

PREA Facility Audit Report: Final

Name of Facility: Kulani Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 02/16/2022

Date Final Report Submitted: 08/10/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Deborah Striplin	Date of Signature: 08/10/2022

AUDITOR INFORMATION	
Auditor name:	Striplin, Deborah
Email:	dstriplin@doc.nv.gov
Start Date of On-Site Audit:	01/24/2022
End Date of On-Site Audit:	01/25/2022

FACILITY INFORMATION	
Facility name:	Kulani Correctional Facility
Facility physical address:	P.O. Box 4459, Hilo, Hawaii - 96720
Facility mailing address:	P.O. BOX 4459, Hilo, Hawaii - 96720

Primary Contact	
Name:	Mary Keala
Email Address:	mary.c.keala@hawaii.gov
Telephone Number:	808-932-4437

Warden/Jail Administrator/Sheriff/Director	
Name:	Wanda Craig
Email Address:	wanda.m.craig@hawaii.gov
Telephone Number:	808-932-4433

Facility PREA Compliance Manager	
Name:	Mary Keala
Email Address:	mary.c.keala@hawaii.gov
Telephone Number:	O: 808-932-4437

Facility Health Service Administrator On-site	
Name:	Jennifer Simeona
Email Address:	jennifer.k.simeona@hawaii.gov
Telephone Number:	808-932-4463

Facility Characteristics	
Designed facility capacity:	200
Current population of facility:	101
Average daily population for the past 12 months:	130
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	Adults 18+
Facility security levels/inmate custody levels:	minimum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	83
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	1

AGENCY INFORMATION	
Name of agency:	Hawaii Department of Public Safety
Governing authority or parent agency (if applicable):	
Physical Address:	1177 Alakea Street, Honolulu, Hawaii - 96813
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	Max Otani
Email Address:	max.n.otani@hawaii.gov
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Cheyenne Evans	Email Address:	cheyenne.l.evans@hawaii.gov

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
45	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-01-24
2. End date of the onsite portion of the audit:	2022-01-25

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<ul style="list-style-type: none">• Sexual Abuse Treatment Center (SATC) on the Island of Oahu• YWCA on the Island of Hawaii - Hilo

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	200
15. Average daily population for the past 12 months:	130
16. Number of inmate/resident/detainee housing units:	7
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	98
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	4
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	3
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	<p>Due to the pandemic causing a significant impact on the facility operations the audit team was limited to the number of offenders available for interview. During this time frame, the facility did not have an offender roster that identified the race or ethnicity of each offender. The Agency PREA Coordinator was able to request a report from headquarters with the current racial and ethnicity of each offender, however, it did not identify which dorm the offenders were housed in. The audit team compared the facility roster with the headquarters report to select a diverse population for interview.</p> <p>It should be noted that three of the housing dorms were under quarantine, as such the audit team could not select any offenders from these areas for interview. While the facility had a report listing offenders with physical and mental health disabilities, it did not differentiate the disability or level of disability. The audit team was able to interview one offender from a housing dorm that was not under quarantine.</p>
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	29
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	3

<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>The pandemic has caused a significant impact on the facility's daily operations over the last two years up to the on-site review and post-onsite. At the time of the on-site audit, volunteers were still prohibited from entering the facility with the exception of the Chaplain. The Chaplain is only authorized to pick up and drop off religious items at the facility during this audit time frame. The Chaplain was not scheduled to be on-site at the time of the on-site review, as such the audit team was unable to conduct an interview. Additionally, the facility has only authorized essential contract employees to be on-site.</p>
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INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>19</p>
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<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
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<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>During this time frame, the facility did not have an offender roster that identified the race or ethnicity of each offender. The Agency PREA Coordinator was able to request a report from headquarters with the current racial and ethnicity for each offender, however, it did not identify which dorm the offenders were housed. The audit team compared the facility roster with the headquarters report to select a diverse population for interview. It should be noted that three of the housing dorms were under quarantine, as such the audit team could not select any offenders from these areas for interview.</p>
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<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>
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<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The audit team was informed upon arrival at the facility three offender housing dorms were placed under quarantine. The decision was made by this auditor that the audit team would not enter these living areas nor interview any offenders housed in the quarantined dorms. Additionally, this is a small facility and did not have some of the specialized population for interviewing, as such the audit team increased random offender interviews.</p>
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Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	4
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This facility is minimum custody with specific classification requirements to be assigned. Additionally, the pandemic significantly impacted the facility to include three offender housing dorms under quarantine during the on-site review. Due to these restrictions, the audit team could not conduct interviews with those offenders.
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This was identified on-site to include the roster provided to the auditor team, interviews with random staff, and included taking into account three of the housing dorms were under quarantine which prevented the audit team from having any contact.

<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This was identified on-site to include the roster provided to the auditor team, interviews with random staff, and included taking into account three of the housing dorms were under quarantine which prevented the audit team from having any contact.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This was identified on-site to include the roster provided to the auditor team, interviews with random staff, and included taking into account three of the housing dorms were under quarantine which prevented the audit team from having any contact.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This was identified on-site to include the roster provided to the auditor team, interviews with random staff, and included taking into account three of the housing dorms were under quarantine which prevented the audit team from having any contact.</p>

<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This was identified on-site to include the roster provided to the auditor team, interviews with random staff, and included taking into account three of the housing dorms were under quarantine which prevented the audit team from having any contact.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This was identified on-site to include the roster provided to the auditor team, interviews with random staff, and included taking into account three of the housing dorms were under quarantine which prevented the audit team from having any contact.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This was identified on-site to include the roster provided to the auditor team, interviews with random staff, and included taking into account three of the housing dorms were under quarantine which prevented the audit team from having any contact.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>Due to the COVID-19 pandemic significantly impacting facility operations the audit team was not able to interview any offenders in three quarantined dorms.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>9</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Due to the pandemic causing a significant impact on the facility operations, the audit team was limited to the number of staff who were available for interviews.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>26</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>

81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	Due to the COVID pandemic over the last two years, volunteers and non-essential contract staff have not been authorized to enter any facilities.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>Day one: Physical plant review and staff and offender interviews The audit team and agency PREA Coordinator arrived on-site Monday, January 24, 2022, at 8:00 a.m. Before being allowed to pass through the main gate, visitors are required to provide proof of identification and must be listed on a document as authorized to enter the facility. After checking in at the main gate, the audit team proceeded to the administration building and was escorted by the facility PCM and training Sergeant to the Wardens conference room which was also designated as the primary work location for the audit team.</p> <p>The audit team was informed by the PCM that three of the offender housing dorms were placed under quarantine. The decision was made by this auditor that they would not enter the living areas nor interview any offenders housed in the quarantined dorms. The lead auditor was provided with the documentation requested by the lead auditor before the on-site review to include and not be limited to offender rosters separated by housing unit. The team reviewed offender rosters provided to include identifying a diverse selection of offenders for the random and specialized interviews.</p> <p>The rosters did not include race or ethnicity however the PREA Coordinator was able to contact a staff member from headquarters for a racial breakdown for the offenders currently housed at the facility. KCF is a small minimum custody work, program, and re-entry facility with specific requirements for offenders who can be assigned.</p> <p>At 0830, an initial meet and greet were held in the Warden's conference room, attended by the Agency PREA Coordinator, (PCM) and the training Sgt. The auditor discussed the logistics of the on-site review and provided an overview of the audit process. Around 9:00 a.m. the audit team commenced the physical plant review of all buildings, offender living dorms (except those under quarantine), work, and program areas. The audit team observed all areas for possible blind spots, camera surveillance, privacy from cross-gender viewing, PREA information on how to report and victim advocacy contact information, posting of the audit notifications, and reviewed the shift log for the unannounced supervisor tours. During the physical plant review, staff completed the female cross-gender announcement before the audit team entered the offender dorms. This was further affirmed when the audit team asked random offenders if female staff always announce when entering the dorms. Additionally, the lead auditor tested the PREA reporting line from the offender phones to confirm the report line was operational.</p> <p>After the audit team completed the physical plant review of offender dorms and some work areas, the audit team split up. The lead auditor continued the physical plant review of the offender work areas and the support staff commenced the random and specialized interviews with staff and offenders. After the lead auditor completed the physical plant work area review, she began conducting random and specialized interviews with staff and offenders along with the audit support staff.</p>

Interviews included staff from two shifts, watch two (days) and three, (swing), and one essential contract staff member from Correctional Industries. Correctional Industry staff are employed by the State of Hawaii under PSD but do not fall under the Division of Corrections. Correctional Industries staff were considered to be contract staff for this audit. The audit team also conducted random and specialized interviews with offenders. At the time of this audit, COVID restrictions implemented in 2020 to restrict volunteers and non-essential contract employees were still in place as such specialized interviews were not conducted.

Physical plant areas reviewed:

- Administration building
- Health Care Services
- Culinary
- Library
- Laundry
- Auto Shop
- Utility Room
- Gymn
- Correctional Industries
- Chapel
- Education building
- Greenhouse
- Visiting

Housing units

- Offender Dorms 1 – 3 were quarantined and unable to review living areas. The living quarters were the same style and layout as dorms 4 – 6.
- Offender Dorms 4 – 6: Open bay dorm
- Offender Dorm 7: Two open bay living areas and counted as 1 unit.
- This is the only unit with individual shower stalls with curtains for privacy. At the time of this audit, the facility did not have any identified Transgender Offenders and would assign them to this dorm to provide a private them with a private shower.
- Holding cells were located in Health Care Services

The audit team departed the facility around 4:30 p.m.

Day 2:

At 4:00 a.m. the lead auditor called the facility to conduct one specialized interview with the supervisor who conducts unannounced tours and two random staff interviews with those who are assigned to first watch (graveyard). The audit team arrived back on-site at 8:00 a.m. to continue specialized interviews with staff and review documentation. While the audit team was on-site the facility did not have any offenders arriving to observe the intake process and delivery of offender education. The staff who conduct offender education and complete risk screening assessments were interviewed and asked to explain the process as if the audit team member was the offender.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	During this facility's audit time frame, the facility did not have any reported incidents. In reviewing the 2020 annual report, the lead auditor identified that the facility did have incidents reported and investigations were completed. While this was before the twelve-month audit time frame, the auditor requested to review the three reported incident investigations.
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	3	0	3	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	3	0	3	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	x	x	x	x
Staff-on-inmate sexual harassment	x	x	x	x
Total	x	x	x	x

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

During this facility's audit time frame, the facility did not have any reported incidents. In reviewing the 2020 annual report, the lead auditor identified that the facility did have incidents reported and investigations were completed. While this was before the twelve-month audit time frame, the auditor requested to review the three reported incident investigations. There were no reported incidents falling under this category, as such information could not be reviewed.

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	x	x	x	x	x
Staff-on-inmate sexual abuse	x	x	x	x	x
Total	x	x	x	x	x

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

During this facility's audit time frame, the facility did not have any reported incidents. In reviewing the 2020 annual report, the lead auditor identified that the facility did have incidents reported and investigations were completed. While this was before the twelve-month audit time frame, the auditor requested to review the three reported incident investigations. There were no reported incidents falling under this category, as such information could not be reviewed.

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	3	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	3	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	x	x	x	x	x
Staff-on-inmate sexual harassment	x	x	x	x	x
Total	x	x	x	x	x

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

During this facility's audit time frame, the facility did not have any reported incidents. In reviewing the 2020 annual report, the lead auditor identified that the facility did have incidents reported and investigations were completed. While this was before the twelve-month audit time frame, the auditor requested to review the three reported incident investigations. There were no reported incidents falling under this category, as such information could not be reviewed.

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	x	x	x	x
Staff-on-inmate sexual harassment	x	x	x	x
Total	x	x	x	x

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

During this facility's audit time frame, the facility did not have any reported incidents. In reviewing the 2020 annual report, the lead auditor identified that the facility did have incidents reported and investigations were completed. While this was before the twelve-month audit time frame, the auditor requested to review the three reported incident investigations. There were no reported incidents falling under this category, as such information could not be reviewed.

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	3
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3

<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>During this facility's audit time frame, the facility did not have any reported incidents. In reviewing the 2020 annual report, the lead auditor identified that the facility did have incidents reported and investigations were completed. While this was before the twelve-month audit time frame, the auditor requested to review the three reported incident investigations. There were no reported incidents falling under this category, as such information could not be reviewed.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	

108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	During this facility's audit time frame, the facility did not have any reported incidents. In reviewing the 2020 annual report, the lead auditor identified that the facility did have incidents reported and investigations were completed. While this was before the twelve-month audit time frame, the auditor requested to review the three reported incident investigations.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input checked="" type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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<p>Identify your state/territory or county government employer by name:</p>	<p>Nevada Department of Corrections</p>
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<p>Was this audit conducted as part of a consortium or circular auditing arrangement?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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.

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated available evidence related to this standard:

Policy(s) and supporting documentation reviewed

- Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020)
- Interoffice memorandum date December 3, 2013
- PSD Corrections organizational chart
- Facility Coordinated Response Plan
- Position Description for Litigation Coordinator
- Position Description for the Program Specialist V
- *Agency policy ADM.08.08
- *Pictures of the posted audit notification flyers
- *Staff rosters
- *Last KCF final audit report
- *Offender Admission tracking logs

Interviews conducted

- Specialized interview with the Agency PREA Coordinator
- Specialized interview with the PREA Compliance Manager
- Specialized staff interviews
- Interviews with random staff

(a) The purpose of agency policy ADM.08.08 is to outline the Department of Public Safety's ("PSD") approach to ensure compliance with the Prison Rape Elimination Act ("PREA") of 2003, through the application of a zero-tolerance policy toward all forms of sexual abuse, sexual harassment, and retaliation for reporting incidents in prisons, jails, lockups, and community correctional centers. PSD has a zero-tolerance policy concerning all forms of sexual abuse, sexual harassment, and retaliation for reporting incidents involving:

(1) Offender by another offender, or

(2) Staff member on an offender,

In a PSD prison, jail, lockup, community correctional center, and privately contracted prison operating under the direct control of PSD or under contract with PSD. All references to "staff members" in this policy, by default, will include contractors and volunteers.

The agency's "zero-tolerance" policy means that sexual abuse and sexual harassment in any form are strictly prohibited and all allegations of such conduct will be investigated. Any retaliation against individuals for reporting an incident is also prohibited and will be investigated. This policy is intended to set forth the procedures for implementing and managing a "zero tolerance" policy. Additionally, this policy includes definitions (5.0) beginning on page six and ending on page 14. The agency policy added definitions for Gender X related to Act 148, amendment of Hawaii Revised Statute (HRS) 286-109, 286-111, and 286-33.

