

**PREA AUDIT REPORT     Interim     Final**  
**ADULT PRISONS & JAILS**

**Date of report:** November 8, 2016

<b>Auditor Information</b>			
<b>Auditor name:</b> Deborah Striplin			
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<b>Date of facility visit:</b> October 5 <sup>th</sup> – 6 <sup>th</sup> , 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Women's Community Correctional Center			
<b>Facility physical address:</b> 42-477 Kalaniana'ole Highway, Kailua, Hawaii 96734			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> 808-266-9580			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Mr. Eric Tanaka, Warden			
<b>Number of staff assigned to the facility in the last 12 months:</b> 128			
<b>Designed facility capacity:</b> 265			
<b>Current population of facility:</b> 302			
<b>Facility security levels/inmate custody levels:</b> Community to Maximum			
<b>Age range of the population:</b> 20-65			
<b>Name of PREA Compliance Manager:</b> Ms. Cheyenne Evans		<b>Title:</b> ACO IV/Sgt.	
<b>Email address:</b> Cheyenne.l.evans.@hawaii.gov		<b>Telephone number:</b> 808-266-9674	
<b>Agency Information</b>			
<b>Name of agency:</b> Department of Public Safety			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> State of Hawaii			
<b>Physical address:</b> 919 Ala Moana Boulevard Suite #400, Honolulu, HI 96814			
<b>Mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Telephone number:</b> 808-587-1288			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Mr. Nolan Espinda		<b>Title:</b> Director	
<b>Email address:</b> Nolan.p.espinda@hawaii.gov		<b>Telephone number:</b> 808-587-1350	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Ms. Shelley Nobriga		<b>Title:</b> Inspections and Investigations Officer	
<b>Email address:</b> shelley.d.nobriga@hawaii.gov		<b>Telephone number:</b> 808-587-1260	

## AUDIT FINDINGS

### NARRATIVE

Nevada DOJ PREA auditor Deborah Striplin and Monique Hubbard-Pickett support staff were scheduled to complete the onsite audit of the Women's Community Correctional Center (WCCC) Wednesday, October 5<sup>th</sup> – Friday, October, 7, 2016. Auditor provided contact information to the agency PREA Coordinator on Tuesday, August 16, 2016 and on August 26, 2016 this auditor received an email to include a picture of the audit notification posted in a housing unit from the agency PREA coordinator meeting the 6 week notification requirements. Pre-audit questionnaire and supporting documentation was briefly reviewed prior to arriving at WCCC for the onsite audit. In addition, the prior DOJ PREA audit report completed 2/17/15 was printed and reviewed.

Wednesday, October 5, 2016, 8:15 a.m. audit team arrived at the WCCC administration building for the morning meet and greet. In attendance was auditor, audit support staff, Warden, agency PREA coordinator designee, facility compliance manager, medical and mental health, administration staff, institution investigator and security supervisor. Onsite audit commenced upon completion of the meet and greet.

Kaala Cottage:

Dining area had no areas of concern

Cottage A, B and C: I/M living area was open and no concerns were observed. PREA posters and audit notifications were posted and visible for all inmates to view.

Offender Service Administrator (OSA) Office / social worker office:

Recreation specialist office:

Maunawili Cottage: No areas of concern within living or bathroom area. PREA posters and audit notifications were posted and visible for all inmates to view.

Chapel: No areas of concern

Medical: PREA posters were visible and posting in waiting area. No other areas of concern were noted.

Kitchen: No areas of concern, audit notification was posted and visible for all staff and inmates

Sewing Shop:

Laundry: will be addressed in 115.13

Ahiki Cottage A and B: No areas of concern within living or bathroom area. PREA posters and audit notifications were posted and visible for all inmates to view.

Olomana Cottage: No areas of concern. PREA posters and audit notifications were posted and visible for all inmates to view.

After institutional tour auditor started conducting interviews with specialized and random third (3<sup>rd</sup>) shift staff. Audit team was able to interview a few random staff from the first (1<sup>st</sup>) shift that had been called in for overtime.

Thursday, October 6, 2016, 5:30 a.m. audit team arrived onsite at WCCC. Interviews were completed with the facility PREA compliance manager, institutional investigator, supervisors and random staff from the first (1<sup>st</sup>) shift and second (2<sup>nd</sup>) shift. Interviews with random and specialized inmates were also completed.

## DESCRIPTION OF FACILITY CHARACTERISTICS

Hawaii's only female correctional facility located at the base of Olomana mountain makai side of Kalaniana'ole Highway in Kailua is known as the Women's Community Correctional Center. First established in the late 1920's at the Maunawili Training School across the street, it was known as the girls' Maunawili complex and included five major buildings, approximately 430-acres on the slopes of Olomana. All the buildings were constructed between 1927 and 1930 opening of the school in 1929, with the exception of the gymnasium which was built in 1938.

Over the years the state has moved the Women's Community Correctional Center several times on the property as they have grown to accommodate the population of Hawaii's convicted females. Then, in succeeding decades, various types of facilities and buildings were used to house, train and educate the female inmates.

