evidence protocols that maximize the potential for obtaining usable physical evidence for administrative and criminal investigations and how to preserve a crime scene for criminal investigations.

HCF provides offers all inmates forensic medical exams at an outside facility, Sex Abuse Treatment Center (SATC) at the Kapiolani Medical Center. Agency PREA policy states there is no financial charge to the inmate. Policy incorporates the elements of the standard, if a SANE/SAFE is not available, the exam will be performed by a qualified medical practitioner. Victim advocates are provided by the SATC and PSD PREA policy states victim advocates can be present during the examination and investigatory interview upon request and approval of the victim.

Attempts were made telephonically to the SATC and a messaging system was received confirming the existence of the center.

The contract with SATC was provided and crisis response services including in person services are available 24 hours a day, 365 days a year.

Training is provided to all staff on evidence collection and preservation in the event of a sexual abuse or sexual harassment event. Training logs and training were provided showing compliance with the element.

HCF and PSD are compliant with the standard.

RECOMMENDATIONS: None.

Standard

Number here: 115.22 Policies to ensure referrals for investigations.

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

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

PSD policy ADM.08.08 incorporates the elements of the standard requiring internal administrative investigation and external criminal investigations are referred and completed for investigation. PSD staff are to complete the PSD PREA Response Incident Checklist form 8313 for all allegations of sexual abuse and sexual harassment. PSD does have agency policy ADM.08.08 on its website requiring all allegations of sexual abuse and sexual harassment are referred and investigated.

Sexual harassment investigations are only referred when the allegation has criminal components. All sexual harassment not rising to the level of criminal violation are investigated by the facility.

Sexual abuse allegations are investigated by the Honolulu Police Department and PSD's internal affairs investigative office investigates the administrative component if warranted.

Interviews with HCF's facility investigator and the Internal Affairs investigative unit supervisor confirmed compliance with the standard. Both exhibited the knowledge required by the PREA standards in their respective role according to agency policy which is compliant with the standard.

RECOMMENDATIONS: None

Standard

Number here: 115.31 Employee Training

- Exceeds Standard (substantially exceed requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard)

for the relevant review period)

Does Not Meet Standard (required corrective action)

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

PSD policy ADM.08.08 requires the agency to provide training to all staff on the agencies zero tolerance policy. ADM.08.08 requires all PSD employees to be trained on all 10 components of the standard. All 10 training components were present in the training material which was reviewed by the auditor prior to arriving at HCF. Training is tailored to the gender of the inmate at HCF and female employees who are reassigned from other facilities are given additional training specific to the male inmate population. HCF reported 100% of the staff members have been trained. HCF staff receives PREA training every 2 years. HCF staff also receives additional PREA information every year by receiving refresher trainings and memos. Training logs of staff trainings, and memos were provided showing proof of practice.

Staff interviews confirmed an understanding of the training components and also an understanding of LGBTI inmates.

RECOMMENDATION: None.

Standard

Number here: 115.32 Volunteer and contractor training.

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

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

PSD ADM.08.08 requires all volunteers and contractors receive training on the agencies policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The Volunteer Coordinator is responsible for training all volunteers and contractors. HCF reports 816 trained volunteers and contractors. Volunteers and contractors receive the level of training based on the amount of time they spend with inmates. Proof of training records was provided on site confirming proof of practice. The training includes three forms for those being trained to print, sign and date with a witness who also signs below the trainee.

Interviews with volunteers confirmed they have received the training. Staff interviewed confirmed any volunteer attempting to enter HCF is required to complete the training before being allowed to have contact with any inmate. A volunteer who was transgender was interviewed and spoke highly about PSD's training on the agencies Zero Tolerance towards sexual abuse and sexual harassment. The audit team referenced training logs with the three volunteers and contractors interviewed and found all three had received training.

HCF and PSD are compliant with the standard.

RECOMMENDATION: None.

Standard

Number here: 115.33 Inmate Education

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

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

Inmates receive information about the agencies zero tolerance policy and how to report within 72 hours of arrival at HCF. HCF reports 425 inmates came into HCF within the previous 12 months. 425 inmates also stayed longer than 30 days. Proof of practice was observed on-site through inmate records. Auditors utilized the inmate facility roster spot checking for compliance with the element.

HCF also provides comprehensive education to inmates within 30 days in the following ways: via video from the PREA Resource Center, or via classroom instruction to offenders that address prevention, intervention, self-protection, reporting sexual abuse and sexual harassment, treatment and counseling, and agencies zero tolerance. Accommodations for inmates with disabilities, deaf, blind, low intellect, psychiatric, or speech disabilities are made upon reception. HCF maintains documentation on inmate participation on the PREA education sessions. Proof of practice was viewed on site. Inmate interviews confirmed the education is being provided to the facility and at other PSD facilities. During the on-site tour, PREA information was observed in both facilities housing units, programing areas, medical, and culinary.