PREA incidents based on sexual abuse or sexual harassment, including retaliation against individuals for reporting, if substantiated, shall be subject to the administrative disciplinary process. The PREA incident shall be referred for a criminal investigation to the County Law Enforcement (LE) unless the allegation does not involve potentially criminal behavior.

(b) Agency policy ADM.08.08 states, "PSD has designated the Litigation Coordination Office, a branch of the Director's Office, to manage PREA. One of the Litigation Coordination Officer's functions is to fulfill the role of the upper-level staff member designated to serve as the Department's PREA Coordinator. The Department PREA Coordinator shall have sufficient time and authority to develop, implement, and oversee PSD's efforts to comply with the PREA standards in all PSD facilities, lockups, inclusive of monitoring at privately contracted facilities and community correctional centers. The Department PREA Coordinator reports directly to the Director of the Department of Public Safety.

The Litigation Division Program Specialist V has been designated as the Agency PREA Coordinator, supervised by the Litigation Coordinator, and she has direct access to the Agency Executive Leadership.

In addition to the reviewing agency policy ADM.08.08, the reviewed the State of Hawaii, Department of Public Safety, Office

of the Director Organization Chart date June 30, 2017. The documentation provided and interviews with the PREA Coordinator and Director supported the guidance posted on the PREA Resource Center under the Frequently Asked Questions (FAQ) dated December 18, 2015, which reads in part:

- In terms of authority, PREA Coordinators at the agency level must, at a minimum, have:
- Direct access to the agency's most senior leader or chief executive officer (e.g., Director, Secretary, Commissioner, Administrator, etc.);
- Direct access to the agency's executive or senior leadership team; and
- The influence necessary to create and implement agency-wide policies, procedures, and practices, without any interference from other levels of bureaucracy or supervision, and in accordance with the PREA standards and interpretative guidance issued by DOJ.

Pre-on-site interview: The lead auditor interviewed the Agency PREA Coordinator. The PREA Coordinator stated that she has the time and authority to oversee the agency's efforts to comply with the PREA standards. In coordinating the agencies and facility's efforts to comply with the PREA standards, the PREA Coordinator maintains consistent and regular contact with facility PREA compliance managers. This is completed through email, telephonic, or Teams meetings to schedule PCM meetings, provide updates to policy or procedures, new guidance released from the National PREA Resource Center, and spot check for internal audit checks. If issues are identified the agency PREA Coordinator will communicate with the facility Warden and PCM and arrange meetings as necessary. The PREA Coordinator also schedules annual in-person meetings with the PCMs to come together as a group for training and updates. The interview with the Director affirmed the PREA Coordinator has the authority to make changes to policy and procedures and has direct access to him and the Executive leadership.

(c) Agency policy states, "Each facility shall have a designated Facility PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA Standards, which may be part of their related duties. The Department PREA Coordinator will monitor the relevant PREA duties of the Facility PREA Compliance Managers in conjunction with the Warden or Sheriff."

Pre-on-site: On 11/18/2021 the lead auditor was notified that the facility audit was initiated in the OAS. After some time, the lead auditor contacted the Agency PREA Coordinator after not being able to see the facility listed in the OAS. The PREA Coordinator made contact with the PRC and learned the facility had assigned the PCM responsibilities to another staff member and she had not been informed of the change. The PREA Coordinator submitted a PCM change request and pending approval she emailed the auditor the paper PAQ to review facility information. In addition to the paper PAQ utilized for pre-on-site information, the auditor was provided information referenced above (*) under Policy(s) and supporting documentation reviewed. The lead auditor was conducting another PSD facility audit at the same time and was able to review the agency policies and procedures they provided for this facility audit before the PAQ was submitted.

On November 30, 2021, the auditor received notification a new audit had been created. After the audit was fully initiated the auditor made several inquiries about when the PAQs would be submitted to allow time for facility-specific documentation. December 10, 2021, 30 days before the on-site audit, the auditor received notification that the PAQ had been submitted and was ready for review.

Pre-on-site interview: The facility PREA Compliance Manager (PCM) was interviewed and they informed the auditor that the PCM role is not their only assigned duty. They have only been assigned this position for a short time and they are still learning the responsibilities of the PCM and adjusting to prioritizing the PCM responsibilities along with other assigned duties. When asked if she has sufficient time to coordinate the facility's efforts with PREA, she stated yes and no. She feels once she fully learns and grasps PREA she will have time to oversee and maintain compliance with PREA standards. At the time of the interview, it was determined that due to the time frame the Lt. was assigned as the PCM, she had very little understanding of the duties and responsibilities of a PCM. This change occurred within the pre-audit phase and only a few months before the on-site audit where she was provided very limited training and guidance. Once the PREA Coordinator was informed the Lt. had been appointed as the new facility PCM she immediately contacted the PCM, providing some training materials and information.

On-site review interviews: The audit team conducted random and specialized interviews with offenders and staff. The interviews supported that staff and offenders had knowledge and understanding of the agency's zero-tolerance policy and how to report allegations. Auditors observed PREA posters within all housing units, programs, and work areas.

Recommendations:

1. The PCM will need additional training from the PREA Coordinator and reach out to other facility PCMs for guidance.
2. A backup PCM who will also attend PCM training.

Conclusion: The auditor finds the facility meets compliance with this standard

115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In determining compliance the auditor triangulated available evidence related to this standard:</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020) • PSD contract with CoreCivic, Saguaro Correctional Facility, Eloy Arizona. • Saguaro Correctional Facility Final PREA audit report (5/6/2021) • PSD and U.S. DOJ Bureau of Prisons contract • U.S. DOJ Bureau of Prisons, FDC Honolulu Final PREA audit report (11/2/2021) • Copy of PSD Mainland/FDC Branch contractual Compliance Checklist: on-site visit 12/8 – 12/13, 2019 <p><u>Interviews conducted</u></p> <ul style="list-style-type: none"> • Specialized interview with the PREA Coordinator • Specialized interview with the agency Contracts Administrator <p><u>Private Prison Contracts:</u> PSD has two contracts for the confinement of offenders:</p> <ul style="list-style-type: none"> • PSD 21-ID MB28 contract with CoreCivic, Saguaro Correctional Facility, Eloy Arizona • IGA-661-02 (open-ended) between PSD and U.S. Federal Bureau of Prisons, Honolulu <p>(a) Agency policy ADM.08.08 mandates that any new contracts or contract renewals with private agencies or other entities for the confinement of PSD offenders shall include language that the private entity is required to adopt and comply with PREA, specifically the finalized PREA Standards.”</p> <p>(b) Agency policy ADM.08.08 states, “The private entity shall be subject to PSD monitoring/audits as part of its contract with PSD to ensure compliance with the PREA Standards. The policy also requires that the private entity is responsible for complying with the audit requirements of the PREA Standards and any cost associated with audits as required by standards §115.401 to §115.404.</p> <p>Pre-onsite review: The lead auditor reviewed Core Civic, Inc. contract PSD 21-ID/MB-28: This contract is effective from August 1, 2021- to July 31, 2024. Contract Scope of Services, page 11(t) – Prison Rape Elimination Act supports agency policy and provides the language for ongoing compliance. CoreCivic Scope of Work states in part, “The PROVIDER [CoreCivic] shall be in full compliance with the Prison Rape Elimination Act (PREA). Failure to maintain full compliance with PREA as demonstrated through facility-specific PREA compliance audit shall constitute an event of default on the part of the PROVIDER.”</p> <p>CoreCivic, Saguaro public website reviewed Saguaro Correctional Center (corecivic.com) and had final audit reports for 2014, 2017, and 2021 posted.</p> <p>PSD agency public website http://dps.hawaii.gov/policies-and-procedures/pp-prea/ reviewed for private prison final audit reports. The agency website had the final audit reports for Saguaro Correctional Center in 2014 and 2017. Contact was made with the agency PREA Coordinator regarding the 2021 final audit report and received notification on December 14, 2021, that the 2021 CoreCivic Saguaro final audit report had been posted on the agency website and was confirmed by the auditor.</p> <p>December 19, 2021, this auditor reviewed the public website of FDC Honolulu at https://www.bop.gov/locations/institutions/hon/HON_prea.pdf. FDC Honolulu's final audit report dated November 2, 2021 meeting full compliance was posted on the facility website.</p> <p>Pre-onsite specialized interviews: The lead auditor conducted a telephonic interview with the Agency Contract Administrator who stated that PSD has seven staff assigned to the Contracts Division and of those seven four are contract monitors. The contract monitors travel to conduct quarterly on-site audits at a private contract facility, Saguaro Correctional Center located in Eloy, Arizona. In addition to the on-site visits, they have a contracts monitor on-site at the facility who has oversight of contract compliance. During COVID-19 stay-at-home orders, contract monitors did not travel for on-site review and were monitored off-site. The contract staff also attend the weekly Wardens meeting via teleconference or virtually. PSD is notified when allegations of sexual abuse and sexual harassment are reported including receiving copies of reports and completed investigations.</p>

During the interview with the PREA Coordinator, she provided information regarding the contract between the Bureau of Prison which was further supported during the interview with the agency Contracts Administrator. The agency has an open-ended contract with the U.S. Department of Justice, Federal Bureau of Prisons (FBOP) to house PSD offenders in the Federal Detention Center (FDC) Honolulu facility beginning in 2001. The last amendment to the agreement was in 2009 to increase the number of inmates housed at FDC Honolulu. There have been no contract amendments since that time, and therefore prior to the release of the National PREA Standards released August 2012. It is understood by this auditor that all FBOPs were required to be compliant with the National Standards upon their release in August 2012.

Conclusion: The lead auditor reviewed all relevant information and determined the agency meets compliance with this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated available evidence related to this standard:

Policy(s) and supporting documentation reviewed

- Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020)

Interviews conducted

- Specialized interview with Warden
- Specialized interview with the PREA Compliance Manager
- Specialized interview with the PREA Coordinator
- Specialized interviews with facility supervisors
- Random interviews with staff

(a) Agency policy ADM.08.08 states "The Department PREA Coordinator in conjunction with the Institutions Division Administrator (IDA) shall ensure that each facility developed, documents, and makes its best efforts to comply on a regular basis with a written staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against sexual abuse." The policy requires that the facility takes into consideration the following:

1. Generally accepted detention and correctional practices;
2. Any judicial findings of inadequacy;
3. Any findings of inadequacy from federal investigative agencies;
4. Any findings of inadequacy from internal or external oversight bodies;
5. All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated);
6. The composition of the inmate population;
7. The number and placement of supervisory staff;
8. Generally accepted detention and correctional practices;
9. Any judicial findings of inadequacy;
10. Any findings of inadequacy from federal investigative agencies;
11. Any findings of inadequacy from internal or external oversight bodies;
12. All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated);
13. The composition of the inmate population;
14. The number and placement of supervisory staff

Pre-onsite interviews: Telephonic interviews with the Warden and PREA Compliance Manager were conducted, both stated they complete and send an annual report to the PREA Coordinator each year. The Warden also stated the facility leadership consistently reviews and assesses the staff plan throughout the year as needed.

(b) Agency Policy ADM.08.08 requires that in circumstances where the facility's written staffing plan is not complied with, the facility shall document by utilizing the PREA Mandated Reporting Form (PSD 8317) and justify all deviations from the plan."

(c) Agency policy ADM.08.08 states, "The Warden shall review the facility's written staffing plan annually in the month of July at the start of the fiscal year, and submit his/her assessment to the Department PREA Coordinator via email, fax, or mail by the end of the month. The Department PREA Coordinator will schedule a formal meeting to review the written staffing plan which shall consist of assessing, determining, and documenting whether adjustments are needed to:

1. The written staffing plan
2. The facility's deployment of video monitoring systems and other monitoring technologies; and
3. The resources the facility has available to ensure adherence to the staffing plan

Pre-onsite interview: Telephonic interview with the Agency PREA Coordinator was conducted who stated that each facility has a standardized amount of staff that has been approved by the State of Hawaii Legislative Bodies and is based upon the offender population. If additional staff is requested through the Legislative process the Union will also provide input to support the request. Each facility submits a staffing plan to the PREA Coordinator for review.

(d) Agency policy ADM.08.08 requires that the Warden ensures that lieutenants, captains, and correctional supervisors conduct and document unannounced walk-throughs on all watches to aid in identifying and deterring staff sexual abuse and

sexual harassment. The policy requires the walk-through tours to be documented in the housing unit Informer/Log Book and the Supervisor's watch summary. The policy further states that PSD staff is prohibited from alerting other staff members of the walk-throughs by supervisors unless such an announcement is related to the legitimate operational functions of the facility.

On-site review interviews: Targeted interviews were conducted with supervisors from each watch who conduct unannounced supervisor rounds. Additionally, random staff and offenders were interviewed to ascertain if they observe supervisors in housing and program areas and if they were approachable to talk to by both staff and offenders. All supervisors stated they conduct rounds and only inform the control officer they are leaving the administration building. The facility is small where all dorms face the administration building and can be viewed once staff exit onto the yard. Correctional Officers are not posted in the dorms and conduct rounds in accordance with their duties. Random staff and Offenders stated that supervisors conduct tours and are approachable and communicate professionally with both staff and offenders.

On-site observations:

1. While the audit team was conducting the physical plant review they reviewed unit shift logs to ascertain if the supervisory rounds were documented for provision (d). Supervisor tours are written in the logbook located in the control office in administration. The auditor reviewed the logbook and found supervisor rounds had been entered on all shifts and generally documented using a red ink pen.
2. The audit team identified that the shower curtain on one of the shower stalls in dorm 7 provided too much privacy, creating a blind spot. The curtain was a full-length solid white. This prevents ACOs and supervisors from identifying if more than one offender is in the shower stall at the same time. The only way staff would be able to identify is if they moved the shower curtain to see inside. Additionally, the lights in the shower area were off and when asked that they turn on the lights, they were not working.

Corrective Action: 115.13 (a) (5) The solid shower curtain in Dorm 7 needed to be replaced with one that would allow staff the ability to view this area if necessary to ensure only one person is in the shower stall while still providing coverage of genitalia and breasts should they have a transgender female housed at this facility. Additionally, the lighting in the shower needed to be addressed to ensure they were in good working order. Additionally, it was recommended that the PCM and Chief of Security remind supervisors and staff to monitor and check the lights when conducting security checks. **Follow-up:** On March 9, 2022, the auditor received photographs of the shower area with the lights which supported they had corrected this deficiency, and a picture of the new shower curtain.