In 1950, three new "cottages" called the Ko'olau Boys Home (named, Olomana, Ka'ala and Maunawili) were built on the makai side of Kalaniana'ole Highway. Housings 111-boys with 45-staff members. Due to the pending litigation in 1991 against the State regarding conditions of confinement for women, the temporary Women's Community Correctional Center would be moved again (in what was the Ko'olau Boys Home on the makai side of the highway) the facility was remodeled and completed in 1994 as the State's primary women's all-custody Correctional facility.

Women's Community Correctional Center (WCCC) is the only prison in Hawaii that serves the needs of pre-trial and sentenced female offenders for long term incarceration. The facility houses female offenders who are of Maximum, Closed, Medium, Minimum and Community custody levels. Comprised of four (4) structures; Olomana, Kaala, Maunawili and Ahiki Cottages housing approximately 300 inmates. Every cottage operates in accordance with specific programs and security classification levels. WCCC has a full support staff with Health care Doctors, Nurses, Mental health specialists, dental office, Social workers, education departments ranging from GED to college level classes, Office and Computer skills, Culinary arts program, Poetry and Art classes, Read to me, Gardening, Hydroponics, full range of religion opportunities with support of volunteer counseling, AA/NA classes, and a 50-bed responsive, substance abuse therapeutic community treatment program called Hina Mauka.

## **SUMMARY OF AUDIT FINDINGS**

WCCC has done a good job maintaining compliance with the PREA standards and agency policy. Interviews were conducted on site with thirteen (13) specialized staff, twelve (12) random staff, twenty (20) random inmates and three (3) specialized inmate interviews were conducted. During random inmate interviews two (2) inmates declined to be interviewed by the auditor. This auditor did not receive any confidential letters from inmates prior to onsite audit.

While conducting inmate and staff interviews, auditors received very positive responses related to Sgt. Evans (facility compliance manager) professionalism. Audit team found no areas which required corrective action for the facility or the agency.

Number of standards exceeded: 1

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 1

### Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a) The Hawaii Department of Public Safety (PSD), agency policy ADM.08.08 pg. 11, 6.0 Zero-Tolerance effective November 14, 2014 meets compliance with this element of the standard. In addition, a copy of OAHU Community Correctional Center Facility Response Plan effective February 4, 2016 was provided further supporting agency policy and facility procedure.

Tuesday, October 4, 2016, Agency Head specialized interview was conducted.

Nevada Audit team was very impressed and appreciated the Director taking time to be interviewed and asked we meet with him while onsite at the agency Headquarters for an in-person interview in lieu of a phone conference. The Director was very knowledgeable on the agency policy, investigation process and the responsibility of the Agency PREA Coordinator.

(b) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of this standard, in addition the agency organizational chart provided was reviewed further supporting compliance with this element. PSD has designated the Litigation Coordinator as the agency wide PREA Coordinator, while not required by the standard, this auditor recommends adding PREA coordinator title in the organizational chart.

Wednesday, October, 5, 2016, agency PREA coordinator specialized interview was conducted with designee who had been assisting the agency PCM was conducted by this auditor. Designated staff member is very knowledgeable not only related to agency policy but DOJ standards and is an asset to this agency.

The agency PCM interview was conducted by Nevada team lead auditor of Halawa Correctional Center.

(c) PSD and WCCC meet compliance with this element.

Thursday, October 6, 2016 specialized interview with WCCC Warden was completed. Warden had basic knowledgeable regarding PREA policy.

Thursday, October 6, 2016 specialized interview with the PREA compliance manager was completed. Approximately two months prior to onsite audit the facility compliance manager was detached to headquarters to assist the agency PREA coordinator. While at headquarters she maintained and continued to conduct her responsibilities at the facility. While this extra responsibility required more time, she was able to manage her time and did a phenomenal job preparing the pre-audit information required and preparing WCCC for the onsite audit. Specialized interview with the compliance manager was conducted utilizing interview questions for the facility compliance manager and agency PREA coordinator. The compliance manager responded to all questions with confidence, knowledge and very good understanding of agency and facility policy and procedures.

### Standard 115.12 Contracting with other entities for the confinement of inmates

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

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(a-b) Agency PREA policy ADM.08.08 was reviewed and meets compliance with these elements of this standard

PSD has one (1) contract PSD 16-ID/MB-32 which was renewed July 1, 2016 and is effective for 3 years. This contract is for the confinement of male offenders with Corrections Corporation of America, Seguardo Correctional Center (SCC), Arizona. Auditor read the contract and all elements of the standard requirements have been met.

This auditor reviewed the DOJ PREA audit for Saguardo Correctional Center which was completed November 15, 2014 meeting full compliance.

### **Standard 115.13 Supervision and monitoring**

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

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(a) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of this standard

WCCC provided a copy of the facility staffing plan dated August 9, 2016 further supporting the facilities compliance with this element. Specialized interviews with staff further confirmed compliance with this standard.

