

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: November 3, 2016

Auditor Information			
Auditor name: Deborah Striplin			
Address: P.O. Box 7011 Carson City, NV 89705			
Email: dstriplin@doc.nv.gov			
Telephone number: 775-887-3142			
Date of facility visit: October 3-4, 2016			
Facility Information			
Facility name: Waiawa Correctional Facility			
Facility physical address: 94-560 Kamehameha Highway, Waipahu, Hawaii 96797			
Facility mailing address: <i>(if different from above)</i> P.O. Box 1839 Pearl City, Hawaii 96782			
Facility telephone number: 808-677-6129			
The facility is:	<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		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Mr. Sean Ornellas, Acting Warden			
Number of staff assigned to the facility in the last 12 months: 110			
Designed facility capacity: 334			
Current population of facility: 325			
Facility security levels/inmate custody levels: Minimum to Community			
Age range of the population: 21-70			
Name of PREA Compliance Manager: Ms. Teresa Miike		Title: CSI	
Email address: Teresa.t.miike@hawaii.gov		Telephone number: 808-677-6127	
Agency Information			
Name of agency: Department of Public Safety			
Governing authority or parent agency: <i>(if applicable)</i> State of Hawaii			
Physical address: 919 Ala Moana Boulevard Suite #400, Honolulu, HI 96814			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 808-587-1288			
Agency Chief Executive Officer			
Name: Mr. Nolan Espinda		Title: Director	
Email address: Nolan.p.espinda@hawaii.gov		Telephone number: 808-587-1350	
Agency-Wide PREA Coordinator			
Name: Ms. Shelley Nobriga		Title: Inspections and Investigations Officer	
Email address: shelley.d.nobriga@hawaii.gov		Telephone number: 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 Waiwa Correctional Facility (WCF) Monday, October 3rd and Tuesday, October 4th, 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 WCF for the onsite audit. In addition, the prior DOJ PREA audit report completed 2/17/15 was printed and reviewed.

Monday, October 3, 2016, 8:00 a.m. audit team arrived at WCF meeting at the Admin building for the morning meet and greet. In attendance was auditor, audit support staff, agency PREA coordinator designee, facility compliance manager, Sgt. designated to escort audit team and Acting Chief of Security. Onsite audit commenced upon completion of the meet and greet.

Administration Bldg. has multiple floors/levels; each floor is marked reflecting which areas inmates are not authorized. When inmates are in these areas they are under direct supervision of security staff. Auditor requested staff office doors be marked and/or windows be added further enhancing the facility in the prevention of sexual abuse and harassment and safety and security of staff and inmates.

Touring the store room it was recommended they install a mirror.

Intake: This area had windows and open view to ensure safety and security and did have appropriate barrier in around the toilet. PREA reporting posters were visible and there were no areas of concern.

Chapel: The only area of concern was in the restroom. Recommendation was made for a mirror or block off the back shower area which is no longer in use.

Medical: Recommended inmate reporting posters be posted and advocacy information be readily available. No other areas of concern.

Education: No areas of concern

Food service: No areas of concern

Buildings 4, 5, and 6: These buildings/inmate housing area's are two (2) story and identical in design. The first floor is the inmate activity area and security staff assigned to the building work area. PREA reporting posters and audit notification flyers were visible and posted in multiple areas. Second (2nd) floor was the inmate housing area which was very clean, touring the area there were no blind spots and clear view of inmates was observed. No areas of concern were noted.

Operations: No areas of concern

Building 9: PREA reporting posters and audit notifications were visible and no blind spots areas of concern found. Inmate living areas were very clean and inmates were respectful to the audit team when touring.

Building 10 (Kashbox): This building houses inmates who are part of a long term drug and alcohol treatment program Kashbox. The design of this building is identical to building 9. No areas of concern were noted.

Visiting: Recommended PREA posters need to be posted in this area, no other areas of concern.

Upon completion of facility tour audit team began random staff and staff specialized interviews.

Tuesday, October 4, 2016, 4:00 a.m. audit team arrived onsite at WCF to conduct 1st shift (graveyard) random staff interviews and specialized interview of 1st shift supervisors. 7:00 a.m. audit team completed additional interviews of staff and conducted random and specialized interviews of inmates to include interviews with inmates who wrote to auditor prior to onsite visit. Audit of WCF and exit debrief with Warden was completed around 12:00 p.m.