An interview was conducted with a disabled inmate who was deaf. The audit team communicated with the inmate by writing back and forth in a question and answer format. The inmate confirmed being given PREA information about the agencies zero tolerance towards sexual harassment and sexual abuse. The inmate confirmed he was able to read PREA posters made available throughout the facility. The inmate reported receiving intake PREA paperwork that he was also able to read that provided information on how to report such incidents. The inmate reported he watched a PREA movie upon intake into HCF however he couldn't recall if the video had subtitles. The audit team reviewed the current PREA video being used in the intake, confirming subtitles are used in the video. Additionally, HCF was able to provide documentation confirming the inmate's participation on receiving the PREA education.

HCF is compliant with the standard.

RECOMMENDATION: None.

Standard

Number here: 115.34 Specialized training: investigations.

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

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

Agency policy ADM.08.08 requires any staff members who are designated by the Director to conduct sexual abuse investigations shall receive specialized training in "confinement settings". The specialized training that included instructors and staff from the Honolulu Police Department included the proper usages of Miranda and Garrity, techniques for interviewing sexual abuse victims, preserving sexual abuse evidence, and understanding the criteria for evidence needed to substantiate an administrative or criminal allegation. The PREA Coordinator maintains copies of the training for each staff who is designated to investigate the allegations. Proof of training logs for 44 investigators was provided. Specialized training material was also provided meeting compliance with the standard.

Interviews with the HCF facility investigator, Internal Affairs supervisor, PREA Coordinator and PREA Facility Manager all confirmed an understanding with the training given through the training.

RECOMMENDATIONS: None.

Standard

Number here: 115.35 Specialized training: medical and mental health care

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

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

PSD policy ADM.08.08 requires medical and mental health staff receive specialized training in how to detect and assess signs of sexual abuse and sexual harassment. The policy also mandates medical and mental health staff shall be trained on how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations. HCF reports 100% or 41 total staff of the medical and mental health staff have received the training. During interviews one medical staff member was deficient in answering questions specific to confidentiality of sexual abuse allegations. The auditor and Facility PREA Manager researched the staff member finding the staff member was temporarily filling in from another PSD facility however had received the specific training at that facility. Regardless, HCF took immediate action of having the staff member retrained. Documentation was provided supporting compliance.

All other interviews with medical and mental health staff confirmed an understanding of the training and the obligations to report.

The PREA coordinator maintains documentation of the required specialized training and was viewed on site confirming compliance with the standard.

RECOMMENDATIONS: None.

Standard

Number here: 115.41 Screening for risk of victimization and abusiveness.

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

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

PSD has policy ADM.08.08 requiring inmates are screened within 72 hours of arriving at HCF. HCF uses an objective screening instrument utilizing the PREA Screening Tool (PSD 8314). The PREA Screening Tool encompasses the 10 required components from the standard. The PREA Screening Tool also includes staff to have to look for prior predatory acts of sexual abuse, prior convictions of violent offenses, and history or prior institutional violence or sexual abuse.

PSD policy ADM.08.08 requires facilities to include HCF to reassess an inmate's risk of victimization or abusiveness based upon any additional information that bears on the inmates risk of victimization or abusiveness and as well when warranted due to a referral, request, incident of sexual abuse or receipt of additional information. ADM.08.08. prohibits an inmate from being disciplined for refusing to answer the previous questions. ADM.08.08 also states the PREA Screening Tool (PSD 8314) is confidential.

While on-site the intake process was observed. Intake staff conduct the initial assessment using the objective screening tool (PSD 8314) then the Facility PREA Manager reviews the assessments making appropriate housing, bed, work, and programming assignments. The Facility PREA Manager then meets each inmate within 30 days seeking any new information that may pose a risk to an inmates risk of sexual victimization or abusiveness. Additionally, if new information is received, the inmates risk level is reassessed. Staff and inmate interviews confirmed practice of the screening tool. Completed screening tools were observed confirming practice with the standard. HCF maintains the completed screening tools in which were available through the Facility PREA Manager.

After reviewing documentation, conducting interviews with inmates and intake staff, Facility PREA Manager, HCF is compliant with the elements of the standard. There was no evidence to support the process in place at HCF was insufficient.

RECOMMENDATIONS: None

Standard

Number here 115.42: Use of screening information.

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

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

PSD policy ADM.08.08. encompasses the requirements of the standard. HCF utilizes the risk screening form (PSD 8314) to make appropriate housing, bed, work, education, and program assignments with the goal of keeping those of being sexual victimized from those who could be sexually abusive. PSD policy ADM.08.08 states the facility will use the risk screening form (PSD 8314) in making individualized determination to ensure the safety of each offender.

The policy states transgender inmates will be assessed on a case by case basis for the placement of the inmate in determining health and safety of the inmate, and if the placement presents management and security concerns. Transgender and intersex inmates are reassessed biannually assessing any possible safety and security.