Conclusion: The auditor finds the facility meets compliance with this standard.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

This facility does not house youthful offenders, as such this standard was not applicable. The Agency has a policy related to this standard and as such was reviewed.

In determining compliance the auditor triangulated available evidence related to this standard:

Policy(s) and supporting documentation reviewed

- Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020)
- Offender population report

Interviews conducted

- Specialized interview with the PREA Coordinator

Agency policy ADM.08.08 includes state law definitions and includes clarification between state law and PSD. ADM.08.08 states, "According to HRS §706-667, the Court has the authority to commit a young adult defendant, who is sentenced to a term of imprisonment exceeding a period of thirty (30) days to PSD. The statute defines a young adult defendant as a person convicted of a crime, who at the time of the offense is eighteen (18) and less than twenty-two (22) years of age and who has not been previously convicted of a felony as an adult or adjudicated as a juvenile for an offense that would have constituted a felony had the young adult defendant been an adult. The definition of an adult is a person eighteen (18) years or older (HRS §571-23).

PREA's definition of a youthful offender differs from the HRS §706-667 definition.

PREA defines a youthful offender as any person under the age of eighteen (18), who is under adult court supervision, incarcerated, or detained in a prison or jail. A youthful detainee is any person under the age of eighteen (18), who is under adult court supervision and detained in a lockup.

PSD does not normally manage youthful offenders/detainees as defined by PREA; however, it is important to note that specialized requirements would apply to the housing of a youthful offender/detainee in a PSD facility. According to HRS §571-22, the Family Court may relinquish its jurisdiction over a youthful offender and transfer the case to a Court of criminal jurisdiction for prosecution of the juvenile offender as an adult.

(a) Agency policy ADM.08.08 states, "If PSD does receive a youthful offender as defined by PREA, described in

paragraph (2) of this section, then the youthful offender shall not be housed in a housing unit in which the youthful offender shall have sight, sound, and physical contact with any adult offender through the use of a shared dayroom or other common space, shower area, or sleeping quarters. The facility staff shall document by utilizing the PREA Mandated Reporting Form (PSD 8317) any non-compliance with the above requirement. This form shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days.

(b) Agency policy ADM.08.08 requires, "PSD staff shall maintain sight, sound, and physical separation between the youthful offenders and adult offenders in areas outside of the housing units, or shall provide direct staff supervision when youthful offenders and adult offenders have sight, sound, and physical contact." The facility staff shall document by utilizing the PREA Mandated Reporting Form (PSD 8317) any non-compliance with the above requirement. This form shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days.

(c) Agency policy ADM.08.08 requires, "PSD shall document the exigent circumstances for each instance in which a youthful offender's access to large-muscle exercise, legally required educational services, other programs, and work opportunities are denied in order to separate them from adult offenders by utilizing the PREA Mandated Reporting Form (PSD 8317). This form shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days." The policy includes the provision that PSD shall make its best efforts to avoid placing youthful offenders in isolation to comply with this provision.

Pre-on-site: Reviewing the PAQ and during interviews with the PCM and Agency PREA Coordinator both stated that the facility does not house youthful offenders.

On-site review: Audit team determined that there were no youthful offenders housed at this facility

Conclusion: This auditor finds the facility Agency meets compliance with this standard.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>In determining compliance the auditor triangulated evidence related to this standard:</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020) • Cross-gender strip search documentation • COR.08.13 Duty Assignment for Corrections Officers <p><u>Interviews conducted</u></p> <ul style="list-style-type: none"> • Specialized interview with the PREA Coordinator • Random staff interviews • Random offender interviews <p>(a) Agency policy ADM.0.08 states, "PSD staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening), except in exigent circumstances, or when performed by medical practitioners." The policy referenced agency policy (COR.08.13), this policy was posted on the agency public website COR.08.13 Duty Assignment for Corrections Officers.pdf (hawaii.gov) (5/7/2018). Auditor reviewed the policy which outlines Correctional Officer procedures for searches covering this standard and standard provisions (a-c).</p> <p>ADM.08.08 includes staff requirements when there is an incident of cross-gender strip searches and cross-gender visual body cavity searches. Facility staff is required to document such incidents by utilizing the PREA Mandated Reporting Form (PSD 8317) and submitting to the Department PREA Coordinator via email, fax, or mail within three (3) days.</p> <p>On-site interviews: All staff interviewed stated that they do not conduct cross-gender strip searches or cross-gender visual body cavity searches of offenders. All offenders interviewed stated that female staff does not conduct strip searches or body cavity searches.</p> <p>(b) Agency policy ADM.0.08 states, "PSD staff shall not conduct cross-gender pat-down searches of female offenders, absent exigent circumstances." Further, the policy requires facilities shall not restrict female offenders' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.</p> <p>This provision is not applicable to this facility audit</p> <p>(c) Agency policy ADM.0.08 states, "All cross-gender pat-down searches of female offenders shall be documented by utilizing the PREA Mandated Reporting Form (PSD 8317). This form shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days."</p> <p>This provision is not applicable to this facility audit</p> <p>(d) Agency policy ADM.0.08 states "An offender shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks The facility staff shall document any exigent circumstances by utilizing the PREA Mandated Reporting Form (PSD 8317) any exigent incident. This form shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days." The policy further requires a staff of the opposite gender is required to "knock and announce" their presence when entering an offender housing unit and ensure that this notice is logged in the Informer or Log Book. The policy provides an example to staff on how they should conduct the knock and announce.</p> <p>On-site interviews: All offenders and staff who were interviewed stated that female staff does not see the male offender in undress and they are able to shower, change clothing and use the lavatory without being viewed by female staff. Additionally, staff and offenders stated that staff announces "female on the floor" prior to entering their living area.</p> <p>On-site observation: While conducting the physical plant review, staff announced "female on the floor" prior to the audit team entering offender's living quarters. This further supported policy and information learned during interviews with staff on offenders.</p> <p>(e) Agency policy ADM.0.08 states, "PSD Non-medical staff shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be</p>

determined from conversations with the offender, by reviewing medical records, or, if necessary, by learning this information as part of a medical examination conducted by a medical practitioner.”

On-site interviews: All staff interviewed stated that they would never search or physically examine a Transgender or Intersex offender for the sole purpose of determining the offender's genital status.

(f) Agency policy ADM.0.08 requires that staff are to ensure that cross-gender pat-down searches and searches of transgender and intersex offenders are conducted in a professional, respectful, and in the least intrusive manner while ensuring security and operational needs for the good government and orderly running of the facility. The professional and respectful pat-down search of a transgender and intersex offender may be achieved by using the back of your hand instead of the front of your hand.”

On-site interviews: All staff interviewed stated they had received training on how to conduct pat-down searches of Transgender and Intersex offenders. his facility did not have any Transgender Offenders during the on-site review and had been a few years since they have had any assigned. Staff was asked to describe how to conduct the search with all staff describing the appropriate placement to go around and under the breast with the blade/back of the hand. At the time of this audit, this facility did not have any transgender offenders.

Conclusion: This auditor finds the facility meets compliance with this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated available evidence related to this standard:

Policy(s) and supporting documentation reviewed

- Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020)
- Staff training slides related to Limited English Offenders and Translation services
- PSD 8317 PREA Mandated Reporting Form

Interviews conducted

- Specialized interview with Director
- Specialized Interviews with Offenders
- Random interviews with staff

(a) (b) Agency policy requires that “Disabled offenders and offenders with limited English proficiency shall be provided with equal opportunity to participate in or benefit from all aspects of PSD’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.”

(c) Agency policy includes the requirement that in the limited circumstances where offender interpreters or other types of offender assistance are utilized, it shall be documented by utilizing the PREA Mandated Reporting Form (PSD 8317). This form shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days. The policy also provides information that the Civil Rights Compliance Office (CRCO) has designated procedures for the use of authorized interpreters. Effective August 20, 2013, Pacific Interpreters at 1-866-421-3463 shall be contacted for interpreters. If further assistance is required on this matter, contact the Department PREA Coordinator or the Facility PREA Compliance Manager.

Auditor was provided a copy of the updated PSD Limited English Proficiency (LEP) Plan (09/01/2019 – 10/31/2021). The purpose of the plan is to take reasonable steps to ensure LEP inmates are able to gain meaningful access to PSD’s services and programs. This document defines LEP persons, and relevant factors in determining how to provide services and lists the following (6) components included in this plan.

1. Departmental reporting tool designed to obtain key information about the LEP population;
2. Compilation of a multi-lingual listing of PSD staff volunteers;
3. Notice of interpretation/translation services for qualified LEP persons;
4. Provision of interpretation/translation services for qualified LEP persons;
5. The role of the LEP Plan Coordinator; and,
6. Training of PSD staff on the LEP

Pre-on-site specialized interview: The Director is familiar with the agency policy and the established procedures to provide offenders who are disabled or limited English proficient during the offender intake/reception process. He stated that offenders are assessed by intake staff and they will utilize the interpretation services in the event translation is needed for those who are limited English proficient.

On-site review: Random staff and offender interviews were conducted. At the time of the on-site review and during this audit time frame this facility did not have any offenders who had physical or mental disabilities or limited English proficient. The auditor interviewed one offender with a low-level cognitive disability who stated they understood PREA information provided to them. It was identified through staff interviews that most staff were not aware the agency had a translation service provider. Additionally, while the PCM and supervisory staff were aware there was a translation service provider, when the lead auditor inquired where the instructions were located, the PCM and Watch commander on shift had to look for it. The instructions were on white paper posted on the information board in the administration building making it hard to locate.

Recommendation: Related to the instructions when a supervisor may need to contact the translation services, the auditor recommended the facility maintain the instructions for contacting the language translation provider in the Watch Commanders office vs on the bulletin board for easy access to include notifying supervisors where to locate the instructions.

Corrective Action: The facility has not maintained compliance with standard 115.31 and may have contributed to staff not fully understanding some of the requirements under 115.16. The agency is currently in the year where all staff is required to attend PREA refresher as such, this corrective action is intertwined with 115.31. **Follow up:** During the corrective action time frame, there was some delay in receiving proof of completed training. The auditor contacted the PREA Coordinator who was

informed by the Warden that the PCM was out due to extenuating circumstances and appointed a backup PCM facility. On 6/24/22 the facility sent a copy of the updated staff training log with all but six staff completing refresher training and they were scheduled for training. Additionally, the PREA Coordinator provided copies of all the staff training sign-in rosters to the auditor.

Conclusion: The auditor finds the facility meets substantial compliance with this standard

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated evidence related to this standard:

Policy(s) and supporting documentation reviewed

- Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020),
- Staff roster and selected random names to view supporting documentation
- Contractor/volunteer roster and selected randoms names to view supporting documentation
- PSD 8318 form (6/2021)
- Confidential background clearance form (security staff)
- Department of Human Resources Policy 702.003

Interviews conducted

- Specialized interview with Human Resources Administrator
- Interview with Program Services Administrator for Contractors and Volunteers

(a) Agency policy ADM.08.08 states, "PSD prohibits the hiring or promoting of anyone, who may have contact with offenders, and shall not utilize the services of any contractor or volunteer, who may have contact with offenders if that person:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution owned, operated, or managed by the state as defined by 42 U.S.C. 1997, for example, the Hawaii State Hospital or other states skilled nursing, intermediate, long-term care, custodial, or residential care institution;
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threat of force, or coercion, or if the victim did not consent or was unable to consent or refuse;
3. Has been civilly or administratively adjudicated to have engaged in the activity described in the paragraphs above."
4. Has been the subject of substantiated allegations of sexual abuse or sexual harassment or resigned during a pending investigation of alleged sexual abuse or sexual harassment.
5. There are less stringent requirements for volunteers, who are utilized as peer mentors, but this requires a case-by-case assessment and review with the Department PREA Coordinator.

(b) Agency policy ADM.08.08 requires that "PSD shall consider any incidents of sexual harassment in determining whether to hire or promote anyone or to utilize the services of any contractor or volunteer, who may have contact with offenders."

(c) (d) Agency policy ADM.08.08 states, "Before new employees, contractors or volunteers, who may have contact with offenders are hired, PSD shall:

1. Perform criminal background records checks, consistent with federal, state, and local law; and
2. Utilize a "best-effort" to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation, due to a pending investigation of an allegation of sexual abuse."

(e) Agency policy ADM.08.08 requires criminal background records checks at least every five years for current employees, contractors, and volunteers, who may have contact with offenders. The policy states the Persononnel's Office is responsible for ensuring compliance with the five-year cycle of background checks for employees and is required to conduct annual Lautenberg type of background checks on those employment positions that are required to carry a firearm.

(f) Agency policy ADM.08.08 requires that the agency will ask all applicants and employees, who may have direct contact with offenders, about previous misconduct(s) described above in (a) either on:

1. a written application,
2. during an interview for hire,
3. a promotional interview, or
4. if applicable, during any interview or written self-evaluation conducted as part of reviews of current employees. This requirement is documented by utilizing the PREA Applicant Questionnaire (PSD 8318), during the application process for prospective employees, employee promotions, or employee transfers.

Additionally, the policy requires that staff have the affirmative duty to immediately disclose any misconduct referenced above in section (a).

(g) Agency policy ADM.08.08 states, "Any PSD staff, who materially omits reporting such misconduct or provides materially false information shall be subject to discipline based on the just and proper cause standard, up to and including discharge." The State of Hawaii, Department of Human Resources Policy 702.003 was referenced in this section. Auditor reviewed the agency website Department of Human Resources Development | Policies & Procedures (hawaii.gov) for the referenced policy and found policy 702.003, Separation From Service (8/15/16) which addresses state employees.

(h) Agency policy ADM.08.08 states "PSD shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a current or former employee, upon receiving a request from an institutional employer conducting a background check on the employee, preferably with a signed consent to release information form." In addition, if the Department Personnel Officer receives such a request from an institutional employer, the request will be forwarded to the Department PREA Coordinator for review and drafting of a response.

Pre-onsite: Employee records and training files are maintained at Head Quarters on the Island of Oahu. To review supporting documentation, the auditor randomly selected staff from rosters provided by the PREA Coordinator. Staff selected included security and non-security staff from different divisions. On 12/10/21 the auditor received an email from the agency PREA Coordinator that the requested staff human resources and training documentation would not be available for auditor review until after the on-site audit review. This also impacted training documentation review under standard 115.31.