(b) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of this standard

In the last 12 months WCCC did not deviate from the staffing plan.

(c) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of this standard.

WCCC provided a copy of the facility staffing plan dated August 9, 2016 which was reviewed by the Warden and agency PREA coordinator, further supporting the facilities compliance with this element.

(d) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of this standard

Shift logs reviewed during on-site audit and found agency policy is being followed by staff. Specialized interview of supervisors further confirmed compliance with this element to include supervisors who are of opposite gender are also completing standard 115.15 (d)

During institution tour of laundry it was recommended supervisors conduct random unannounced tours as part of their daily facility tours. PREA compliance manager brought this to the Warden who took action sending a memo dated October 12, 2016 to all supervisors.

### **Standard 115.14 Youthful inmates**

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

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WCCC does not house youthful offenders; therefor this standard is not applicable to the facility.

Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element should a youthful offender be sentenced to PSD.

### **Standard 115.15 Limits to cross-gender viewing and searches**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a) Department of Public Safety, Corrections Administration Policy and Procedures policy COR.08.13 (Confidential) and agency policy ADM.08.08 meets compliance with this element of this standard.

(b) This element is not applicable

(c) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of this standard. PSD staff shall not conduct cross-gender pat-down searches of female offenders, absent exigent circumstances.

WCCC did not have any exigent circumstances which required review of documentation.

(d) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of this standard.

WCCC did not have any exigent circumstances which required review of documentation.

Interviews with inmates and staff confirmed opposite gender announcement are being conducted supporting policy and compliance with this element.

Auditor concern during institutional tour of Kaala Cottage:

Cottage A had black bags covering the window view from control into restroom area. Auditor requested the black bags be removed from the window as it blocked staff from viewing for the prevention and detection of sexual abuse and sexual harassment. Removing the bags does not allow for staff to observe inmates in undress as they are required to be dressed prior to exiting from behind the shower curtains.

The facility compliance manager and staff took prompt action, removing the bags from the window.

Restroom areas have appropriate privacy with single private shower stalls. Each shower stall has a curtain which provides privacy from staff viewing inmates in undress. Shower curtains are solid from head to lower calf which allows staff the ability to monitor the inmates making sure they are not being sexually abused and provides safety for inmates and staff. Auditor observed one (1) shower curtain which was full length and requested staff cut on the bottom as there was too much privacy.

The facility compliance manager and staff took swift action and adjustment was made within the hour.

(e) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of this standard.

WCCC did not have any exigent circumstances which required review of documentation.

(f) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of this standard.

Staff has received training related to this element which was further supported during interviews with staff.

During random staff interview there was a concern with a response from a staff member related to this element. Auditor required WCCC take immediate action to speak with this ACO and have him attend PREA refresher training. WCCC provided a memo dated October 7, 2016 to the auditor showing response and action taken.

#### **Standard 115.16 Inmates with disabilities and inmates who are limited English proficient**

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

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(a-b) Agency PREA policy ADM.08.08 was reviewed and meets compliance with these elements of this standard

Documentation provided supporting the policy and standard requirements.

Memorandum for the use of Pacific Interpreters  
PREA Reporting and informational in Filipino, Tagalog and Samoan  
Copy of Staff Training on PREA-Compliant Practices for inmates with disabilities  
Key provisions of PREA  
PSD form 8317

(c) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of this standard.

WCCC did not have any inmates which required the use for interpretation services within the past twelve months nor was there a need for services during onsite audit.

Specialized interview with disabled (limited hearing) inmate was completed. While the inmate had limited hearing she was able to hear well enough as to not need any interpretation service and confirmed she knew how to report allegations and had seen the PREA posters.

Interviews conducted with supervisor confirmed training was received and they had knowledge of policy. Lower level staff also reported they had received training related to this standard and they would not use another inmate to interpret. Procedure requires staff to notify the supervisor an interpreter is needed and it is the supervisor's responsibility to contact the language services line.

### Standard 115.17 Hiring and promotion decisions

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

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(a - h) Agency PREA policy ADM.08.08 was reviewed and meets compliance with all elements of this standard

Tuesday, October 4, 2016 audit team met with HR staff onsite to conduct specialized interview and review files. Staff members are very knowledgeable of requirements and explained each step of how the hiring process and background checks are completed to include providing supporting documentation further supporting compliance with this standard.

Documentation/forms provided:

PSD form: Applicant's consent, Authorization and Request to Release Information and Waiver.

PSD form: Confidential Employer Questionnaire

PSD 8318 form: Covers element (a)1-3) (2)

DPS PHQ: Applicant's personal history questionnaire

Applicant Suitability Checklist: This form is filled out by staff with date the following background checks were completed to include date the check was completed and any comments

Audit team reviewed pre hire background documentation for random applicants which contained all required information to include one which was rejected and reason for rejection.

After interview with HR staff and review of supporting documentation this auditor finds the agency exceeds this standard. The agency and staff are commended for their commitment to PREA compliance, knowledge, professionalism and thoroughness conducting backgrounds far above standard requirements.