While on site, transgender two (2) inmates were interviewed confirming Lt. White has met with them consistent with the biannual requirement. Proof of documentation was reviewed on site meeting compliance with the element. Both inmates and the Facility PREA Manager's interview confirmed a transgender and intersex inmates own view and perspective is given serious consideration when making housing and programming assignments. Both inmates reported LGBTI inmates are not housed in dedicated housing at HCF.

During the on-site tour, showers were observed meeting compliance. The showers consist of three walls, single shower head, and a curtain giving privacy and are separate from other inmates. PSD ADM.08.08 also states transgender and intersex inmates may request separate showers from other inmates in the event the transgender or intersex inmate is housed in a dormitory setting. At both facilities at HCF, all showers are separate and not in a dormitory setting.

LGBTI inmates at HCF are not housed in dedicated housing units. PSD also does not have any legal judgments dictating LGBTI inmates are to be housed in dedicated housing units.

Upon review, HCF is compliant with the elements of the standard.

RECOMMENDATION: None.

Standard

Number here: 115.43 Protective custody

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

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

PSD policy ADM.08.08 incorporates the elements of the standard prohibiting the placement of inmates at high risk of sexual victimization in involuntary segregation unless an assessment has been completed of all available housing alternatives has been completed and the determination is made there is no means of separation from potential sexual aggressors. PSD policy incorporates the 24-hour element from the standard requiring all facilities inmates placed in involuntary segregation can only be housed less than 24hrs unless the assessment is completed.

In addition, HCF shall complete the PREA Mandated Reporting Form (PSD 8317) and send to the PREA Coordinator within three (3) days indicating the basis for the facilities concern for the offenders' safety and the reason why no alternative means of separation can be arranged. Policy COR.11.01 pertaining to Administrative Segregation and Disciplinary Segregation also dictates HCF shall conduct follow-up reviews if the involuntary segregation extends past 30 days. In this event, HCF shall document on the PREA Mandated Reporting Form and send to the PREA Coordinator within three (3) days. COR.11.01 pg 11, #6-10 articulates how HCF will comply with ADM.08.08. The Warden or designee will interview the inmate, reassess the inmates' case management action plan and make a written record of the decision to

either confirm the continued need for administrative segregation (involuntary) or to release back into general population. The written account will also be copied and provided to the inmate on PSD 8226, part D. The Warden will notify the IDA every thirty (30) days of the continued placement in involuntary segregation. The IDA will review the inmate every thirty days looking at all documentation relevant to the inmate's placement in administrative segregation. The IDA will also consider whether a transfer of the inmate to another facility would be warranted. The IDA will also submit a written report of the results of every inmates' 30 days to the Deputy Director of Corrections.

Documentation provided before the audit consisted of PSD form 8226 Part A, B, C, and D. Also, PSD 8316-Weekly Administrative Segregation Logs were provided. Proof of practice was reviewed on site.

Inmates placed in administrative segregation at HCF do have access to programs, privileges, and education and if the needs are not met HCF would document such instances per ADM.08.08.

During interviews with inmates, there was no indication inmates had been placed in involuntary segregation for risk of victimization were held longer than 24hrs without an assessment. Additionally, there were no inmates who reported being placed in involuntary segregation or administrative segregation for this reason. Interviews with staff working in segregation also confirmed no inmates were currently in administrative segregation for risk of sexual victimization or because of reporting such sexual abuse. Staff interviewed who worked in segregation also confirmed their responsibilities and the need to complete the PREA Mandated Reporting Form. Staff interviewed also confirmed no inmate victims were housed in segregation. The Warden and Facility PREA Manager were also interviewed and confirmed understanding of the requirements of the standard.

Based on the elements and systems in place, HCF is compliant with the standard.

RECOMMENDATION: None

Standard

Number here: 115.51 Inmate reporting

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

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

PSD has policy ADM.08.08, pg. 29, 28.0, in which inmates may report non-consensual acts, abusive sexual contacts, staff sexual misconduct, or staff sexual harassment to any PSD employee, contract employee, or volunteer, and not limited to verbal and written means. PSD also provides notification to inmates on how to report privately to outside public, private, or external entities who can receive and immediately forward reports of sexual abuse and sexual harassment to agency officials and may remain anonymous upon request. Inmates and staff may contact an Ombudsman, Legislative or Political Representative, Department of the Attorney General, and the Sex Abuse Treatment Center (SATC). The PREA Coordinator and the Director, Deputy Director, and Internal Affairs office with the State of Hawaii's Department of Public Service are also available to receive inmate reports. Inmates may also have family

or friends contact any person or entity listed above. Inmates may also file grievances to include emergency grievances.

PSD policy incorporates language from the standard requiring HCF to provide information to inmates who are detained solely for immigration purposes only. HCF at the time of the audit, reported they did not have any inmates detained for immigration purposes only. In the event, HCF would provide the information to the inmate depending on nationality. HCF reported having zero (0) inmates detained solely for immigration purposes during the previous 12 months.