Pre-onsite interviews: A telephonic specialized interview was conducted with the Human Resources Administrator. The Human Resources Administrator stated PSD conducts criminal background checks for all newly hired employees and again every five years for current non-security employees. As stated above in provision (e) PSD personnel staff are required to conduct Lautenberg background checks every year for all security staff. PSD conducts National Criminal Information Center (NCIC) and Criminal Justice Information System (CJIS) and FBI Fingerprint background checks. In addition, if applicants have prior employment within a confinement setting, personnel staff will conduct a reference check to those agencies to ascertain if they had any substantiated finds for PREA violations. All staff is considered mandatory reporters to include the affirmative duty to disclose any misconduct. This requirement is referenced under Admin Rule #10.

A telephonic specialized interview was conducted with the Program Services Administrator for Contractors and Volunteers. The Program Services Administrator has oversight and conducts all criminal background investigations for contractors and volunteers. NCIC and CJIS background checks are conducted and during the interview, she stated that if a positive criminal hit response returned the information would be sent up the chain of command for further review. Due to COVID-19 and other variants, entrance into facilities for volunteers and contract employees is still restricted and only authorized to those performing physical plant repairs or on a case-by-case basis, those who perform religious services or instruct specific programming courses for Offenders. She stated that KCF has a limited number of program contract staff who are authorized to come on-site to conduct specific Offender programs.

Post-on-site: On February 10, 2022, the agency PREA coordinator uploaded employee documentation into the OAS for this auditor to review. The documents supported the agency in conducting criminal background checks, administrative adjudication checks, and institution reference checks for applicable candidates, and completed the required annual state law background checks for correctional staff. Additionally, information was provided for the volunteer background information and PREA checks for the Chaplain.

Conclusion: Based on the documentation and evidence available, the auditor finds the facility meets compliance with this standard.

115.18	Upgrades to facilities and technologies
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1177 300">In determining compliance the auditor triangulated available evidence related to this standard:</p> <p data-bbox="242 329 742 358"><u>Policy(s) and supporting documentation reviewed</u></p> <p data-bbox="242 387 1066 416">Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020)</p> <p data-bbox="242 445 456 474"><u>Interviews conducted</u></p> <ul data-bbox="284 521 687 584" style="list-style-type: none"> • Specialized interview with the Director • Specialized interview with the Warden <p data-bbox="242 613 533 642">Supporting documentation</p> <ul data-bbox="284 689 619 719" style="list-style-type: none"> • Blue-print of the physical plant <p data-bbox="242 748 1430 842">(a) Agency policy ADM.08.08 states, "When designing or acquiring any new facility, and in planning any substantial expansion or modification of existing facilities, PSD shall consider the impact that the design, acquisition, expansion, or modification will have on PSD's ability to protect offenders from sexual abuse."</p> <p data-bbox="242 871 1485 965">(b) Agency policy ADM.08.08 states, "When installing or updating a video monitoring system, electronic surveillance system. Close circuit television (CCTV), or other monitoring technology, PSD shall consider how such technology may enhance the agency's ability to protect offenders from sexual abuse."</p> <p data-bbox="242 994 1473 1126">Pre-on-site interviews: During the specialized interview with the Director, he stated that the agency has plans for designing and completing substantial plant modifications at some of its facilities over the next few years. They will be taking into consideration the design to limit blind spots and the best placement for video surveillance. Facilities with video surveillance are placed in common areas and areas with less supervision to support the investigatory process.</p> <p data-bbox="242 1155 1493 1249">It was learned during the specialized interview with the Warden that this facility is in the process of Capital Improvement Projects (CIP) to install video equipment and physical plant repairs. Prior to any installations or making any improvements the Warden and designated facility staff consider enhancing those areas that may enhance offender sexual safety.</p> <p data-bbox="242 1279 1477 1408">On-site observations: While conducting the physical plant review, the audit team was able to view camera placements and video monitoring and spoke with the staff member who monitors the cameras. The facility executive staff considered placement to limit blind spots to help prevent sexual abuse of offenders. Additionally, the PCM provided the auditor an update on the CIP and anticipated completion date by end of the calendar year 2022.</p> <p data-bbox="242 1438 1042 1467">Conclusion: The auditor finds the facility meets compliance with this standard.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated available evidence related to this standard:

Policy(s) and supporting documentation reviewed

- Reviewed agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020),

Interviews conducted

- Specialized interview with PREA Compliance Manager
- Interview with random staff
- Specialized interview with a staff member from the Hilo Medical Center
- Specialized interview with a community victim advocate
- Specialized interview with facility investigator

(a) Agency policy ADM.08.08 states "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, Hawaii Police Department, Maui Police Department, and Kauai Police Department). if county LE declines to investigate the initial report related to a criminal case, then a referral shall be made to the State of Hawaii, Department of the Attorney General (AG) to investigate the criminal case. PSD staff are required to cooperate with the county LE's or AG's criminal investigation. PSD staff shall be afforded protections based on Garrity Warnings in the administrative investigation if the facts constitute a criminal offense or warrant a criminal investigation.

(b) Agency policy ADM.08.08 states, "PSD utilizes departmental evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and preserves the crime scene for criminal investigations and prosecutions."

(c) Agency policy ADM.08.08 indicates "The Health Care Division staff shall determine, based on evidentiary or medical needs, whether a victim of sexual abuse will be transported for a forensic medical examination at the Sex Abuse Treatment Center (SATC) or at a hospital emergency unit. This shall be at no financial cost to the victim. In facilities without twenty-four (24) hour medical, then the on-call physician shall be contacted. The use of Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) are utilized at SATC. On the outer islands, a comparable program is utilized. If a SAFE or SANE is not available the examination may be performed by other qualified medical practitioners. The SATC and its contracted representatives on the out islands have indicated that victim advocates are available during an examination."

(d) Agency policy ADM.08.08 indicates, "At the request and approval of the victim, a victim advocate from the SATC or SATC contracted provider on the outer islands shall be provided to support the victim through the forensic medical examination process and the investigatory interview. The purpose of a victim advocate is to provide emotional support, crisis intervention, information, and referrals."

(e) Agency policy ADM.08.08 requires, "At the request and approval of the victim, a victim advocate from the SATC or SATC contracted provider on the outer islands shall be provided to support the victim through the forensic medical examination process and the investigatory interview. The purpose of a victim advocate is to provide emotional support, crisis intervention, information, and referrals."

(g) Agency policy ADM.08.08 requires, "PSD shall ensure that internal investigations comply with the above requirements [regarding evidence protocols and forensic examinations] and external investigative entities (County LE) have procedures in place to comply with the above requirement."

(f and h) These provisions are not applicable as PSD has a contract with SATC which includes in-person services available to sexual assault victims at all times, 24 hours per day, 365 days per year.

Pre-on-site specialized interviews: The Warden, PCM, Agency PREA Coordinator, facility investigator, and facility medical staff stated that neither the agency nor facility conducts sexual assault forensic exams. Offenders reporting sexual abuse within a time frame to collect forensic evidence are transported to Hilo Medical Center. Local law enforcement is contacted and assumes control of the crime scene and criminal investigation including contacting the on-call Sexual Assault Nurse Examiner to respond. The facility investigator is responsible for conducting the administrative investigations. The facility PREA Compliance Manager who is also designated as the facility PREA investigator is provided the case number from the LE to follow up on the status of the case.

Hilo Medical Center: On 12/13/21 the lead auditor contacted Hilo Medical Center to speak with the Sexual Assault Forensic Nurse. The auditor was advised that they do not have a Sexual Assault Nurse Examiner (SANE) on-site and they are on-call. The staff member stated the Hilo Police Department would make contact with the Emergency Room to contact the SANE to respond to the Medical Center to conduct the exam. They stated that offenders who are brought in for an exam are not charged for the services. The facility coordinated response plan includes that local law enforcement is contacted for reports of sexual abuse/assault within time frames to collect forensic evidence.

Community Victim Advocate interview: 12/13/2021 contacted the Sexual Abuse Treatment Center (SATC). The SATC is the contracting community victim advocate organization. They are located on the Island of Oahu and sub-contract with YWCA on the Island of Hawaii and provided their contact information to this auditor. On this same date, an attempt was made and a phone message was left for a return call. The auditor did not receive a callback and made a second attempt, leaving another message on 1/12/2022.

On-site review: The facility did not have any offenders who reported sexual abuse at the time of this audit. Interviews with random staff supported that they knew they secure the crime scene and the local law enforcement would conduct criminal investigations. They also knew that the PCM is responsible for conducting the facility's administrative sexual abuse investigations.

Post-on-site: After returning from the on-site audit the lead auditor made a third attempt to contact YWCA and was able to interview an advocate. It should be noted that community victim advocates have been working from home offices since the beginning of the COVID pandemic to the present date and have only been able to provide services via tele-med, telephonic, and written correspondence. The victim advocate stated that they have not been contacted to provide services in a long time and if contacted they would respond to Hilo Medical Center to support the victim through the exam and investigatory process.

Conclusion: The auditor finds the facility meets compliance with this standard.

115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In determining compliance the auditor triangulated available evidence related to this standard:</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020) <p><u>Interviews conducted</u></p> <ul style="list-style-type: none"> • Specialized interview with the Director • Specialized interview with Facility investigator • Interview with the PREA Coordinator <p>(a) Agency policy ADM.08.08 states “PSD ensures that an internal administrative investigation and an external referral for criminal investigation are completed for all allegations of sexual abuse and sexual harassment with the limitation that any criminal referral for sexual harassment must meet a criminal standard.”</p> <p>This facility is located on the Island of Hawaii and per policy, all external referrals for a criminal investigation shall be processed through Hawaii Police Department. The facility staff is required to complete the Department of Public Safety PREA Response Incident Checklist form, PSD 8313, for all allegations of sexual abuse and sexual harassment. This facility has developed a PREA Coordinated Response Incident Checklist and per policy, they have incorporated at a minimum all variables included on the Department’s PREA Response Incident Checklist (PSD 8313). This form and initial reports shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days.</p> <p>(b) Agency policy requires allegations of sexual abuse or sexual harassment involving potentially criminal behavior, then the allegation shall be immediately referred to the County Law Enforcement. PSD Internal Affairs Office ("IA") shall be immediately notified of any allegation of sexual abuse or potentially serious incident of sexual harassment. The administrative investigation may be completed by IA or at the facility level pursuant to an order of the Director or his/her designee.</p> <p>(c) PSD publishes the Department policy, ADM.08.08, Prison Rape Elimination Act on the official department website at www.hawaii.gov/psd.”</p> <p>(d) Agency policy ADM.08.08 states “County LE may have their own policy governing how criminal investigations of sexual abuse are conducted. PSD does not manage criminal investigations for sexual abuse or criminal sexual harassment.”</p> <p>Pre-on-site interviews: During the specialized interviews with the Director and Agency PREA Coordinator both stated that all reported incidents of sexual abuse and sexual harassment are completed. Local law enforcement is contacted for all allegations warranting a criminal investigation. Administrative investigations are conducted by the facility investigator or Internal Affairs investigator who is located at Head Quarters on the Island of Oahu.</p> <p>The interview with the facility investigator affirmed information learned from the Director, Agency PREA Coordinator, and agency policy requirements.</p> <p>Conclusion: The lead auditor finds the agency and facility meet full compliance with this standard</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated available evidence related to this standard:

Policy(s) and supporting documentation reviewed

- Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020)
- PREA staff training curricula
- Sample of staff training files
- Previous Final PREA Audit Report

Interviews conducted

- Random staff interviews

a) Agency policy ADM.08.08 outlines staff training requirements. PSD provides a comprehensive training module for all staff emphasizing PSD's zero-tolerance policy and the importance of preventing sexual abuse / sexual assault and sexual harassment toward offenders. PSD educates staff about the serious impact of offender sexual victimization within a correctional setting. All PSD staff who may have contact with offenders trained on:

1. PSD's zero- tolerance policy for offender sexual and sexual harassment;
2. How to fulfill their responsibility under PSD's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
3. Offenders' rights to be free from sexual abuse and sexual harassment;
4. The right of offenders and staff to be free from retaliation for reporting sexual abuse and sexual harassment;
5. The dynamics of sexual abuse and sexual harassment in confinement;
6. The common reactions of victims of sexual abuse and sexual harassment;
7. How to detect and respond to signs of threatened and actual sexual abuse;
8. How to avoid inappropriate relationships with offenders based on staff over-familiarity and fraternization;
9. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

(b) PSD's staff training is tailored to address all genders of offenders in a correctional facility; therefore, additional training is not required when a staff member transfers to a different gender facility.

(c) Agency policy ADM.08.08 requires the Warden, PSD Administrators, or Sheriff will ensure that all current staff has received PREA training. The Warden or Sheriff shall notify the Department's Training and Staff Development Office (TSD) and the PREA Coordinator of any individual who requires training. PSD training acknowledgment forms and sign-in sheets are verification that the staff member received and understood the PREA training. The acknowledgment form shall include the following statement: "By signing, I acknowledge receipt of PREA training and understand the materials presented.

The Warden, Sheriff, or TSD staff shall provide each staff member with a refresher PREA training every two (2) years to ensure that the staff member is aware of PSD's PREA policy related to offender sexual abuse, offender sexual harassment, and any retaliation for reporting or assisting in an investigation. In years when the staff member does not receive the refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies through the PSD website, handouts, posters, memorandums, etc."

(d) Agency policy ADM.08.08 states "The acknowledgment form documentation substantiates that the staff member has completed the required training and his/her completion shall be entered on the staff member's training record with TSD. A copy shall also be provided to the PSD PREA Coordinator via email, fax, or mail within three (3) days."

Pre-onsite: The auditor conducted a review of the staff training curricula which addressed all provisions and reviewed their previous audit report which noted that they had been in corrective action for this standard. The auditor requested to review documentation from the employee records and training files which are maintained at Head Quarters on the Island of Oahu. The audit team selected random staff including security staff and non-security staff from different divisions. During the time frame of the pre-onsite and on-site audit, the PREA Coordinator was unable to collect and provide the requested documentation for review. Documentation was provided to the auditor after the on-site review before the issuance of the interim report. This additionally applied to employee documentation review under standard 115.17.

On-site review: Random interviews with staff supported they have received PREA training. Staff who have worked for the agency and facility for many years received the initial PREA training during the implementation phase. Staff hired after PREA was implemented received during new hire PREA training in the academy. All staff who were interviewed stated they have received refresher training, however, were not able to say if they had in-class PREA refresher recently. Some of the staff were not familiar with the translation services for offenders who are limited English proficient (115.16) and they did not fully understand their responsibilities as a first responder to an incident of sexual abuse (115.64).

Post-onsite: On 2/1/2022 the lead auditor reviewed documentation uploaded into the OAS for the staff members selected before the on-site review. It was identified that the majority of the staff had not completed the required mandatory PREA training in 2020 and did not appear that an attempt had been made to correct this deficiency during 2021. This may have been a result of the pandemic causing a significant impact on the daily operations within confinement facilities.