### Standard 115.18 Upgrades to facilities and technologies

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

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(a-b) Agency PREA policy ADM.08.08 was reviewed and meets compliance with the elements of this standard.

WCCC had recently installed/updated video monitoring since their last audit. Auditor reviewed the camera and recording system while on site. No other information will be provided for confidentiality and the safety and security of the facility. Specialized staff interviews were

completed supporting compliance and meeting this standard.

#### **Standard 115.21 Evidence protocol and forensic medical examinations**

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

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(a – h) Agency PREA policy ADM.08.08 was reviewed and meets compliance with all elements of this standard. In addition, WCF provided documentation further supporting proof of practice and compliance with this standard.

Related to (a): PSD is responsible for conducting all administrative sexual abuse investigations. All criminal sexual abuse investigations shall be referred to the county LE agency. Honolulu Police Department (HPD) conducts investigations for WCF.

Contract 14-HAS-01 effective July 1, 2013 to June 30, 2015 and renewal contract 16-HAS-01 effective July 1, 2015 to June 30, 2017 was provided. This contract is between the Attorney General and Kapiolani Medical Center for Women and Children, sex abuse treatment center (KMCWC-SATC).

Within contract with KMCWC reflects a victim advocate will accompany and support the sex assault victim through the medical examination and provide emotional support, crisis intervention, information and referrals. These services will be available to sexual assault victims at all times, 24 hours, 365 days a year.

10/25/16 auditor called the main phone line for the Sex Abuse Treatment Center. The main phone line is message only and this auditor did leave a message which included auditor name, phone number and reason for call. Auditor made attempt with no return call from SATC staff member.

#### **Standard 115.22 Policies to ensure referrals of allegations for investigations**

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

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(a-e) Agency PREA policy ADM.08.08 was reviewed and meets compliance with all elements of this standard

WCCC provided allegation tracking for the last 12 months. Documentation was reviewed which supported allegations were accepted and referred for investigation supporting compliance with this standard and agency policy. Auditor conducted specialized staff interviews which further supported compliance being met.

### Standard 115.31 Employee training

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

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(a) Agency PREA policy ADM.08.08 was reviewed and meets compliance with all elements of this standard

WCCC uploaded agency training, reviewing training documents all sub-section requirements for this element have been met.

Related to (9) on this element interviews conducted with staff and inmates confirmed staff had received training.

Specialized interviews with inmates who identify as Transgender reflected staff is very respectful and they have not been treated any differently or singled out.

(b) Staff training has been developed to cover all genders which this auditor feels exceeds this element.

(c) Staff receives PREA training every two years and memos or Directives are emailed to all staff in between training years meeting this element.

(d) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of this standard. Documentation supporting compliance with this standard and policy was provided and reviewed for compliance.

Interviews with supervisors and staff were conducted during on site audit further confirming compliance. Auditor recommended the agency consider developing an in service training focusing on different standards, agency policy and procedures which provides staff with the opportunity to have a better understanding and ask questions.

Best practice recommendation: Male staff that transfer to WCCC may benefit from training related to general "female" emotions and communication styles.

### Standard 115.32 Volunteer and contractor training

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

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(a-c) Agency PREA policy ADM.08.08 was reviewed and meets compliance with these elements of this standard. WCCC uploaded volunteer & contractor training to include the following forms which all volunteers and contractors are required to read and sign.

Specialized interview was conducted on-site, confirming compliance with this standard.

### Standard 115.33 Inmate education

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

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(a-c) Agency PREA policy ADM.08.08 was reviewed and meets compliance with these elements of this standard.

(d) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of this standard. WCCC provided documentation supporting compliance with this element. Reference 115.16 related to LEP requirements/compliance.

(e) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of this standard.

While onsite and during specialized staff interview, this auditor reviewed PSD Offendertrak which supports inmate education was completed.

(f) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of this standard. WCCC provided supporting documentation prior to onsite visit, during on-site tour information was visible and available further supporting compliance with this element of the standard.

October 5<sup>th</sup> and 6<sup>th</sup>, 2016: Interviews conducted with inmates supported and confirmed inmates had received PREA education.

### Standard 115.34 Specialized training: Investigations

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

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(a, b) Agency PREA policy ADM.08.08 was reviewed and meets compliance with all elements of this standard..

Agency requires all investigators complete specialized training from the National Institute of Corrections (NIC) "Investigating

Sexual Abuse in a Confinement”. This web based training was developed specifically for and meeting requirements of this standard. In addition, WCCC provided PSD training curriculum on sexual abuse investigations which was developed by The Sex Abuse Treatment center and Honolulu Police Department which further enhances staff training.

(c) WCCC provided a copy of the HDP training of Sex Abuse Treatment Center HPD Sex Crimes Unit attendance roster for PSD agency investigators and staff who conduct investigations within the institution. Also provided were copies of NIC specialized training for investigative staff.

(d) PSD meets this element related to agency requirements.