PSD policy mandates all staff must accept reports from inmates related to sexual abuse and sexual harassment and retaliation in any form to but not limited to, verbal, in writing, anonymously, and from 3rd parties. Policy mandates all staff are required to report immediately by notifying supervisors through the chain of command.

Staff members may report privately to any of the entities listed above. Staff are advised of the following ways to privately report by HCF and PSD via PREA training.

Interviews with inmates and staff confirmed multiple ways to report sexual abuse to include private and anonymous.

HCF is compliant with the standard.

RECOMMENDATION: None

Standard

Number here: 115.52 Exhaustion of administrative remedies.

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

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

PSD has policy ADM.08.08 and COR.12.03 pertaining to inmate Grievance Program outlining the administrative procedures available to offenders to report sexual abuse, sexual harassment, and retaliation. ADM.08.08 supplements COR.12.03 policy by mandating there is not time limits or deadlines when an inmate files a grievance pertaining to the reporting of sexual abuse. The policy also does not restrict the processing the inmate grievance, also does not require an inmate to utilize an informal grievance process, does not require an inmate to submit a grievance to a staff member who is the subject of the complaint, nor should the grievance be forwarded to the staff member who is the subject of the complaint.

PSD ADM.08.08 policy also incorporates the element that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within ninety (90) days of the filing of the grievance. The policy also states PSD may file a seventy (70) day extension to respond, and will notify the inmate of the extension.

PSD ADM.08.08 also allows for inmates to file emergency grievances and has procedures in place to handle emergency grievances in an immediate manner. PSD policy states staff receiving the emergency grievance alleging imminent sexual abuse shall be forwarded to a level within the facility that can take immediate action and a response will be given within 48-hours. The policy also incorporates the element a final decision must be made within 5 days of reception of the emergency grievance.

Inmates who chose to write the auditor were interviewed and no inmate reported filing a grievance. Inmates and staff interviewed did not report or were aware of inmates who filed a grievance alleging any sexual abuse or sexual harassment. Supervisors were responded accurately on the obligations to respond to a grievance of sexual abuse to include receiving emergency grievances. Responses also included the appropriate measures taken in the event the grievances alleges imminent sexual abuse.

PSD has incorporated all elements of the standard into policy meeting compliance with the standard.

RECOMMENDATION:

Standard

Number here: 115.53 Inmate access to outside confidential support services.

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

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

PSD has in policy ADM.08.08, stating PSD shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse. PSD and HCF provide both physical addresses and toll free telephone numbers for local, state, and national victim advocacy. PSD has a contract with the Sexual Abuse Treatment Center (SATC). The policy also incorporates reasonable confidentiality of communication between the inmate and victim advocacy entity. PSD medical and mental health staff also provide the limits of confidentiality when giving access to outside support services.

HCF reports they do not house inmates solely for immigration purposes.

Documentation of the contract with SATC was provided. Attempts were made to contact SATC however auditors only received a messaging service. The messaging service did confirm SATC did exist.

PSD and HCF are compliant with the standard.

RECOMMENDATION: None.

Standard

Number here: 115.54 Third-party reporting.

- Exceeds Standard (substantially exceed requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (required corrective action)

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

The State of Hawaii's Department of Public Safety's website provides third parties with information and entities in which they can report sexual abuse and sexual harassment on behalf of an inmate.

Inmate interviews confirmed knowledge of having the additional way to report incidents of sexual abuse and sexual harassment. Staff interviews also confirmed they had the affirmative duty to report any knowledge or suspicion an inmate is potentially being sexually victimized.

HCF is compliant with the standard providing multiple ways for receiving third party reports.

RECOMMENDATION: None.

Standard

Number here: 115.61 Staff and agency reporting duties

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

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

PSD has policy ADM.08.08, pg. 33, 32.0, requiring staff immediately report any knowledge or suspicion, or information, they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, or non PSD facility. Staff are also required to report any knowledge or suspicion regarding any retaliation from staff or inmates whom have previously reported. The policy also requires staff to report any incident regarding staff neglect or violation of responsibilities that may have contributed to a PREA incident or retaliation. PSD policy also prohibits staff from disclosing sexual abuse information other than the extent necessary for reporting, manage treatment, conduct investigation, and reporting to other state or local entities. PSD also requires medical and mental health staff to report information related to sexual abuse and also have to provide inmates with the limits of confidentiality at the initiation of services to an inmate. PSD also requires the agency to report if the victim is under the age of 18 or identified as a vulnerable person under HRS 346. HRS 346 also requires any medical or Law Enforcement personnel having the affirmative duty to report such abuse.

Interviews with staff confirmed the obligation to report any suspicion or knowledge of incidents pertaining to sexual abuse or sexual harassment.

PSD and HCF are compliant with the standard.