Tuesday, October 4, 2016, 2:00 p.m. audit team arrived at agency headquarters to conduct specialized interviews of agency level staff.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Waiawa Correctional Facility (WCF) is a 334-bed, minimum-security prison for sentenced male inmates. WCF provides an environment that helps inmates successfully re-enter the community from prison. All inmates participate in education or substance abuse treatment programs.

The WCF has 240 beds that are devoted to KASHBOX, an intensive residential substance abuse treatment program for inmates with serious substance abuse problems. Supporting Keiki of Incarcerated Parents is a unique pilot program designed to help male inmates with substance abuse issues become better fathers. This program allows the inmate to participate in parenting groups, and structured playgroups and reading activities with their children.

The WCF also provides general education programs, which allows inmates to work towards and associate of arts degree. Also, in-facility worklines such as food service, building maintenance, heavy equipment, farm, janitorial, educational tutoring, and landscaping, help inmates acquire skills, and practice good work habits.

SUMMARY OF AUDIT FINDINGS

WCF has done a very good job with maintaining compliance with the PREA standards and agency policy. Interviews were conducted on site with 9 specialized staff, 13 random staff, 20 random inmates, 2 specialized inmate interviews and 2 interviews with inmates who wrote to the PREA auditor prior to onsite audit. Staff and inmates were very respectful to the audit team, auditor observed very respectful communication between staff and inmates during tour. During inmate interviews of random and specialized inmates many of the inmates reported staff is respectful which supported auditor's observation prior to interviews. 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.

Thursday, October 6, 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 WCF meet compliance with this element.

Monday, October 3, 2016 specialized interview with WCF Acting Warden was completed. Warden was very knowledgeable regarding PREA requirements and his facility.

Tuesday, October 4, 2016 specialized interview with the PREA compliance manager was completed. Designated staff member has many responsibilities and stated at times finds it hard to keep up on all her duties. Related to her PREA responsibilities auditor did not observe deficiencies.

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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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

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 Seguardo 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)

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 this standard

WCF provided a copy of the facility staffing plan dated July 28, 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 WCF 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.

WCF provided a copy of the facility staffing plan dated July 28, 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)

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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WCF does not house youthful offenders; therefore this standard is not applicable to the facility.

Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of this standard should a youthful offender be confined within the agency.

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)

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(a) Department of Public Safety, Corrections Administration Policy and Procedures policy COR.08.13 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.

WCF 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.

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

Interviews with inmates confirmed opposite gender announcement are being conducted.

Interviews with staff confirmed cross gender announcements are being completed. Further clarification of how those announcements are being completed for the living area in buildings 4, 5, and 6 was provided by the female staff.

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

WCF 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 and inmates who identify as Transgender.

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)

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

WCF provided additional documentation 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.

WCF 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 inmates who were disabled or LEP was not completed as no inmates meeting this requirement were housed at WCF during onsite visit.

Specialized interviews conducted with supervisors confirmed training was received and they had knowledge of policy. Lower level staff also reporting receiving training related to this standard and reported they would not use another inmate and would notify the supervisor if an interpreter was needed.

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)

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

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)

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..

WCF has not had any substantial expansions/modifications or installed/updated video monitoring since their last audit.

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)

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, 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)

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

WCF 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. Specialized staff interviews completed onsite further supported compliance.

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)

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.

WCF 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.

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)

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.

WCF uploaded volunteer & contractor training to include the following forms which all volunteers and contractors are required to read and sign.

Mandatory Reporting
Prison Rape Elimination Act
Confidentiality

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)

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.

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

WCF 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 interview with staff member, this auditor reviewed PSD Offendertrak which supports inmate education

(f) Agency PREA policy ADM.08.08 was reviewed and meets compliance with this element of this standard. WCF provided supporting documentation and audit team viewing information during on-site tour meets compliance with this element of the standard.

10/4/16 interviews were conducted with inmates confirming PREA education had been completed not only upon transfer to WCF but many reported receiving the education upon initial intake at Halawa Correctional Center.