In addition, and to further clarify HPD is responsible for conducting criminal sexual abuse investigations for all confinement settings. Per NPRC FAQ dated February 19, 2015 last paragraph, second and third sentence states “External State and Department of Justice Investigative entities that conduct investigations of sexual abuse in confinement bear a separate obligation to train their agents and investigators per the standard, and that obligation does not lie with the agency being audited. Auditor should not assess compliance with these training requirements by external entities.

Specialized interviews with agency investigator and institution investigator confirmed training was received and supported compliance with agency policy and this standard.

### **Standard 115.35 Specialized training: Medical and mental health care**

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

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(a) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of this standard

WCCC provided a copy of training received supporting compliance with agency policy and this standard.

(b) This element is not applicable as inmates are taken off site for sexual assault forensic exams.

(c) WCCC provided a copy of the HDP training of Sex Abuse Treatment Center HPD Sex Crimes Unit attendance roster for PSD agency medical and mental health staff.

(d) Per agency policy this standard has been met and was referenced in standard 115.31.

Specialized interviews with medical and mental health staff further supported compliance with agency policy and this standard.

### **Standard 115.41 Screening for risk of victimization and abusiveness**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a - h) Agency PREA policy ADM.08.08 was reviewed and meets compliance with all elements of this standard. In addition a copy of the PREA screening tool and instructions was provided further supporting the policy and compliance.

The screening tool is confidential as such no further information will be provided in this report.

Security staff assigned to intake completes the initial intake (72hrs) assessment and OSA completes the 30 day assessment. A few months prior to the onsite audit PSD had developed and went live with a new data base assessment program in Offendertrak, as with any new computer data base there may be glitches which are being worked out. Auditor reviewed the data base and all required information is noted, designated staff are using the system and information has security levels which are set by the agency PREA coordinator to ensure confidentiality and only those who have a right and need to know can view information.

Specialized staff interviews and review of Offendertrak was completed, supporting agency policy and practice in compliance with this standard.

#### **Standard 115.42 Use of screening information**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a-g) Agency PREA policy ADM.08.08 was reviewed and meets compliance with all elements of this standard.

Related to element (a): PSD shall use the information from the risk assessment screening for housing designations, workline, program assignment, or scheduling to keep separated those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

Related to element (c): A transgender or intersex offender will be housed based on their legal status as a male or female. Any deviation in the housing assignment of a transgender or intersex offender to a facility for male or female offenders will be determined by medical and mental health practitioners. This shall be a case-by-case assessment of whether a placement would ensure the offenders' health and safety, and whether the placement would present a management or security concern.

Related to element (f): During onsite tour and looking at bathroom and shower areas it was noted they had separate shower stalls which allows all inmates to shower separately.

Specialized staff interview and review of PSD Offendertrak further confirmed compliance with this standard.

#### **Standard 115.43 Protective custody**

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a-e) Agency PREA policy ADM.08.08 was reviewed and meets compliance with all elements of this standard. PSD discourages the placement of offenders in involuntary administrative segregated housing solely because of their high risk of sexual victimization status, unless an assessment of all available alternatives has been made and it is concluded that there is no available alternative for separating the victim from the likely abuser.

Review of documentation and interviews with staff WCCC has not placed an inmate in involuntary administrative segregated housing solely because of their high risk of sexual victimization.

### Standard 115.51 Inmate reporting

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a) Agency PREA policy ADM.08.08 was reviewed and meets compliance with all elements of this standard.

WCCC provided a copy of the agency pamphlet "An Informational Guide for Offenders" which is provided to all inmates during intake and transfer reception. Information was also viewed by auditors during on-site tour and when conducting staff and inmate interviews supported and confirmed compliance with this standard.

(b) PSD has multiple agreements with outside entities and exceeds this element requirement. ADM 08.08 reflects language meeting compliance with this element; in addition, the policy provides the contact names, phone numbers and address. This information is not only in policy but posters which were observed during institutional onsite tour. In addition, WCCC provided copies of these agreements:

State of Hawaii /contract with Sex Abuse Treatment Center  
State of Hawaii Ombudsman

October 25, 2016 phone call was placed with Sex Abuse Treatment Center (also related to 115.21) message was left by auditor. Auditor did not receive a return phone call; however attempt to interview was made.

October 27, 2016 phone call was placed with the State of Hawaii Ombudsman. Message was left with auditor name, reason for call and return phone number. November 1, 2016 this auditor had a conversation with a staff member at the Ombudsman office, confirming compliance with this standard.

(c) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this standard element.

Reviewing documentation and interviews with staff further confirmed compliance.

(d) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this standard element.

Interviews with staff confirmed training and knowledge of this standard.

#### **Standard 115.52 Exhaustion of administrative remedies**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a) PSD has a policy; therefor this element is not applicable.