RECOMMENDATION:

Standard

Number here: 115.62 Agency protection duties

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

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

PSD has policy ADM.08.08 pg. 37, 33.0, incorporating the elements of the standard requiring all facilities to include HCF to protect inmates from sexual abuse by taking immediate action. HCF outlined measures staff would take in the event information was learned an inmate is may be subject to imminent risk of sexual abuse.

Staff interviews confirmed obligations to take immediate actions to protect the inmate confirming compliance with the standard.

RECOMMENDATION: None

Standard

Number here: 115.63 Reporting to other confinement facilities.

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

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

PSD has policy ADM.08.08. pg. 34, 34.0, requiring the facility immediately upon learning an inmate was abused at a non-PSD facility shall contact the PREA Coordinator who will notify the facility where the abuse occurred. Upon learning an inmate was abused at another PSD facility, the facility shall contact the PREA Coordinator who will notify the facility where the abuse occurred. The PREA Coordinator will notify within 72 hours and document the notifications. The PREA Coordinator will also advise the facility the allegation is required to be investigated.

During the PREA Coordinator's and Warden's interview, the PREA Coordinator elaborated to the process stating when the PREA Coordinator is notified by a facility of a report of sexual abuse occurring at a another facility, the PREA Coordinator will notify and include the respective Warden's in the notification via email. During this auditor's training for certification, this practice was discussed and was approved. Additionally, this auditor had sought the opinion from the PREA Resource Center (PRC) nearly two years later checking to see if this method was still in compliance with the standard. This auditor received a response indicating an agency or facility would not be non-compliant as long as the report of sexual abuse was investigated.

While onsite and during an interview with a supervisor, the supervisor was advised of an inmate whom had just been received into HCF from another facility. During the intake screening the inmate reported an incident of sexual abuse occurring at another facility. This auditor was able to see the process HCF took that not only incorporated this standard but what is required in other standards. Upon researching the allegation, the PREA Coordinator who was on-site during the audit, confirmed the allegation had previously been reported at the originating facility and had been investigated.

PSD and HCF are compliant with the standard.

RECOMMENDATION: None.

Standard

Number here: 115.64 Staff first responder duties.

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

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

PSD policy incorporates the elements of the standard. ADM.08.08, pg. 34, 35.0, requires staff to take actions to protect the sexual abuse investigation. PSD utilizes a 72hrs time frame that allows for the collections of physical DNA. Policy also requires non-security staff member, to separate the victim and aggressor and request the victim not take any actions to destroy any possible evidence, and immediately notify staff. Facility supervisors will then initiate using HCF policy utilizing PREA Incident Checklist (PSD 8313) beginning the facilities coordinated response.

Interviews with staff confirmed the understanding of how to respond to an incident of sexual abuse and how to ensure the safety of the victim and to make sure the victim does not take any actions that could potentially destroy items of evidentiary value. Secondly, interviews with volunteers and contractors staff confirmed they had been trained and expressed the appropriate actions they would take in the event they became aware an inmate was sexually abused.

RECOMMENDATIONS: None

Standard

Number here: 115.65 Coordinated response.

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

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

HCF has developed a facility specific plan "Halawa Correctional Facility PREA Coordinated Response Plan Checklist" to coordinate actions taken in response to an incident of sexual abuse as required by the standard and PSD's ADM.08.08. HCF's coordinated response checklist incorporates all the elements from the standard that includes actions staff are required to take to include separation of victim and abuser, notification of shift supervisor, notification to medical staff, facility investigator, and steps to secure any possible evidence.

While on-site, interview with staff and supervisory staff confirmed knowledge of the checklist and have used the checklist. A review of completed checklists from sexual abuse investigations from the previous 12 months was conducted confirming HCF is utilizing the form.

HCF is compliant with the standard.

RECOMMENDATION: None.

Standard

Number here: 115.66 Preservation of ability to protect inmates from contact with abusers.

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

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

PSD policy ADM.08.08 incorporates all the elements of the standard The State of Hawaii Department of Public Safety does have collective bargaining however the agreement in place does not limit PSD from removing staff members who are potential sexual abusers from contact with inmates pending investigative outcomes. PSD also has the ability to move inmates throughout the state to further prevent an inmate from being retaliated against or further victimized.

The contract provided was up to date and language reviewed did not prevent PSD from removing staff members from work assignments regarding the victimization of an inmate. The contract did not prevent PSD from disciplining a staff member who is found to have engaged in sexual abuse or sexual harassment of an inmate through the investigative process.

PSD/HCF is compliant with the standard.

RECOMMENDATION: None.

Standard

Number here 115.67 Agency protection against retaliation.

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

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

PSD has policy ADM.08.08, pg. 36, 39.0, incorporates all the elements of the standard. PSD policy protects inmates and staff who report incidents of sexual abuse or sexual harassment and cooperate during the investigative process. Policy also requires the designation of a facility PREA retaliation monitor. HCF has designated Lt. White as the retaliation monitor.