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, WCF 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) WCF 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 requirement 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)

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 this standard

WCF provided a copy of training received meeting compliance with agency policy and this standard.

- (b) This element is not applicable as inmates taken of site for forensic exams.

- (c) WCF 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)

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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, the PREA screening tool and instructions was provided 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 WCF compliance manager 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. The program is new and some glitches are still being worked, auditor reviewed the database and all requirements are met.

10/3/16 auditor conducted specialized interview with intake security staff member and reviewed Offendertrak and noted security staff is completing the assessment within the required time frame.

10/4/16 auditor conducted specialized interview of compliance manager and found she is completing the 30 day assessment in the new system and also documents on her original tracking form in the event the system is down. If the system goes down she documents on her tracking form then inputs the information in the data base when the system comes back up.

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)

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

During onsite tour and looking at bathroom and shower areas, auditor observed individual shower stalls which provides the inmates the ability to shower privately.

Specialized interview with Transgender inmates confirmed compliance. Inmates reported they were not being housed or treated differently from any other inmate.

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)

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

This standard is not applicable to WCF. WCF is a minimum security facility and does not have a protective custody/housing unit. Interview with staff was conducted and confirmed if an inmate required protective custody they would be transferred to another facility.

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.

WCF provided a copy of the 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/inmates interviews further 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, WCF 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.

WCF did not any grievances filed for allegations of sexual abuse, sexual harassment or retaliation during the audit period.

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

WCF provided a copy of the pamphlet "An Informational Guide for Offenders" which is provided to all inmates during intake and transfer reception. Additionally, information is printed on PREA posters and includes information on how inmates can obtain emotional support services.

(c) PSD has a contract 14-HSA-01 with the Sex Abuse Treatment Center (SATC). SATC is the only agency that provides statewide comprehensive victim sexual assault treatment services.

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.

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.

During onsite tour auditor recommended the PREA posters be placed in the visiting room.

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 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 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 and supported the policy and provided proof of practice in meeting compliance.

There were no instances within the last twelve (12) months where the facility or PSD staff received a report or suspicion that an inmate was at risk or subject to imminent sexual abuse.

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.

J2. 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.

WCF 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.

WCF 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
Contract date: 7/1/13 – 6/30/17

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.

Auditor received a letter from an inmate at WCF prior to onsite visit regarding an allegation he had filed. Due to the allegation still being part of an open investigation, this auditor was provided with limited information. What information was provided supported compliance with this standard not only response but appropriate action taken by the facility.

Tuesday, October 4, 2014 Interview was conducted with alleged victim in the open investigation and who had wrote to this auditor. During the interview the victim reported he had met with the designated staff member to include he was able to contact her anytime he had questions or concerns. The inmate reported to this auditor he had some concerns about other inmates saying things to him, not threatening in

nature but sexual innuendoes. This was reported to the facility PREA compliance manager and Warden who followed up with him.

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. WCF does not have any type of segregation housing, while the agency meets compliance this standard is not applicable to WCF.

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).

(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. Compliance with the element was confirmed during interviews with investigations, supervisors and staff. During staff interviews they reported they do not collect any evidence and their responsible is to preserve the area until an investigator arrives.

(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

(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.

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.

Auditor conducted interview with inmate victim who wrote to this auditor confirming compliance with this element.

(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. PSD shall also report the incident to any relevant licensing body applicable to the staff member.

WCF did not have any investigations that required to be reported to a licensing body during the previous 12 months.

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 and further confirmed staff knowledge and compliance with this standard.

Review of WCF PREA incident log for allegations within the 12 month audit period was completed. During the past twelve months WCF did not have any inmates who were disciplined for sexual abuse or sexual harassment. 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.

(e) 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 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. During specialized

interview, 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.

There is a facility exception related to elements (d,e) WCF does not house female inmates as such these elements are not applicable.

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 supporting documentation references within the policy supporting proof of practice and meeting compliance with agency policy and this standard. In addition, specialized interviews were conducted with more than one staff member who has been a team member of a sexual abuse incident review.

During separate specialized interviews with the Warden and facility PREA compliance manager, both reported WCF conducts SAR for all investigations (substantiated, unsubstantiated, unfounded).

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 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 3, 2016

Auditor Signature

Date