(b-g) Agency PREA policy ADM.08.08 was reviewed and meets compliance with all elements of this standard. ADM policy references policy COR. 12.03: Inmate Grievance Program which outlines the administrative procedures available to offenders for reporting incidents of sexual abuse, sexual harassment, or retaliation. Auditor printed COR 12.03 from the agency website <http://dps.hawaii.gov/wp-content/uploads/2015/07/COR-12-03-INMATE-GRIEVANCE-PROGRAM-EFF-7-1-15.pdf>, policy was reviewed and meets compliance with this standard.

#### **Standard 115.53 Inmate access to outside confidential support services**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a-b) PSD has a policy; therefor this element is not applicable.

(b-g) Agency PREA policy ADM.08.08 was reviewed and meets compliance with all elements of this standard. ADM policy references policy COR. 12.03: Inmate Grievance Program which outlines the administrative procedures available to offenders for reporting incidents of sexual abuse, sexual harassment, or retaliation. Auditor printed COR 12.03 from the agency website <http://dps.hawaii.gov/wp-content/uploads/2015/07/COR-12-03-INMATE-GRIEVANCE-PROGRAM-EFF-7-1-15.pdf>, policy was reviewed and meets compliance with this standard.

#### **Standard 115.54 Third-party reporting**

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

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Agency PREA policy ADM.08.08 was reviewed and meets compliance with this standard. In addition to reviewing policy, this auditor reviewed agency website <http://dps.hawaii.gov/policies-and-procedures/pp-prea/> which reflected information is posted and available to the public.

#### **Standard 115.61 Staff and agency reporting duties**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a-e) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this standard.

PSD requires that all staff immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse, sexual harassment or retaliation.

Interviews with staff confirmed they received PREA training and had knowledge of the agency policy to include maintaining confidentiality other than the extent necessary related to the investigation, housing and medical/mental health concerns.

Medical and mental health staff has no limitations to report and incident of sexual abuse that occurred within the facility. Specialized interview with medical staff further confirmed compliance with this standard.

#### **Standard 115.62 Agency protection duties**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Agency PREA policy ADM.08.08 was reviewed and meets compliance with this standard. When the PSD or the facility learns that an  
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inmate is subject to substantial risk of imminent sexual abuse, the staff member will take immediate action to protect the inmate. Agency policy further clarified for staff that “immediate” action means to assess appropriate protective measures without unreasonable delay.

Interview with staff confirmed knowledge and understanding of this policy and what immediate action is. The interviews supported the policy and provided proof of practice in meeting compliance.

The facility did have reports filed within the 12 months of this audit time frame. Documentation was reviewed, confirming compliance with agency policy and this standard.

### **Standard 115.63 Reporting to other confinement facilities**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Agency PREA policy ADM.08.08 was reviewed and meets compliance with all elements of this standard.

1. Upon receiving an allegation that an offender was sexually abused while confined at a non-PSD facility, the facility shall immediately notify the Department PREA coordinator. It is the Department PREA Coordinators responsibility to notify the non-PSD facility of the PREA sexual abuse allegation.

2. Upon receiving an allegation that an offender was sexually abused while confined at a PSD facility, the receiving facility shall immediately notify the Department PREA Coordinator. It is the Department PREA Coordinators responsibility to notify the alleged PSD facility of the PREA sexual abuse allegation.

Additional procedure requirements were provided to further clarify compliance.

PSD has a standing procedure for the delegation of responsibility of the “head of the facility” to initiate the notification to the other facility or other state/federal facility to PSD PREA Coordinator. Warden through facility PREA compliance manager shall notify the PSD PREA coordinator who will initiate the notification required by this standard. Wardens will be ‘cc’ on all communications.

Copy of notification email from facility to facility and Agency PREA coordinator was reviewed and meets compliance requirements.

### **Standard 115.64 Staff first responder duties**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These**

**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a,b) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this standard. Policy clearly articulates and breaks down staff reporting and response when an allegation is reported. PSD staff procedure documentation was reviewed and interviews with staff while onsite further supported compliance the policy and proof of practice.

Documentation reviewed is confidential – no additional information will be provided.

WCCC had incidents reported during this audit time frame and all requirements set forth in policy were followed.

**Standard 115.65 Coordinated response**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a,b) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this standard. PSD staff procedure documentation was reviewed and interviews with staff while onsite further supported compliance the policy and proof of practice.

Documentation reviewed is confidential – no additional information will be provided.

WCCC had incidents reported during this audit time frame and all requirements set forth in policy were followed.

**Standard 115.66 Preservation of ability to protect inmates from contact with abusers**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a,b) Agency PREA policy ADM.08.08 was reviewed and meets compliance with both elements of this standard. Specialized interview with designated PREA coordinator and Warden of the facility confirmed knowledge and compliance with both agency PREA policy and union contracts. Contracts were provided and reviewed and meet compliance with this standard.

Union Contracts:

Hawaii Government Employees Association (HGEA) AFSCME local 152, AFL-CIO  
Contract date 7/1/13 – 6/30/2017

United Public Workers (UPW) AFSCME local 646 AFL-CIO Unit 10 Agreement

**Standard 115.67 Agency protection against retaliation**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a) Agency PREA policy ADM.08.08 was reviewed and meets compliance with all elements of this standard. A review of allegations and retaliation tracking was completed during the onsite audit to include interviews with staff and inmates.