Corrective Action: This corrective action intertwines with standards 115.16 and 115.64. The facility has not maintained compliance with this standard and may have contributed to staff not fully understanding some of the requirements under 115.16 and 115.64. The auditor asked the PCM to provide the facility training tracking log for staff to include the date they attended PREA refresher training and copies of the training sign-in logs, notating any staff who are out for an extended time. On February 10, 2022, the auditor was informed that KCF staff will be attending a staff PREA refresher along with staff from the Hawaii Community Correctional Center (HCCC). **Follow up:** During the corrective action time frame, there was some delay in receiving proof of completed training. The auditor contacted the PREA Coordinator who was informed by the Warden that the PCM was out due to extenuating circumstances and appointed a backup PCM facility. On 6/24/22 the facility sent a copy of the updated staff training log with all but six staff completing refresher training and they were scheduled for training. Additionally, the PREA Coordinator provided copies of all the staff training sign-in rosters to the auditor.

Conclusion: The auditor finds the facility meets substantial compliance with this standard.

115.32	Volunteer and contractor training
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1177 300">In determining compliance the auditor triangulated available evidence related to this standard:</p> <p data-bbox="242 327 743 356"><u>Policy(s) and supporting documentation reviewed</u></p> <ul data-bbox="284 405 1131 501" style="list-style-type: none"> • Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020) • Sample volunteer record • Contractor - Volunteer curricula <p data-bbox="242 528 456 557"><u>Interviews conducted</u></p> <ul data-bbox="284 607 1082 669" style="list-style-type: none"> • Interview with Program Services Administrator for Contractors and Volunteers • Specialized contractor <p data-bbox="242 696 1489 860">(a) Agency policy ADM.08.08 requires all volunteers and contractors who have contact with offenders shall be trained on PREA, PSD's policy, and their responsibilities regarding the prevention, detection, and how to respond to a report of offender sexual abuse and sexual harassment. The staff member responsible for training volunteers, or the staff member who contracts on behalf of PSD or the facility, shall ensure that all volunteers and contractors are trained on their responsibilities regarding offender sexual abuse and sexual harassment.</p> <p data-bbox="242 887 1485 985">(b) Agency policy ADM.08.08 states "The level and type of training provided to volunteers and contractors shall be tailored to the level of contact and services provided to offenders. All current volunteers and contractors have been notified of PSD's zero-tolerance policy regarding offender sexual abuse and sexual harassment, as well as how to report such incidents."</p> <p data-bbox="242 1012 1453 1111">(c) PSD maintains documentation confirming that volunteers and contractors received an appropriate level of training and that they understood the information provided. A copy shall be maintained with the PSD Volunteer Coordinator and is available to the PSD PREA Coordinator upon request."</p> <p data-bbox="242 1137 1497 1368">Pre-on-site: A telephonic specialized interview was conducted with the Program Services Administrator for Contractors and Volunteers. All contract staff and volunteers are required to attend initial PREA training prior to contact with offenders and again every two years. All volunteers and contract staff are required to attend an in-class PREA training at Headquarters. Due to the COVID pandemic over the last two years, volunteers and non-essential contract staff have not been authorized to enter any facilities. Contract staff and volunteers are due for PREA training and will be required to attend PREA training once they are able to conduct training in person. At the time of this audit, there has not been a set time to schedule in-person training.</p> <p data-bbox="242 1395 1474 1559">On-site review: This facility has essential Correctional Industries (CI) contract employees working in the facility. The audit support staff conducted an interview with one employee who attended PREA training and understood the agency's Zero Tolerance policy and how to report. The only volunteer who comes to the facility is the Chaplain. He was not at the facility during the on-site review and they are only authorized to drop off religious items to staff and provide them to offenders and pick up requests given to staff from offenders. There are currently no on-site services being provided.</p> <p data-bbox="242 1585 1035 1615">Conclusion: The auditor finds the facility meets compliance with this standard.</p>

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

In determining compliance the auditor triangulated available evidence related to this standard:

Policy(s) and supporting documentation reviewed

- Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020)
- Offender education acknowledgment form (reviewed on-site)
- Education video (reviewed on-site)

Interviews conducted

- Specialized staff interview
- Random and specialized offender interviews
- Reviewed offender education/orientation documentation
- Interview with the PREA Coordinator

(a) Agency policy ADM.08.08 states, "Offenders shall receive verbal and written information at the time of intake by Intake Service Center (ISC) staff about PSD's zero-tolerance policy and how to report incidents or suspected incidents of sexual abuse or sexual harassment."

(b) Agency policy ADM.08.08 outlines offender training requirement that within thirty (30) days of intake, the PSD facility shall provide comprehensive PREA education via video (JDI video) or classroom instruction to offenders that addresses:

1. Prevention and intervention;
2. Self-protection;
3. Reporting sexual abuse, sexual harassment, and protection from retaliation, including information on the options to report the incident to a designated staff member other than an immediate point-of-contact line officer;
4. Treatment and counseling;
5. PSD's zero-tolerance for sexual abuse/sexual assault, sexual harassment, and retaliation

(c) Agency policy ADM.08.08 states "Effective August 2013, all current offenders should have received information on PREA. PSD requires that offenders who are transferred from one facility to another be re-educated only to the extent that the policies and procedures of the new facility differ from those of the previous facility."

(d) Agency policy ADM.08.08 states, "It is PSD's policy to make appropriate provisions, as necessary, for offenders with limited English proficiency through CRCO's [Civil Rights Compliance Office] identification of authorized interpreters.

Accommodations for offenders with disabilities (including offenders who are deaf or hard of hearing, those who are blind or who have low vision, or those who have intellectual, psychiatric, or speech disabilities) and offenders with low literacy levels shall be made on the facility level.

ISC staff shall document by utilizing the PREA Mandated Reporting Form (PSD 8317), if an inmate requires accommodation and this form shall be forwarded to the Facility PREA Manager and Department PREA Coordinator via email fax, or mail within three (3) days."

(e) Agency policy ADM.08.08 requires each facility maintains electronic or written documentation of an offender's participation in the educational session (video or classroom). This documentation shall be forwarded to the Facility PREA Manager and the Department PREA Coordinator via email, fax, or mail within three (3) days."

(f) Agency policy ADM.08.08 requires PSD will ensure that key information on PSD's PREA policies is continuously and readily available or visible through posters, handouts, offender handbooks, and resources in the offender library."

On-site review: All offenders selected for interview stated they had received the PREA education when they arrived at the facility and watched a video with most stating that they were provided a pamphlet with the PREA information. Offenders stated they understood the information received and how to report including referencing the PREA information that is posted throughout the facility. The audit support staff interviewed the staff member who provides the offender education and asked him to walk her through the process. They also provided the audit team a copy of the offender pamphlet and the documentation offenders sign acknowledging education received.

Conclusion: The auditor finds the facility meets compliance with this standard.

115.34

Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated available evidence related to this standard:

Policy(s) and supporting documentation reviewed

- Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020)
- Training acknowledgment certificates
- Investigation training curricula
- The Sex Abuse Treatment Center and Honolulu Police Department
- National Institute of Corrections - Specialized Training, Investigating Sexual Abuse in a Confinement Setting
- Wicklander-Zulawski and Associates: Effects of Trauma on Behavior and Memory

Interviews conducted

- Specialized facility investigator interview

(a) Agency policy ADM.08.08 requires IA [Internal Affairs], or facilities, if authorized by the Director, shall conduct the internal administrative investigation for any allegations of sexual abuse. In addition to general training provided to all employees, PSD investigators shall receive training on conducting sexual abuse investigations in confinement settings.

(b) Agency policy ADM.08.08 outlines PSD's specialized training to include:

1. techniques for interviewing sexual abuse victims,
2. proper use of Miranda (not applicable) and Garrity warnings,
3. preserving sexual abuse evidence for collection in confinement settings, and
4. an understanding of the criteria and evidence required to substantiate a case in an administrative proceeding or
5. for a referral by a county LE agency for criminal prosecution

(c) Agency policy ADM.08.08 requires that PSD will maintain documentation substantiating that investigators have completed the required training and it shall be documented on the staff member's training record with TSD [Training and Staff Development]. A copy shall also be provided to the Department PREA Coordinator via email, fax, or mail within three (3) days.

(d) Agency policy states, "County LE may have their own policy governing how criminal investigations of sexual abuse are conducted. PSD does not manage criminal investigations for sexual abuse or criminal sexual harassment."

Agency policy ADM.08.08 states "The Department PREA Coordinator will be responsible for the classroom requirement of sexual abuse investigations training. IA investigators or Facility Investigators may comply with this provision through the webinars for Specialized PREA Investigations Training offered at the PRC website and the National Institute of Corrections (NIC) website."

Pre-on-site specialized interviews: One of the assigned duties of the facility PCM is to conduct the PREA-related facility administrative investigations. The newly appointed PCM and previous PCM have completed specialized training in compliance with agency policy.

An interview was conducted with the previous PCM who had completed administrative investigations and completed specialized training. The previous PCM had completed the specialized training for conducting sexual abuse investigations and was confirmed through documentation and this interview. He was able to provide describe the interviewing techniques for sexual abuse victims. He understands the difference between a Miranda warning and a Garrity warning however, would not issue Miranda as they do not have that authority. He could not recall conducting an administrative investigation involving a staff member and would have issued a Garrity warning if an investigation was assigned.

Conclusion: Upon reviewing training documentation, training curricula, and interview with the current and previous PCM supported the understanding of the training received. The previous PCM who had conducted investigations applied what was learned. Additionally, this auditor has previously completed and is familiar with the National Institute of Corrections Specialized Training for Investigators curricula. This auditor finds the facility meets compliance with this standard.

115.35	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In determining compliance the auditor triangulated evidence related to this standard:</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020) • Specialized training documentation <p><u>Interviews conducted</u></p> <ul style="list-style-type: none"> • Specialized interviews with Medical and Mental Health staff <p>(a) Agency policy ADM.08.08 requires “All full-time and part-time medical and mental health practitioners, who work regularly in PSD facilities should be trained in:</p> <ol style="list-style-type: none"> 1. How to detect and assess signs of sexual abuse and sexual harassment; 2. How to preserve physical evidence of sexual abuse; 3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p>(b) PSD medical staff are not responsible for conducting forensic medical examinations. This is addressed in agency policy ADM.08.08.</p> <p>(c-d) Agency policy ADM.08.08 requires that PSD will maintain documentation substantiating that medical and mental health practitioners have completed the required training and it shall be documented on the staff member’s training record with TSD. Additionally, medical and mental health practitioners shall receive training mandated for employees as outlined in 115.31 and based on the practitioner’s status. Medical and mental health practitioners may comply with this provision through the webinars for Specialized PREA Training for Medical and Mental Health Practitioners offered at the PRC website and the National Institute of Corrections (NIC) website.”</p> <p>Pre-onsite: This auditor was conducting two PSD facility audits within the same time frame and reviewed documentation provided for each facility in the OAS. Mental Health staff from the other facility also provide services for offenders at KCF and found the specialized Mental Health Training certificates within the other facilities supporting documentation. It was also identified that staff may transfer between these two facilities and staff documentation may not follow but is maintained by the PCMs at one or both of these facilities.</p> <p>During specialized interviews with Medical staff, it was identified that they could not recall completing the NIC specialized training and referenced staff PREA training under 115.31. Reviewing the documentation provided, staff did complete the specialized NIC training course when they were hired or when the facility began implementing standards.</p> <p>The Mental Health Practitioner was able to describe elements of the specialized NIC Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. Reviewing the NIC training acknowledgments provided for this staff member, he had two from different years supporting he has completed the course as a refresher. This was the only staff member to have more than one certificate.</p> <p><i>Recommendations:</i></p> <ol style="list-style-type: none"> 1. While not required but due to the amount of time that has passed from dates on training certificates Medical and Mental Health staff would benefit from taking a refresher NIC course. 2. Agency policy ADM.08.08 update “should” be trained to “shall” be trained. <p>Conclusion: The auditor finds the facility meets compliance with this standard.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated available evidence related to this standard:

Policy(s) and supporting documentation reviewed

- Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020)
- Offender intake and follow-up assessment screening tracking sheet

Interviews conducted

- Specialized staff interviews
- Random and Specialized Offender interviews
- Interview with the PREA Coordinator

(a) Agency policy ADM.08.08 indicates "The ISC [Intake Service Center] is required to screen offenders at the intake screening process, which occurs upon admission to a facility, by utilizing the PREA Screening Tool (PSD 8314) and the accompanying instructions for the PREA Screening Tool."

The agency policy requires facility staff to review the offender's risk of sexual abuse victimization (vulnerability factors) or sexual abusiveness (predatory factors) toward other offenders, by reviewing the "Intake" PREA Screening Tool

(b) Agency policy ADM.08.08 states "The intake screening by ISC shall occur within seventy-two (72) hours of intake/arrival."

The PREA standard indicates that intake risk screening assessments shall ordinarily take place within 72 hours of arrival at the facility. While the agency policy indicates the screening for risk of sexual victimization and abusiveness shall occur within 72-hour, there were some instances these were conducted slightly beyond this time frame. Over the past two years, the COVID-19 pandemic has significantly impacted daily operations in facilities and has still been impacting facility operations during the on-site review. The facility staff is making every effort to stay within policy time frames and has been meeting substantial compliance.

(c) Agency policy ADM.08.08 requires "ISC and facility staff shall utilize the PREA Screening Tool (PSD 8314) to conduct PREA risk assessments."

(d) Agency policy ADM 08.08 indicates "The PREA Screening Tool (PSD 8314) evaluates an offender's vulnerability factors and predatory factors. The PREA Screening Tool considers the following criteria to assess offenders for risk of sexual victimization:

1. Whether the offender has a mental, physical, or developmental disability;
2. The age of the offender;
3. The physical build of the offender;
4. Whether the offender has been previously incarcerated;
5. Whether the offender's criminal history is exclusively nonviolent;
6. Whether the offender has prior convictions for sex offenses against an adult or child (see predatory factors);
7. Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
8. Whether the offender has previously experienced sexual victimization, in a correctional and/or non-correctional setting,
9. The offender's own perception of vulnerability (oral feedback); and
10. Whether the offender is detained solely for civil immigration purposes, which normally does not occur at PSD facilities.

Pre-onsite: While conducting the specialized interview with the PREA Coordinator, this auditor was informed of the agency policy ADM.08.08, and (PSD 8314) was revised related to question eight (8) of the risk screening tool. The time frame noted within the last ten years was removed.