HCF has the ability to remove potential sexual aggressors to include staff. HCF also has the ability to move victims to other areas within the facility that offers the same type programming for an inmate. HCF also has the ability to transfer inmates to other PSD facilities. HCF does provide access to emotional support services for an inmate or staff who experience retaliation.

PSD policy also mandates the PREA retaliation monitor shall be monitored for a minimum of 90 days and will continue past 90 days in the event the monitor finds evidence the inmate or staff is continuing to receive retaliation. Retaliation logs were referenced on site, interviews with inmates placed on the retaliation log did confirm Lt. White was following up with them seeking information to see if they were victims of continued retaliation.

Interviews with the PREA Facility Manager/Retaliation monitor confirm knowledge of the requirements of the standard.

HCF reported zero (0) incidents of retaliation. HCF is compliant with the standard.

RECOMMENDATIONS: None.

Standard

Number here: 115.68 Post-allegation protective custody.

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

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

PSD has policy ADM.08.08. prohibiting the placement of potential victims of sexual abuse in involuntary administrative segregation unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternatives means of separation from likely abusers.

HCF reported zero (0) inmates who allege to have suffered sexual abuse who were held in involuntary segregation within the last 12 months. Zero (0) inmates were held in involuntary segregation longer than 30 days while awaiting alternative housing. Interviews with inmates who reported sexual abuse were interviewed and denied being placed in involuntary segregation. Interviews with segregation staff also did not yield information inmates who suffered sexual victimization were placed in involuntary segregation.

HCF is compliant with the standard.

RECOMMENDATIONS: None

Standard

Number here: 115.71 Criminal and administrative agency investigations

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

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

PSD has policy ADM.08.08, pg. 38, 41.0 pertaining to Criminal and Administrative Investigations. Policy requires PSD when investigating sexual abuse and/or sexual harassment, the investigation is done

promptly, objective, and investigates third party reports. The Honolulu Police Department conducts criminal investigations into sexual abuse mandated by Hawaii law while PSD Internal Affairs (IA) Investigations conduct administrative investigations into the sexual abuse allegations. IA investigators are also required to receive specialized training on conducting sexual abuse investigation in confinement settings. Training log was provided of all facility investigators, Internal Affairs investigators, and training was specific to conducting investigations in confinement settings. Internal Affairs investigators and facility investigators received training on gathering, preserving any direct or circumstantial, video, and shall interview the victim, witnesses, and suspect. PSD retains all administrative reports for as long as the inmate is incarcerated plus five (5) years.

Investigators were interviewed confirming an great knowledge of the PREA standards and expectations of the investigative process and what must be contained in each investigative report.

HPD conducts the criminal investigation and PSD has no control over the prosecutorial referral.

While on-site, criminal investigative reports and administrative reports were made available to this auditor. Specific notes did articulate the investigations did look for contributing factors such as staffing levels, training of staff, and facility design barriers. Victims, witnesses, and suspects were interviewed. HCF coordinated PREA checklist was utilized assisting in the investigative process. The findings of each investigation were consistent with the federal definitions of substantiated, un-substantiated, and unfounded.

HCF and PSD are compliant with the standard.

RECOMMENDATIONS: None.

Standard

Number here: 115.72 Evidentiary standard for administrative investigations.

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

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

PSD has policy ADM.08.08 that states, "PSD shall not impose an evidentiary standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated."

Interviews with the Agency PREA Coordinator and IA investigators indicated this was the practice being followed for staff administrative investigations.

PSD and HCF are compliant with the standard.

RECOMMENDATIONS:

Standard

Number here: 115.73 Reporting to inmates.

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

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

PSD policy ADM.08.08. has all the components of the standard pg. 40, requiring HCF to inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Policy also requires HCF to notify the offender when the staff member is no longer posted within the inmates unit, staff member is no longer employed at the facility, the staff member was indicted or convicted on a charge related to sexual abuse.

Interviews with the Facility PREA Manager, and facility investigator, and Internal Affairs supervisor confirmed an understanding of the requirements of the notification standards.

Investigative reports were available to the auditor with documentation being provided to the auditor of such notification to offenders showing proof of practice and compliance with the standard.

RECOMMENDATION: None.

Standard

Number here: 115.76 Disciplinary sanctions for staff.

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

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

PSD has policy ADM.08.08, pg. 40, 44.0, incorporating the elements of the standard in which staff can be disciplined up to termination for violating sexual abuse and sexual harassment policies. Also agency policy includes termination should be the presumptive sanctions upon the finding of engaging in staff on inmate sexual abuse. Staff found engaging in sexual harassment shall be commensurate with the nature and circumstances of the conduct committed. All staff terminated, resigned, for sexual abuse or sexual harassment violations shall be referred to appropriate law enforcement unless not criminal. PSD policy also requires the notification to relevant licensing boards such as nursing, physician, social work, and education.