Specialized inmate interview was conducted on site with a victim. Victim reported she had met with the compliance manager during the investigation and felt comfortable reporting to the compliance manager if she had any problems or felt staff or inmates were retaliating against her. During the interview auditor asked if she had or was having any problems with staff or inmates, victim stated she felt safe and was not having any problems with staff or inmates.

**Standard 115.68 Post-allegation protective custody**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Agency PREA policy ADM.08.08 was reviewed and meets compliance with this standard.

Any use of involuntary segregated housing to protect an offender post allegation, who is alleged to have suffered sexual abuse, is subject to the requirements of section 27 of the agency policy (protective custody). Auditor reviewed WCCC reported allegations of sexual abuse within this twelve month audit cycle related to this standard. WCCC did not place an inmate victim in involuntary segregation housing. Interviews with staff and specialized inmate confirmed compliance with agency policy and this standard.

**Standard 115.71 Criminal and administrative agency investigations**

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

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of the standard. Administrative investigations are conducted by PSD and staff designated to completed these investigations are required to do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Criminal investigations are referred to and an investigated by HDP who has the responsibility to make the required referrals for criminal prosecution, if warranted.

(b) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of the standard. This element is related to 115.34 (meets compliance).

WCCC provided specialized training documents for all agency investigators and interviews with facility investigator confirmed compliance with this element.

(c) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of the standard. PSD IA investigators are responsible for gathering and preserving direct and circumstantial evidence.

During random staff interviews it was reported that their responsibility is to preserve the crime scene for investigators. It is the responsibility of the investigator to collect and process the evidence.

(d) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of the standard. PSD investigators conduct compelled interviews of staff by affording the staff member Garrity Warnings and will consult with HPD or prosecutors.

Interviews with PSD investigators confirmed knowledge of and compliance with agency policy related to this element.

(e-h) Agency PREA policy ADM.08.08 was reviewed and meets compliance with these elements of the standard. Interviews with investigators further confirmed compliance with agency policy and these elements of this standard.

#### **Standard 115.72 Evidentiary standard for administrative investigations**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Agency PREA policy ADM.08.08 was reviewed and meets compliance with this standard. Specialized interview with agency investigators further confirmed compliance with this standard.

#### **Standard 115.73 Reporting to inmates**

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

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of the standard. Compliance was further confirmed upon reviewing supporting documentation and interviews with specialized staff.

WCCC provided a list of reported allegations and investigations of sexual abuse within the twelve (12) month audit cycle which was reviewed prior to onsite audit and during onsite visit, WCCC CM provided a copy of an inmate notification supporting compliance. Onsite auditor randomly selected an inmate victim from the report provided and confirmed during the interview the inmate victim did receive notification at the completion of the investigation.

(b) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of the standard. Specialized agency interviews further confirmed compliance.

(c) Agency PREA policy ADM.08.08 was reviewed and clearly articulates the required notifications the facility or PSD shall inform offenders when an investigation has been closed substantiated or unsubstantiated. Policy and interviews with staff confirmed compliance with this element and each subsection.

(d) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of the standard. Policy and interviews with staff confirmed compliance with this element and each subsection.

(e) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of the standard. Specialized agency interviews and in reviewing supporting documentation further confirmed compliance.

Supporting documentation: PREA mandated reporting form (PSD) 8317

(f) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of the standard.

#### **Standard 115.76 Disciplinary sanctions for staff**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a-d) Agency PREA policy ADM.08.08 was reviewed and meets compliance with all elements of this standard.

The policy outlines the disciplinary sanctions up to and including termination for sexual abuse or sexual harassment policy violations. Termination shall be the presumptive disciplinary sanctions for all staff, who, after an investigation and a pre-disciplinary due process hearing, have been found to have engaged in sexual abuse.

Disciplinary sanction for violations of PSD policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's personnel and disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar employment histories.

All termination for violations of PREA sexual abuse or sexual harassment policies, or resignations by staff, who would have been terminated, if not for their resignation, shall be reported to LE agencies, unless the activity was clearly not criminal.

PSD shall also report the incident to any relevant licensing body applicable to the staff member, such as but not limited to social work, educational, physician or nursing bodies.

Interviews with staff confirmed knowledge of and compliance with this standard.

#### **Standard 115.77 Corrective action for contractors and volunteers**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a,b) Agency PREA policy ADM.08.08 was reviewed and meets compliance with these elements of this standard. Policy requires that any contractor or volunteer, who engages in sexual abuse is prohibited from contact with inmates and shall take appropriate remedial measures to consider where to prohibit further contact with offenders. Specialized interview with staff further confirmed compliance with this standard.

#### **Standard 115.78 Disciplinary sanctions for inmates**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a-f) Agency PREA policy ADM.08.08 was reviewed and meets compliance with all elements of this standard. Specialized and random interviews with staff were completed on site further confirming staff knowledge and compliance with this standard.