(e) Agency policy ADM.08.08 requires the PREA Screening Tool considers prior predatory acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse if known to the facility, in assessing offenders for risk of being sexually abusive.

(f) Agency policy ADM.08.08 requires "The facility shall conduct an affirmative reassessment of an offender's risk of victimization or abusiveness within thirty (30) days of intake screening, based upon any additional relevant information is

received about the offender's victimization or abusiveness, subsequent to the intake screening, by utilizing the PREA Screening Tool (PSD 8314) and consult various sources (e.g., mental health, disciplinary history, allegations of relevant threats or victimization) including interviewing the inmate to determine whether any previously unknown triggering event or information has become available and to document such review" Further, the policy provides additional guidance that if no additional relevant information is received by the facility when reassessing the intake screening, then check the appropriate box on the intake screening tool processed within seventy-two (72) hours of admission.

Pre-onsite: The lead auditor reviewed the final PREA audit report and the facility admission report provided by the PREA Coordinator. The prior final auditor report noted that the facility was placed in corrective action for not meeting compliance and reviewing the admissions report the facility had not maintained compliance.

On-site: It was learned while on-site that the PCM is responsible for completing the 30-day follow-up screening assessments and the PCM was not aware that this was her responsibility. Additionally, interviewing offenders, most stated they could not remember meeting with staff after they were asked questions when they arrived.

(g) Agency policy ADM.08.08 states "The offender's risk of victimization or abusiveness shall be reassessed; when a referral, request, incident of sexual abuse, or receipt of additional information which may impact the offender's risk level by utilizing the PREA Screening Tool (PSD 8314)."

(h) Agency policy ADM.08.08 states an offender shall not be disciplined for refusing to answer, or for not disclosing complete information, related to, the questions in the risk assessment provision (d).

(i) Agency policy ADM.08.08 states "The information on the PREA Screening Tool (PSD 8314) is subject to confidentiality requirements; therefore, professional and ethical rules shall be enforced to avoid any negative impact to the offender. The information should not be exploited to the detriment of the offender."

Pre-onsite: The PREA Coordinator stated she oversees and approves which staff can access inmate risk screening assessments. The only facility staff authorized are those positions who conduct risk screening assessments, review housing, work, education, and program assignments and the PCM. Staff, who are no longer working for the agency or reassigned to a position that does not require access, the PREA Coordinator will restrict their access.

On-site interviews and observation: At the time of the on-site audit the facility had not received any offenders nor had any who were scheduled to arrive that would allow the audit team to observe the intake process. The audit support staff completed the interview with the ACO who conducts the intake screening assessments and asked him to walk her through the process as if she was an offender who had just arrived. The offenders selected for the interview stated they remember being asked questions when they arrived at the facility, however, most could not remember meeting with staff again. After reviewing documentation, information learned on-site, and interviews with offenders, this facility has not maintained compliance with 30-day follow-up risk screening assessments.

Corrective action: The auditor provided the corrective action plan to the PCM and PREA Coordinator and scheduled a meeting to discuss the corrective action. The facility was placed in corrective action and asked to provide the auditor with an updated admission list every 30 days including sending copies of 30-day risk screening forms for those that were completed. **Follow-up:** During the first few months, the PCM provided a list of new admissions and copies of the 30-day risk screening supporting they were completed within the 30-day time frame. When the auditor did not receive documentation that was due from the PCM around the 90-day time frame, the PREA Coordinator was contacted. The PREA Coordinator contacted the facility and was informed the PCM had been out due to an emergency. The Warden had designated a staff member to support this role, however, did not inform the auditor or PREA Coordinator which caused a delay in receiving information. As soon as the PREA Coordinator learned this information she assisted in getting the admission reports to the auditor and the backup facility PCM provided the risk screening assessments. This facility does not receive offenders regularly and those received during the corrective action time frame were seen within 30-days.

Conclusion: After reviewing the available evidence the auditor finds the facility meeting compliance.

115.42	Use of screening information
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1177 300">In determining compliance the auditor triangulated available evidence related to this standard:</p> <p data-bbox="242 327 743 356"><u>Policy(s) and supporting documentation reviewed</u></p> <ul data-bbox="284 405 1131 434" style="list-style-type: none"> • Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020) <p data-bbox="242 461 456 490"><u>Interviews conducted</u></p> <ul data-bbox="284 539 892 636" style="list-style-type: none"> • Specialized interview with the PREA Coordinator • Specialized interview with the PREA Compliance Manager • Specialized interview with staff <p data-bbox="242 663 1477 759">(a) Agency policy ADM.08.08 indicates “PSD shall use the information from the risk assessment screening for housing designations, work line, 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.”</p> <p data-bbox="242 786 1390 851">(b) Agency policy ADM.08.08 indicates “PSD shall use the risk screening tool information to make an individualized assessment about how to ensure the safety of each individual offender.”</p> <p data-bbox="242 878 1481 1108">(c) Agency policy ADM.08.08 states “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 with input from program and security staff initially at the intake process. In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, PSD shall consider on a case-by-case assessment of whether a placement would ensure the offender’s health and safety, and whether the placement would present a management or security concern.”</p> <p data-bbox="242 1135 1457 1232">In the event that an offender’s sex designation is changed as specified under Hawaii Revised Statutes §338-17.7, "Establishment of new certificates of birth" (effective July 1, 2015), then facility, housing, and programming assignments shall still be made as indicated above in (c), but the PREA Coordinator shall be included in the case-by-case assessment.</p> <p data-bbox="242 1258 1481 1355">Pre-onsite: The Director, PREA Coordinator, Warden, and facility PCM were interviewed. They stated that the agency and facilities have a procedure in place for reviewing Transgender offenders if they request to house based on their gender identity and not by gender assigned at birth.</p> <p data-bbox="242 1382 1217 1411">Pre-onsite and on-site review: This facility did not have any Transgender or Intersex Offenders.</p> <p data-bbox="242 1438 1485 1639">(d) Agency policy ADM.08.08 requires, “Biannually, designated facility staff identified by the Warden shall reassess the placement and programming assignment of each transgender and intersex offender for the purpose of assessing any threats to the safety of the offender. This biannual assessment shall be documented by utilizing the PREA Mandated Reporting Form (PSD 8317) and/or maybe conducted as part of a classification review for the transgender or intersex offender. The completed PREA Mandated Reporting Form shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days.”</p> <p data-bbox="242 1666 1217 1695">Pre-onsite and on-site review: This facility did not have any Transgender or Intersex Offenders.</p> <p data-bbox="242 1722 1490 1751">(e) A transgender or intersex offender’s own views with respect to his or her own safety shall be given serious consideration.”</p> <p data-bbox="242 1778 1217 1807">Pre-onsite and on-site review: This facility did not have any Transgender or Intersex Offenders.</p> <p data-bbox="242 1834 1469 1930">(f) ADM policy ADM.08.08 states “Transgender and intersex offenders shall be given the option to shower separately from other offenders in dorm shower situations if so requested. This provision is applicable only when individual showers are not available at the offender’s assigned housing unit.”</p> <p data-bbox="242 1957 1490 2092">On-site review: This facility did not have Transgender or Intersex Offenders housed at the facility within the 12 month audit time frame or while the audit team was on-site. In discussion with the facility supervisor, Transgender Offenders would be placed in Dorm 7 which has individual shower stalls with curtains to allow them to shower privately. The audit team reviewed dorm 7 shower stalls and noted that all of them had shower curtains and provided privacy when showering.</p> <p data-bbox="242 2119 1449 2148">(g) Agency policy ADM.08.08 states, “PSD facilities shall not place LGBTI offenders in dedicated facilities, units, or wings</p>

solely on the basis of such identification or status unless such placement is established in connection with a consent decree legal settlement, or legal judgment for the purpose of protecting such offenders.”

Pre-onsite: The PREA Coordinator and facility PCM were interviewed with both stating that the facility does not house LGBTI offenders in dedicated facilities, units, or wings. There have not been any consent decrees or legal judgments for housing LGBTI offenders.

On-site interviews: At the time of the on-site review the facility had limited offenders who identified as Gay or Bi-sexual who were housed within the quarantined dorms. As such the audit team was not able to conduct specialized interviews with these offenders. Additionally, the facility did not have any Transgender or Intersex Offenders. When support staff interviewed the staff member assigned to conduct the intake 72-hour PREA risk screening assessments, they were not aware Transgender offenders are to be reviewed bi-annually. It was learned from the PREA Coordinator that this is the responsibility of the PCM. By default, this standard was placed into corrective action in conjunction with standard 115.41 as these standards are intertwined. Upon completion of corrective action under 115.41, this standard meets compliance.

Conclusion: The auditor finds the facility meets compliance with this standard.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

In determining compliance the auditor triangulated available evidence related to this standard:

Policy(s) and supporting documentation reviewed

- Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020)
- Agency policy COR.11.01 downloaded from agency public website

Interviews conducted

- Specialized interview with the Warden

(a) Agency policy ADM.008.08 indicates, "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 a likely abuser. This shall be documented by utilizing the PREA Mandated Reporting Form (PSD 8317), which shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days. If the PSD facility is unable to conduct the above assessment immediately, the facility may hold the offender in involuntary administrative segregated housing for a period of less than twenty-four (24) hours pending the completion of the mandated assessment."

(b) Agency policy ADM.08.08 states, "Offenders placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible, as dictated by the facility's schedule and operational needs." The policy further outlines that if the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document this by utilizing the PREA Mandated Reporting Form (PSD 8317). This shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days. The documentation shall include:

1. The programs, privileges, education, or work opportunities that have been limited;
2. The duration of the limitation; and
3. The reasons for such limitations

(c) Agency policy ADM.08.08 states, "If a PSD facility assigns an offender at risk of sexual victimization to involuntary administrative segregated housing as an alternative means of separation from the likely abuser, than such as assignment should not normally exceed a period of thirty (30) days."

(d) Agency policy ADM .08.08 requires that if an involuntary administrative segregated housing is made pursuant to the above section (a), the facility shall document the following reason utilizing the PREA Mandated Reporting Form (PSD 8317) and send it to the Department PREA Coordinator via email, fax, or mail within three (3) days.

1. The basis for the facility's concern for the offender's safety; and
2. The reason why no alternative means of separation can be arranged.

The policy further states "If placement in involuntary administrative segregated housing exceeds the initial thirty (30) days, the facility shall conduct follow-up reviews as dictated by COR.11.01 Administrative Segregation and Disciplinary Segregation, but no less than every thirty (30) days to assess the offender's continued separation from the general population." The auditor reviewed the agency website Department of Public Safety | P&P COR (hawaii.gov) and identified the referenced policy which outlines procedures facilities will follow related to administrative segregation.

(e) Agency policy ADM.08.08 states, This shall be documented by utilizing the PREA Mandated Reporting Form (PSD 8317), which shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days.

Pre-on-site: Reviewing documentation provided and during specialized staff interviews, this facility did not have any reported incidents of sexual abuse during this audit time frame. Additionally, while this facility has holding cells they are not used for long-term protective segregation. In the event an offender reported sexual abuse, the holding cell could be used for a short time frame and no longer than 24 to 48 hours if necessary.

On-site review: Audit team observed short-term holding cells and was informed by the Sgt. that these are not used as segregation and would only be utilized for a short term until they were able to transport an offender to a different facility.

Conclusion: The auditor finds the facility meets compliance with this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated available evidence related to this standard:

Policy(s) and supporting documentation reviewed

- Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020)
- PSD informational guide for offenders

Interviews conducted

- Specialized interview with the PREA Compliance Manager
- Random interviews with staff and offenders

(a) Agency policy states, "PSD provides multiple internal and external ways for offenders to privately report sexual abuse and sexual harassment; retaliation by other offenders or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents." The policy includes who offenders may report non-consensual sexual acts, abusive sexual contacts, staff sexual misconduct, or staff sexual harassment to any PSD employee, contract employee, volunteer, or other external reporting avenues described in PREA information given to the inmate by using available methods of communication, including but not limited to verbal or written reports."

Agency policy ADM.08.08 includes multiple reporting options for offenders, staff, and others to report incidents of sexual abuse, sexual harassment, and retaliation. Phone numbers and addresses for reporting options outside of the facility are listed within the policy:

1. Contacting the Ombudsman
2. A Legislative or Political Representative (at their office address),
3. Department of the Attorney General,
4. The Sex Abuse Treatment Center,
5. Department PREA Coordinator,
6. Director or the relevant Deputy Director,
7. PSD Internal Affairs
8. Facility Warden or Investigator at the relevant facility;
9. Notifying a family member, who can initiate a telephone call or letter to options above
10. Contacting the relevant County LE agency
11. Filing an Emergency Offender Grievance Complaint
12. Offenders may use the departmental GTL speed dial phone system to contact the relevant office/agencies described above free of charge and may do so confidentially and anonymously.

(b) Agency policy ADM.08.08 states, "PSD provides notification to offenders on how to report abuse or harassment to a public entity, private entity, or an external agency, who is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials, such as the Department PREA Coordinator and may allow the offender to remain anonymous upon request." Should the facility have an offender detained solely for civil immigration purposes, the policy requires that the offender is provided information on how to contact the relevant consular officials and relevant Department of Homeland Security officials. It should be noted that PSD does not normally house offenders solely for civil immigration purposes.

- As referenced above in provision (a), the agency includes multiple public and private entities that are not part of the agency for offenders to report allegations of sexual abuse, sexual harassment, and retaliation.

(c) Agency policy ADM.08.08 indicates PSD mandates that staff accept reports of sexual abuse, sexual harassment, or retaliation made verbally, in writing, anonymously, and from third parties. Staff shall immediately document all verbal reports of sexual abuse, sexual harassment, or retaliation by immediately notifying superiors through the chain of command."

(d) Agency policy ADM.08.08 provides avenues for a staff member to privately report incidents of offender sexual abuse, offender sexual harassment or retaliation as outlined above in provision (a).

Pre-on-site: Auditor reviewed the agency's public website Department of Public Safety | PREA (hawaii.gov) for reporting options and contact information. The PSD staff, volunteer, and contractor brochures are posted and include external

reporting options and the PSD PREA poster are posted in all facilities.

- Prior to the on-site audit review, this facility had not received any reported incidents within this audit time frame.