Interviews with PREA Coordinator, Warden, Facility PREA Manager, and facility investigator all confirmed an understanding to the requirements. HCF is compliant with the standard.

RECOMMENDATIONS: None

Standard

Number here: 115.77 Corrective actions for contractors and volunteers.

- Exceeds Standard (substantially exceed requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (required corrective action)

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

PSD policy ADM.08.08 incorporates all the elements of the standard. Any volunteer or contractor found to engage in sexual abuse will be referred to HPD. Volunteers or contractors will be prohibited from having contact with inmates. HCF does take remedial measures to include not allowing the volunteer or contractor from entering the facility.

HCF reported zero (0) contractors or volunteers had to be referred to relevant licensing bodies for violations of the agencies PREA policies for engaging in sexual abuse with an inmate.

During the Warden's interview, the Warden did report having the ability to stop volunteers and contractors from entering the facility and would refer the allegation against a volunteer and contractor to HPD or PSD internal affairs for investigation.

HCF is compliant with the standard.

RECOMMENDATIONS: None

Standard

Number here: 115.78 Disciplinary sanctions for inmates

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

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

PSD has incorporated all the elements of the standard into PSD policy ADM.08.08, which can be found on page 41. Section 46.0, states inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or sexual harassment. Disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, taking into consideration the offender's disciplinary history and the sanctions imposed for comparable offenses by other offenders. The disciplinary process shall consider whether an offender's mental disability or mental illness contributed to his/her behavior when determining what type of sanction, if any, would be imposed. PSD medical and mental health staff shall provide therapy, counseling, or other interventions designed to address and correct underlying reason or motivations for abuse. PSD medical and mental health staff shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming, privileges or other benefits. PSD shall discipline an inmate upon the finding a staff member did not consent to the contact. PSD policy does not allow for an inmate to be disciplined for reporting a PREA sexual abuse when made in good faith. PSD prohibits all sexual contact between offenders.

Proof of practice was provided showing comparative disciplinary hearing for both sexual abuse vs. non sexual abuse sanctions. Findings were commensurate with conduct. Interviews with supervisory staff who conducted disciplinary hearings were educated on the standard and how sanctions are determined by agency policy that incorporate PREA standards.

RECOMMENDATIONS:

Standard**Number here: 115.81** Medical and mental health screenings; history of sexual abuse.

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

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

PSD policy AMN.08.08, page. 42, section 47.0 has incorporated all the elements of the standard. Any inmate who reported sexual victimization during the intake screening whether it happened in the community or in a confinement setting shall be offered a follow up with medical or mental health practitioner within 14 days. Inmates who disclosed being sexually abusive shall also be offered a follow up with medical or mental health practitioner within 14 days. Policy states information related to sexual victimization or abusiveness is confidential and limited for the use of meeting the standards. Medical and mental health staff shall seek informed consent before reporting information about prior sexual victimization that did not happen in confinement, unless the victim was under the age of 18.

HCF reports 100% compliance with the standard. While on-site the Facility PREA Manager was able to show the auditor the tracking for each inmate who reported sexual abuse and those who have perpetrated sexual abuse. The tracking sheet indicated the offer and referrals were made within the required 14 day time frame. Secondary documentation was sought and found in the inmates' medical file. Records of the mental health referral and dates of meeting with mental health staff were inside the medical file of the inmate.

Interviews with medical and mental health staff were consistent with the obligations of the standard with the exception of one medical staff member. As previously noted in standard 115.35 during the tour this auditor randomly asked questions of both inmates and staff. While in the infirmary, a medical staff member was asked about confidentiality of sexual abuse reports contained in medical charts. The staff member was honest stating he was uncertain of the confidentiality of the records. This staff member was researched and found to be temporarily assigned to HCF from another PSD facility. This staff member had received the appropriate training as required. HCF took immediate action having the staff member retrained on the required components.

HCF is compliant with the standard.

RECOMMENDATIONS: None

Standard**Number here: 115.82** Access to emergency medical and mental health services.

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

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

PSD policy ADM.08.08 mandates treatment services are provided at no expense to the inmate victim whether or not the inmate cooperates with the investigation and receive timely unimpeded access to emergency medical treatment and crisis intervention, and offered information about timely access to emergency sexually transmitted infections medications.

Interviews with the PREA Coordinator and Facility PREA Manager and medical and mental health staff confirmed all medical and mental health recommendations are according to professional training. The interviews also confirmed the process HCF takes in the event of a sexual abuse incident and if there is information to suggest the victim suffered abuse within 72 hours the inmate will be taken to the SATC for a forensic medical examination and as indicated in previous standards the inmate would have the availability of a victim advocate present during the examination. Secondary logs were maintained in the inmates medical file proving proof of practice with the standard.

HCF/PSD are compliant with the standard.

RECOMMENDATION: None

Standard

Number here: 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers.