Review of WCCC PREA incident log for allegations within the 12 month audit period was completed. Report reflected two (2) investigations were still open as such no disciplinary action had been taken. In addition, no inmates were disciplined for reporting sexual abuse which was made in good faith and the inmate having reasonable belief that the alleged incident occurred.

(g) PSD policy prohibits all sexual activity and sexual contact between offenders and shall not deem such activity to constitute sexual abuse if PSD determines that the activity is consensual or not coerced.

#### **Standard 115.81 Medical and mental health screenings; history of sexual abuse**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a-c) Agency PREA policy ADM.08.08 was reviewed and meets compliance with these elements of this standard. Policy specifically reflects inmates shall be offered a follow up meeting with medical or mental health practitioner within fourteen (14) days of the intake screening for inmate who reported prior sexual victimization or previous perpetration of sexual abuse during an intake screening.

(d) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of this standard. Supporting documentation was provided, supporting proof of practice and compliance with agency policy.

Documentation provided is confidential and as such no information will be reference in this report.

(e) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of this standard. Documentation was provided, supporting proof of practice and compliance with agency policy.

Documentation provided and reviewed:

State of Hawaii Department of Public Safety, Authorization to Release Medical Information (DOC 0404A).

Specialized interviews with Medical staff were completed and further confirmed compliance.

### **Standard 115.82 Access to emergency medical and mental health services**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a-d) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of this standard. PSD policy combines 115.81 and 115.82 within section 48.0 and clearly articulates PSD and facility responsibilities related to these standards.

Specialized interview of medical and mental health staff was completed on site, further supporting agency policy and compliance with this standard. In addition, staff reported treatment is provided at no cost to the victim.

### **Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers**

- Exceeds Standard (substantially exceeds requirement of standard)

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Agency PREA policy ADM.08.08 was reviewed and meets compliance with all elements of this standard. Policy clearly articulates and breaks down each element to include treatment of services shall be provided to the offender victim without financial cost and regardless of whether the offender victim names the abuser or cooperates with any investigation arising out of the incident. Specialized interview with staff further confirmed compliance with this standard.

#### **Standard 115.86 Sexual abuse incident reviews**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Agency PREA policy ADM.08.08 was reviewed and meets compliance with all elements of this standard. Policy clearly articulates and breaks down the step by step procedure and the level of authority of Sexual Abuse Incident (SAR) review team members. Auditor was provided with and reviewed a completed SAR while on site. In addition to reviewing supporting documentation specialized interviews were conducted with randomly selected team members.

Wednesday, October 5, 2016 auditor conducted specialized interview with the Warden which brought up some concerns related to this standard and his response to interview questions. Auditor concerns were brought to the attention of the agency PREA coordinator. Thursday, October 6, 2016 audit team spoke with the Warden who provided clarification for the audit team.

#### **Standard 115.87 Data collection**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Agency PREA policy ADM.08.08 was reviewed and meets compliance with all elements of this standard. PREA policy is broken down related to each of elements which include PREA sexual abuse and sexual harassment definitions and related definitions specific to the PREA Audit Report

agency.

The Policy clearly reflects the Department PREA coordinator shall aggregate the incident based sexual abuse data at least annually to include all incident-based and aggregated data from any private facility PSD has a contract with for the confinement of inmates. Related to element (c.), the agency PREA coordinator is responsible for completing the U.S. Department of Justice Bureau of Justice Statistics annual Survey of Sexual Victimization (SSV).

Specialized interview confirmed compliance with this standard.

#### **Standard 115.88 Data review for corrective action**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a) Agency PREA policy ADM.08.08 was reviewed and meets compliance with all elements of this standard. Documentation was provided supporting proof of practice and specialized interviews were conducted further supporting and confirming compliance with this standard.

Documentation provided:

Department of Public Safety Report to the 2014 Legislature, sexual assaults in correctional facilities  
PSD 2011-2013 Annual Report  
PSD 2014 Annual Report  
PSD 2015 Annual Report

#### **Standard 115.89 Data storage, publication, and destruction**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

(a,b) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of this standard. Policy clearly articulates the Department PREA Coordinator shall ensure that the incident-based and aggregated data are securely retained and ensures aggregated sexual abuse data is available to the public through the PSD's departmental website.

October, 4, 2016 auditor spent the afternoon at PSD headquarters conducting PREA agency level specialized interviews and was able to visit the area which data is retained which confirmed data is secure.

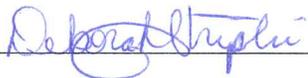
Auditor reviewed the agency website <http://dps.hawaii.gov> which reflected all data was readily available.

(c, d) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of this standard. Department PREA Coordinator shall remove all personal identifiers and comply with federal and state statute HRS 92(F) and Uniform Information Practices Act. Policy clearly reflects sexual abuse data collected will be maintained for at least 10 years.

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Deborah Striplin  \_\_\_\_\_

November 8, 2016 \_\_\_\_\_

Auditor Signature

Date