On-site review: Random staff and random and specialized offenders were interviewed. Staff and offenders were able to provide different ways offenders and staff could report sexual abuse, sexual harassment, and retaliation. Most of the offenders stated they felt comfortable with the staff and would report to them and understood they had other options. Staff knew how to privately report and ensured they would report to the watch commander and the PCM. The auditor tested the outside reporting line from the offender's phone and was able to speak to the employee answering the line. This auditor provided her name, the reason she was calling, and asked if they would accept reports, and if so, who where would they send the report. The employee stated they accept all reports and notify the agency PREA Coordinator.

Conclusion: This auditor finds that the facility meets compliance with this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated available evidence related to this standard:

Policy(s) and supporting documentation reviewed

- Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020)
- Agency policy COR.12.03 Inmate Grievance Program (4/7/2020)

Interviews conducted

- Random and Specialized interviews with offenders

(a) PSD is not exempt from this standard.

(b) Agency policy ADM.08.08 states "PSD's policy COR.12.03: Inmate Grievance Program outlines the administrative procedures available to offenders for reporting incidents of sexual abuse, sexual harassment, or retaliation. This section is an addendum to COR.12.03: Inmate Grievance Program as it related to PREA incidents. PREA mandates that there shall be 'no time limits or deadlines for filing a grievance that is reporting an alleged incident of sexual abuse.'"

1. PSD shall not restrict the processing of an offender grievance regarding an allegation of sexual abuse.
2. The filing period set forth in COR.12.03: The inmate Grievance Program is still applicable to any portion of the grievance that does not allege an incident of sexual abuse. The offender must still comply with appeal filing requirements as set forth in COR.12.03.
3. PSD shall not require an offender to utilize the informal grievance process for grievances alleging incidents of sexual abuse.
4. The statutory or legal provisions to the statute of limitations are applicable to any civil action in a court proceeding.

(c) Agency policy ADM.08.08 states "An offender may submit an offender grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. This grievance shall not be referred to the staff member, who is the subject of the grievance complaint."

(d) Agency policy ADM.08.08 states, "PSD's grievance policy and timelines may differ from the PREA requirement that a decision on the merits of the grievance or portion of a grievance alleging sexual abuse be made within ninety (90) days of the filing of the grievance.

1. Computation of the PREA 90-day time period does not include time consumed by offenders in preparing any administrative appeal.
2. PSD may claim an extension of time to respond, of up to seventy (70) days, if the normal time period for responding is insufficient to make an appropriate decision. PSD shall notify the offender in writing of any such extension and provide a date by which a decision will be made.
3. At any level of the administrative process, including the final level, if the offender does not receive a response within the time allotted for a reply, including any properly noticed extension, the offender may consider the absence of a response to be a denial at that level.

(e) Agency policy ADM.08.08 allows third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse and they may file such requests on behalf of offenders. The policy further outlines the procedures when a third party assists in filing an administrative remedy.

1. If a third party files such a request on behalf of an offender, the facility may require as a condition of processing the request that the alleged victim agrees to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.
2. If the offender declines to have the request processed on his or her behalf, PSD shall document the offender's decision on the PREA Mandated Reporting Form (PSD 8317), which shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days

(f) Agency policy ADM .08.08 states "PSD's current Grievance policy establishes procedures for filing an Emergency Grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse" The policy supplement

grievance requirements include:

1. An initial response is provided within forty-eight (48) hours;
2. After receiving an emergency grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, the PSD staff member shall immediately forward the grievance or any portion thereof that alleges the substantial risk of imminent sexual abuse to a level of review where immediate corrective action may be initiated;
3. PSD shall issue a final agency decision within five (5) calendar days. The decision shall include a determination as to whether the offender is at substantial risk of imminent sexual abuse and it shall describe the action taken in response to the emergency grievance.

(g) Agency policy ADM.08.08 indicates "PSD may initiate a misconduct violation against an offender for filing a grievance or reporting related to alleged sexual abuse or sexual harassment when PSD demonstrates that the offender filed the grievance or report in bad faith."

Pre-onsite: Agency policy COR.12.03 Inmate Grievance Program was referenced within ADM.08.08. The lead auditor downloaded this policy from the agency website and reviewed pages 10 thru 12, section 8 which supports reference of this policy requirement within ADM.08.08 and this standard. During this audit time frame, this facility reported that they did not have any grievances filed reporting allegations of sexual abuse, sexual harassment, or retaliation.

On-site review: Random and specialized interviews were conducted. Staff and Offenders were aware they can file a grievance, however, most stated that they would not use this process.

Conclusion: The auditor finds the facility meets compliance with this standard.

115.53	Inmate access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In determining compliance the auditor triangulated available evidence related to this standard:</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020) • Sexual Abuse Treatment Center (SATC) contract <p><u>Interviews conducted</u></p> <ul style="list-style-type: none"> • Interviews with random offenders • Specialized inmate offenders • Interview with Community Victim Advocate <p>(a) Agency policy ADM.08.08 indicates “PSD shall provide offenders with access to outside victim advocates for support services related to sexual abuse by doing the following:</p> <ol style="list-style-type: none"> 1. Providing offenders with the mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. PSD’s service provider is the SATC and its relevant outer island providers. 2. Providing inmates with mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes. 3. Enabling reasonable communication between offenders and these organizations in as confidential a manner as possible, while balancing the good government and orderly running of the facility. <p>(b) Agency policy ADM requires, “PSD medical and mental health staff shall inform offenders, prior to giving them access to outside support services, of the extent to which such communications will be monitored.” The agency policy also requires medical and mental health staff to inform offenders of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.</p> <p>(c) Agency policy ADM.08.08 states, “PSD maintains agreements with community service providers through SATC based on the awarded contract by the Executive Branch. The SATC provides offenders with emotional support services related to sexual abuse. PSD maintains a copy of the grant awarded to SATC to document the relationship and obligations for SATC and PSD.”</p> <p>Pre-on-site: On 12/13/2021 contacted the Sexual Abuse Treatment Center (SATC). SATC has an agreement with PSD as the contracted community victim advocate organization and is located on the Island of Oahu. SATC is listed on the PREA posters in the facility as an option not only for providing emotional support but also an option for offenders to report sexual abuse. SATC sub-contracts with YWCA on the outer Island of Hawaii and provided the contact information to this auditor. On this same date, the lead auditor attempted to contact the subcontract organization, leaving a message for a return call. On 1/12/2022 after not receiving a return call the lead auditor made a second attempt leaving another message</p> <p>On-site review: Random and specialized offenders were interviewed. Some of the offenders stated they were not familiar with specific services, however, were aware of the phone number listed on the posted PREA information. The interviews conducted with offenders who were identified for a specialized interview had not contacted the outside victim advocate for services. Some were comfortable with the facility’s mental health staff and would talk to them if they needed support</p> <p>Post-on-site: After returning from the on-site audit the lead auditor made a third attempt to contact YWCA and was able to interview an advocate. It should be noted that community victim advocates have been working from home offices since the beginning of the COVID pandemic and they have only been able to provide services via tele-med, telephonic, and written correspondence. The victim advocate stated that they have not been contacted to provide ongoing emotional support services and stated if a victim-offender contacted them or as requested by the facility, they would provide services.</p> <p>Conclusion: The auditor finds the facility meets compliance with this standard</p>

115.54	Third-party reporting
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1177 300">In determining compliance the auditor triangulated available evidence related to this standard:</p> <p data-bbox="242 327 743 356"><u>Policy(s) and supporting documentation reviewed</u></p> <ul data-bbox="284 405 1131 468" style="list-style-type: none"> • Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020) • Agency public website <p data-bbox="242 497 1485 624">(a) Agency policy ADM.08.08 states, “PSD provides the public notice via PSD’s website of the methods for third-party reports of offender sexual abuse or sexual harassment. PSD publicly distributes information on how to report offender sexual abuse or sexual harassment on behalf of offenders by posting on PSD’s website the Departmental PREA Policy, PREA Handout, PREA poster, etc.”</p> <p data-bbox="242 654 1453 781">Pre-on-site: The lead auditor reviewed the agency’s public website Department of Public Safety PREA (hawaii.gov) for reporting information. The website has a section “How to report PREA incident” and provides information and multiple options for someone from the community to report an allegation. This lead auditor randomly selected two of five reporting options listed on the website to conduct a test call.</p> <ol data-bbox="277 833 738 896" style="list-style-type: none"> 1. PSD internal affairs at 808-587-1130 and 2. Office of the Ombudsman at 808-587-0770 <p data-bbox="242 925 1474 987">The auditor was able to speak to a staff member from both entities who affirmed that they would take the report and contact the PSD Agency PREA Coordinator.</p> <p data-bbox="242 1014 1190 1043">Conclusion: The auditor finds that the agency and facility meet compliance with this standard.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated available evidence related to this standard:

Policy(s) and supporting documentation reviewed

- Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020)

Interviews conducted

- Specialized interview with the Warden
- Specialized interview with the PREA Coordinator
- Interviews with random staff
- Specialized interviews with Medical and Mental Health staff

(a) Agency policy ADM.08.08 requires the following:

1. All staff immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, or a non-PSD facility.
2. All staff immediately report any knowledge, suspicion, or information they receive regarding retaliation against offenders or staff, who reported such an incident.
3. All staff immediately report any knowledge, suspicion, or information, they receive regarding staff neglect or violation of responsibilities that may have contributed to a PREA incident or retaliation.

(b) Agency policy ADM.08.08 prohibits staff from revealing any information related to a sexual abuse report to anyone other than and to the extent necessary to manage treatment, investigation, and other security decisions, inclusive of reporting to the designated supervisors or officials and designated State or local service agencies.

(c) Agency policy ADM.08.08 states, "Unless otherwise precluded by federal, state, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraphs (1-3) of this section and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services."

Pre-onsite: Medical and Mental Health staff were interviewed, affirming they are required to disclose the limitations of confidentiality and their duty to report as a mandatory reporter. It should be noted that this auditor was conducting audits for both Kulani Correctional Facility (KCF) and Hawaii Community Correctional Center (HCCC) during the same audit week and the Mental Health staff provides services at both facilities. As such the Mental Health staff interview applies to both audits. During the interview with the Mental Health employee, he provided more in-depth information and stated he provides the "lamb" warning before initiation of services to some of the offenders who are housed in the jail (HCCC). This auditor was not familiar with the Lamb warning and researched information, learning the Lamb warning is provided by mental health practitioners before an evaluation within a jail setting to those who have not yet been convicted.

(d) Agency policy ADM.08.08 requires incidents involving an alleged victim under the age of eighteen (18) or considered a vulnerable adult under a state or local 'vulnerable person's statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

The agency policy included the Hawaii Revised Statute (HRS) related to "vulnerable adults".

HRS §346, Part X: Adult Protective Services, defines a "vulnerable adult" as a person eighteen (18) years of age or older who because of mental, developmental, or physical impairment, is unable to:

1. Communicate or make responsible decisions to manage his/her own resources;
2. Carry out or arrange for essential activities of daily living; or
3. Protect oneself from abuse, including physical abuse, psychological abuse, sexual abuse, financial exploitation, caregiver neglect, or self-neglect.

HRS §346, Part X: Adult Protective Services, mandates that personnel employed in health care, social services, LE, and financial assistance are required to report suspected abuse or neglect of a vulnerable adult. The law mandates reporting when there is reason to believe abuse has occurred or the vulnerable adult is in danger of abuse if immediate action is not taken.

(e) Agency policy ADM.08.08 indicates, "PSD shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, through the chain of command and a copy shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days."

Pre-on-site specialized interviews: Interviews with the Agency PREA Coordinator, Warden, and Medical and Mental Health staff were completed. All stated staff is required to report to the Watch Commander who will initiate the sexual abuse coordinated response protocols. The agency PREA Coordinator stated when the facility receives a sexual abuse incident report, the watch commander will follow the coordinated response protocol and contact local law enforcement. If the offender falls under the category of a vulnerable adult as defined in the statute, local law enforcement will complete the notification to Adult Services

On-site review: Audit team interviewed random staff who stated that they would immediately report sexual abuse and sexual harassment allegations to the watch commander. They will accept reports regardless of how the offender chooses to report the incident and would not discuss it with other staff or offenders. While the agency policy addresses mandatory reporting requirements, the only facility completing reports would be Medical and Mental Health.

Conclusion: The auditor finds the facility meets compliance with this standard.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1177 297">In determining compliance the auditor triangulated available evidence related to this standard:</p> <p data-bbox="240 327 743 353"><u>Policy(s) and supporting documentation reviewed</u></p> <ul data-bbox="284 405 1131 432" style="list-style-type: none"> • Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020) <p data-bbox="240 461 456 488"><u>Interviews conducted</u></p> <ul data-bbox="284 539 687 633" style="list-style-type: none"> • Specialized interview with the Director • Specialized interview with the Warden • Interviews with random staff <p data-bbox="240 663 1473 790">(a) Agency policy ADM.08.08 states, “When a Facility or PSD staff learns that an offender is subject to a substantial risk of imminent sexual abuse, the party shall take immediate action to protect the offender. “ The policy defines immediate action as “assess appropriate protective measures without unreasonable delay. The procedures are dictated by this policy and other relevant departmental policies.”</p> <p data-bbox="240 819 1490 947">Pre-onsite: The Director and Warden were interviewed. The Director stated that if the information is received during the intake/reception process, staff will assess all available information and discuss with the offender their concerns for safety and housing. If the information is reported to the unit staff, staff will contact the watch commander to interview the offender assessing all information to ensure the offender is safe.</p> <p data-bbox="240 976 1490 1104">On-site review: This facility is a minimum custody re-entry facility and as such does not have administrative segregation. The facility has a few cells that are for short-term holding and would only utilize to protect the offender until they were able to assess the situation. Staff stated during interviews that if an offender reported they were in fear of the imminent threat of sexual abuse, they would immediately report to the watch commander and keep the victim safe.</p> <p data-bbox="240 1133 1031 1160">Conclusion: The auditor finds the facility meets compliance with this standard</p>