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

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

PSD policy ADM.08.08 incorporates all the elements of the standard meeting compliance. HCF provides medical and mental health evaluations and treatment to inmates who have been sexually victimized. HCF does not housed female offenders, thus the element is not applicable to HCF. PSD does offer female inmates who have been sexually victimized pregnancy tests, and also lawful pregnancy-related medical services. HCF does offer tests for sexually transmitted infections. HCF also conducts mental health evaluations and offers treatment upon leaning inmate on inmate abusers within 60 days.

Proof of practice was observed on-site in the inmates' medical charts confirming compliance with the standard.

Interviews with inmate victims who alleged being sexually abused confirmed information was shared about sexually transmitted infections.

RECOMMENDATIONS: None.

Standard

Number here: 115.86 Sexual abuse incident reviews.

- Exceeds Standard (substantially exceed requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (required corrective action)

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

PSD has policy ADM.08.08, pg. 44, 49.0, that has incorporated every element of the standard. ADM. 08.08 requires the Warden in conjunction with the PREA Compliance Manager shall schedule a SAR at the end of every sexual abuse investigation if the investigation was substantiated or unsubstantiated. The review will be done within 30 days of the Warden being informed of the findings of the investigation. Policy requires SAR to include upper level officials, input from line staff supervisors, investigators, and medical and mental health staff. Policy also indicates one staff member will be designated as the recorder or reporting staff member. HCF's Lt. White is the recorder

The policy requires the SAR team to consider whether policy change is needed to "practice to better prevent, detect, or respond to sexual abuse". Also to consider if the incident was motivated by gang, race, ethnicity, gender identity, LGBTI, status and perceived status or caused by other group dynamics of the facility. The policy also requires the area of the alleged abuse should be examined to review possible physical barriers added to the abuse. Access staffing levels at the time of the incident and access video monitoring technology to determine if video monitoring technology should be further implemented. The recorder will prepare the report using agency form PSD 8319 documenting the SAR teams' findings of any recommendations for improvement. The SAR team report will be forwarded to the Warden for review and will make recommendations or document reasons for not implementing any recommendations from the SAR team. The Warden will retain a copy and distribute the completed review to the Institutions Division Administrator, facility Compliance manager and PSD PREA Coordinator.

SAIR reports were provided and were completed within time frame after conclusion of the investigation. The SAIR reports were consistent with agency policy and the federal standard. Administrative investigation provided from 2014 investigation, witnesses interviewed, medical reports provided along with photos of crime scene (poor images-unable to determine what the picture is of).

Interviews with the Warden, PREA Coordinator, Facility PREA Manager, Facility Investigator, and Chief of Security all confirmed an understanding of the value of providing information to include the evaluation of the facilities design, inmate population, investigative process that helps further build and support HCF's PREA efforts to prevent, detect, and respond to future allegations of sexual abuse. Discussions between auditor and Facility PREA Manager included further enhancing the SAIR to include more detail and feedback from the required staff however was not required as HCF met all components of the standard.

RECOMMENDATION: None.

Standard

Number here: 115.87 Data Collection

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

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

PSD policy ADM.08.08, pg. 45, 50.0, requiring the PREA Coordinator to collect accurate, uniform data for every allegation of sexual abuse at its direct control by utilizing standardized formats based on PREA definitions. All the elements of the standard are present in the agency policy. PSD utilizes the U.S.

Department of Justice Bureau of Justice's "Survey of Sexual Victimization". PSD incorporates the aggregated data into the agency annual report. PSD receives all incident-based and aggregated data from the private facility that houses inmates at least once a year from the "Mainland Branch Unit".

RECOMMENDATIONS: None.

Standard

Number here: 115.88 Data review for corrective action.

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

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

PSD has incorporated the requirements of the standard into ADM.08.08 policy requiring the PREA Coordinator to review data collected and aggregated pursuant to standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training. The PREA Coordinator will generate an annual report and will consider and identify problematic areas, taking corrective action on an ongoing basis, for each facility operated by the PSD.

The annual report submitted to the auditor and did have a comparison from previous years data and corrective actions from previous years. The annual report included an assessment of progress in addressing sexual abuse within HCF.

PSD is compliant with the elements of the standard.

RECOMMENDATION: None

Standard

Number here: 115.89 Data storage, publication, and destruction.

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

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

PSD policy ADM.08.08 requires the agency to collect incident based and aggregated data are securely maintained. The PREA Coordinator will make available to the public annually the aggregated sexual abuse data from all facilities operated and contracts with be made readily available to the general public. The report does not include any personal identifiers. PSD maintains the sexual abuse data collected for at least 10 years. The annual report was provided to the auditor and is available upon request to the public.

Interview with the PREA Coordinator confirmed an understanding of the standard regarding records retention and publication.

RECOMMENDATION: None

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



Auditor Signature

November 16, 2016

Date