115.63	Reporting to other confinement facilities
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1082 300">In determining compliance the auditor triangulated evidence related to this standard:</p> <p data-bbox="242 329 742 358"><u>Policy(s) and supporting documentation reviewed</u></p> <ul data-bbox="284 407 1131 436" style="list-style-type: none"> • Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020) <p data-bbox="242 465 456 495"><u>Interviews conducted</u></p> <ul data-bbox="284 544 687 607" style="list-style-type: none"> • Specialized interview with the Director • Specialized interview with the Warden <p data-bbox="242 633 1433 663">(a) Agency policy ADM.08.08 outlines procedures for reporting incidents of sexual abuse to other confinement facilities:</p> <ol data-bbox="277 712 1481 1106" style="list-style-type: none"> 1. Upon receiving an allegation that an offender was sexually abused while confined at a non-PSD facility, the receiving facility Head or Warden shall immediately notify the non-PSD facility Head or Warden of the PREA sexual abuse allegation. 2. The Facility Head or Warden shall include the department PREA Coordinator in the formal notification to the non-PSD facility, via "Carbon Cop" for email notifications, or by emailing the fax transmittal to the head of the facility for fax notifications. 3. Upon receiving an allegation that an offender was sexually abused while confined at a PSD facility, the receiving Facility Head or Warden shall immediately notify the alleged PSD Facility Head or Warden of the PREA sexual abuse allegation. 4. The Facility Head or Warden at the receiving facility shall include the department PREA Coordinator in the formal notification to the PSD facility, via "Carbon Copy" for email notifications, or by emailing the fax transmittal to the head of the facility for fax notification. <p data-bbox="242 1135 1465 1198">(b) Agency policy ADM.08.08 requires the Facility Head or Warden to provide such notification as soon as possible, but no later than seventy-two (72) hours after receiving the allegation.</p> <p data-bbox="242 1227 1493 1290">(c) Agency policy ADM.0.08 requires the Facility Head or Warden shall document that he/she has provided such notifications within seventy-two (72) hours of receiving the allegation.</p> <p data-bbox="242 1319 1481 1382">(d) Agency policy ADM.08.08 requires Facility Head or Warden shall require and advise the non-PSD or PSD facility that the allegation must be investigated as required by PREA Standards."</p> <p data-bbox="242 1411 1458 1572">Pre-on-site interviews: Both the Director and the Warden were familiar with the reporting responsibility when an offender reports an incident of sexual abuse that occurred at another facility or agency and the responsibility of the Warden when a facility receives a notification from another facility or agency. During this audit time frame, the Warden could not recall receiving a report from another facility that an inmate had reported an incident of sexual abuse that occurred at his facility. She stated if a report is received the PCM would be notified to initiate an investigation.</p> <p data-bbox="242 1601 1035 1630">Conclusion: The auditor finds the facility meets compliance with this standard.</p>

115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In determining compliance the auditor triangulated available evidence related to this standard:</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020) <p><u>Interviews conducted</u></p> <ul style="list-style-type: none"> • Specialized interviews with security and non-security staff first responders • Specialized interview offender(s) • Random staff <p>(a) Agency policy ADM.08.08 outlines the requirements for a first responder to allegations of sexual abuse. The policy dictates that, upon learning of an allegation that an offender was sexually abused, the first staff member, who ideally would be a security staff member, to respond to the reported incident is required to:</p> <ol style="list-style-type: none"> 1. Separate the alleged victim and abuser; 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence by county LE and IA; 3. If the abuse occurred within a time period (PSD Health Care Division's standard is seventy-two (72) hours) that still allows for the collection of physical evidence, then request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and 4. If the abuse occurred within a time period (PSD Health Care Division's standard is seventy-two (72) hours) that still allows for the collection of physical evidence, then staff shall ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. <p>(b) Agency policy ADM.08.08 requires the first staff responder who is not a security staff member, the staff responder will be required to separate the victim and abuser, if feasible, request that the alleged victim not take any actions that could destroy evidence, and then immediately notify security staff.”</p> <p>Pre-on-site: During the 12-month audit time frame this facility did not have any reported incidents of sexual abuse.</p> <p>On-site interviews: Interviewing random staff the audit team asked what actions they would take to help preserve physical evidence as a first responder, most staff stated they would not allow both victim and suspect to take any actions to destroy potential evidence. There was two staff who knew the responsibilities of a first responder and stated they had worked at other facilities where there are more reported incidents.</p> <p><i>Recommendation:</i> This facility does not receive many reported incidents of sexual abuse requiring coordinated response protocols. Recommend the facility implement occasional drills for scenario-based training.</p> <p>Corrective action: This corrective action intertwines with standard 115.31. In 2019 the agency updated the PREA checklist and addendum form under #3 (first responder) for the victim from “not allowed” to “request”. The agency policy was updated in 2020 and staff would have received information on these updates as part of the off-year PREA refresher information in 2021. All staff will be receiving mandatory PREA refresher this calendar year which includes the requirements of a first responder. The auditor will review staff training logs and acknowledgment forms as part of the corrective action under standard 115.31. Follow up: During the corrective action time frame, there was some delay in receiving proof of completed training. The auditor contacted the PREA Coordinator who was informed by the Warden that the PCM was out due to extenuating circumstances and appointed a backup PCM facility. On 6/24/22 the facility sent a copy of the updated staff training log with all but six staff completing refresher training and they were scheduled for training. Additionally, the PREA Coordinator provided copies of all the staff training sign-in rosters to the auditor.</p> <p>Conclusion: The auditor finds the facility meets substantial compliance with this standard.</p>

115.65	<p>Coordinated response</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In determining compliance the auditor triangulated available evidence related to this standard:</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020) <p><u>Interviews conducted</u></p> <ul style="list-style-type: none"> • Specialized interview with the Warden <p>(a) Agency policy requires each PSD facility to develop a facility-specific written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The agency policy including information facilities must incorporate into the facility plan.</p> <ol style="list-style-type: none"> 1. Checklist (PSD 8313) and other PREA forms. 2. If a facility has developed a Facility PREA Coordinated Response Incident Checklist, then it must incorporate at a minimum all variables included on the Department's PREA Response Incident Checklist (PSD 8313) 3. Following a PREA incident, a copy of the PREA Incident Checklist (PSD 8313) shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days. <p>Pre-on-site: While this facility did not have any reported incidents during this audit time frame, the auditor requested to review investigations from 2020. The investigation reports included the PSD PREA Incident Response Checklist (PSD 8313) and supported the Watch Commanders were utilizing current forms supporting the coordinated response protocols. The Warden described the coordinated response protocol not only from the responsibilities of the Watch Commander but the actions facility staff would take. This was further supported during the pre-on-site interview with the staff member who conducted PREA investigations.</p> <p><i>Recommendation:</i> This facility does not receive many reported incidents of sexual abuse and may want to consider implementing occasional sexual abuse scenario drills.</p> <p>Conclusion: The auditor finds the facility meets compliance with this standard.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>In determining compliance the auditor triangulated evidence related to this standard:</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020) • Hawaii Government Employees Association agreement (7/1/19 – 6/20/21) • Hawaii Government Employees Association Agreement (7/1/13 – 6/30/2017) • United Public Workers Unit 10 Agreement (7/1/17 – 6/30/21) <p><u>Interviews conducted</u></p> <ul style="list-style-type: none"> • Specialized interview with the Director <p>(a) Agency policy ADM.08.08 page 44 section 38.0, outlines steps to be taken for the preservation of the ability to protect offenders from contact with abusers.</p> <ol style="list-style-type: none"> 1. PSD or any other governmental entity responsible for collective bargaining on PSD's behalf shall not enter into or renew any collective bargaining agreement (CBA) or other similar agreement that limits PSD's ability to: a. Remove alleged staff sexual abusers from contact with any offender pending the outcome of an investigation; or b. In a determination of whether and to what extent discipline is warranted. 2. Nothing in the PREA standards shall restrict the entering into or renewal of a CBA or similar agreement related to: <ul style="list-style-type: none"> • The conduct of the disciplinary process as long as said CBA or similar agreement is not inconsistent with PREA standard §115.72 (evidentiary standard) and §115.76 (disciplinary action); or • Whether a non-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated. <p>Pre-on-site: The collective bargaining agreement (CBA) with Hawaii Government Employees Association (HGEA) and the United Public Workers Unit 10 (UPW) Agreement uploaded into the PAQ had expired. On 12/14/21 the lead auditor emailed the PREA Coordinator to ascertain if new CBAs had been finalized or if contract negotiations were still ongoing. On 12/17/2021 the lead auditor received the most current HGEA CBA dated July 1, 2019 – June 30, 2021. While both contracts have expired and are currently in negotiations, the agency still abides by the agreements.</p> <p>A specialized interview with the Director was conducted to confirm that the agency is allowed to remove alleged staff sexual abuse from contact with inmates pending the outcome of the investigation. Depending on the allegation staff would be moved to a non-offender contact position in the facility, transferred to another facility, or placed on administrative leave.</p> <p>Conclusion: The lead auditor finds the agency and facility meet full compliance with this standard.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated available evidence related to this standard:

Policy(s) and supporting documentation reviewed

- Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020)

Interviews conducted

- Specialized interview with the Director
- Specialized interview with the Warden
- Specialized interview with staff who monitor retaliation
- Specialized interview with Offender (s)

(a) Agency policy ADM.08.08 indicates, "PSD's policy protects all offenders and staff who report sexual abuse or sexual harassment or cooperates with a sexual abuse or sexual harassment investigation, from retaliation by other offenders, staff, or others. The designated Facility PREA Compliance Manager in conjunction with the Warden or the Sheriff is charged with monitoring any issues related to retaliation."

(b) Agency policy ADM..08.08 states, "PSD utilizes multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff; when the individual fears or experiences retaliation for reporting sexual abuse or sexual harassment or for cooperating with a PREA investigation

(c - d) Agency policy ADM.08.08 outlines facility requirements for the monitoring of possible retaliation. For a period of not less than ninety (90) days following a report of sexual abuse, the Facility PREA Compliance Manager in conjunction with the Warden and other staff shall monitor the conduct and treatment of offenders or staff, who reported the sexual abuse to see if there are any changes that may suggest possible retaliation by other offenders or staff. During this minimum ninety (90) day period following a report of sexual abuse, the Facility PREA Compliance Manager in conjunction with the Warden and other staff shall monitor offenders, who were reported to have suffered sexual abuse, to see if there are any changes that may suggest possible retaliation by other offenders or staff. If it has been determined that the offender has suffered retaliation, then staff shall initiate proactive measures to promptly remedy any retaliation.

1. The Facility PREA Compliance Manager and the Warden shall:
2. Act promptly to remedy any such retaliation and report their actions through the chain of command.
3. Monitor any offender disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff.
4. Continue such monitoring beyond ninety (90) days, if the initial monitoring indicates a continuing need.
5. In the case of offenders, monitoring by the Facility PREA Compliance Manager shall also include periodic status checks, preferably conducted weekly, at a minimum. If any other individual, who cooperates with an investigation expresses a fear of retaliation, then PSD shall take appropriate measures to protect that individual against retaliation
6. The facility or PSD staff shall document all incidents of retaliation and the minimum ninety (90) day monitoring requirement, described under this section on the PREA Mandated Reporting Form (PSD 8317).

(f) Agency policy ADM.08.08 states "The obligation of the Facility PREA Compliance Manager, Warden, and/or Sheriff to monitor shall terminate, if the investigation concludes that the allegation is unfounded."

Pre-on-site interviews: The Director stated that the agency has a "no retaliation" policy. The facility has the authority to move staff and if necessary staff can be placed on Administrative Leave pending the outcome of the investigation. Staff and offenders may be disciplined if there has been evidence of retaliation. The Warden stated that the facility will monitor offenders and staff, this is primarily assigned to the facility PCM. If the facility receives a report of retaliation they would initiate an investigation.

On-site interviews: The auditor made the decision to interview the new PCM and asked that the PREA Coordinator sit in on the interview. This was requested as the PCM had been appointed into the position two months prior to the on-site audit with little to no training. Additionally, this facility does not receive many reported incidents of sexual abuse, with the last incidents reported during 2020. Based on these factors the auditor wanted to use this as a teachable moment, asking the PCM each question with a follow-up after each question. The auditor and Agency PREA Coordinator discussed the standard requirements and provided guidance on the agency and facility-specific procedures. The auditor determined this standard

would not be placed into corrective action, treating it as an opportunity to support and encourage the PCM to be successful. The audit team was not able to conduct any specialized interviews with offenders as the facility did not have any offenders who reported an incident of sexual abuse that occurred at this facility. Interviews were conducted with random offenders and stated that understood they have the right not to be retaliated against for reporting sexual abuse or sexual harassment or cooperating with an investigation.

Conclusion: The auditor finds the facility meets compliance with this standard

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">In determining compliance the auditor triangulated available evidence related to this standard:</p> <p data-bbox="229 318 1509 380"><u>Policy(s) and supporting documentation reviewed</u></p> <ul data-bbox="229 380 1509 448" style="list-style-type: none"> <li data-bbox="229 380 1509 448">• Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020) <p data-bbox="229 448 1509 510"><u>Interviews conducted</u></p> <ul data-bbox="229 510 1509 577" style="list-style-type: none"> <li data-bbox="229 510 1509 577">• Specialized interview with the Warden <p data-bbox="229 577 1509 667">a) Agency policy ADM.08.08 requires 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 referenced in policy under standard 115.43”</p> <p data-bbox="229 667 1509 757">Pre-on-site: Reviewing the PAQ, the facility did not have any offenders housed in involuntary segregation during this audit time frame.</p> <p data-bbox="229 757 1509 891">On-site review: This facility is a minimum custody re-entry facility and as such does not have protective segregation. The facility does have a few cells for short-term holding if necessary and could be utilized as temporary housing to assess the safety of the victim before returning them to a dorm.</p> <p data-bbox="229 891 1509 947">Conclusion: The facility meets compliance with this standard</p>

115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated available evidence related to this standard:

Policy(s) and supporting documentation reviewed

- Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020)
- Administrative investigations

Interviews conducted

- Specialized interview with the Warden
- Specialized interview with the PREA Coordinator
- Specialized interview with the PREA Compliance Manager
- Specialized interview with the facility investigator

(a) Agency policy ADM.08.08 indicates, "When PSD conducts an administrative investigation into an allegation of sexual abuse and/or sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports." The agency does not have Peace Officers to conduct criminal investigations and will contact outside Law Enforcement (LE). Agency policy ADM.08.08 states "The county LE agency for each island is delegated with conducting all criminal sexual abuse and criminal sexual harassment investigations. The county LE agency is charged with the responsibility to make the required referrals for criminal prosecution if warranted."

(b) Agency policy ADM.08.08 requires that if sexual abuse is alleged, a PSD IA investigator, who has received specialized training in sexual abuse investigations referenced in policy for compliance with standard 115.34 will conduct the administrative investigation unless the Director has authorized the Facility to conduct the administrative investigation. The Facility Investigator must have received the specialized training in sexual abuse investigations referenced in policy.

(c) Agency policy ADM.08.08 requires PSD investigators to take the following actions:

1. Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data
2. Interview alleged victims, suspected perpetrators, and witnesses, unless a delay of an interview of a victim is requested by county LE
3. Review prior complaints and reports of sexual abuse involving the suspected perpetrator

(d) Agency policy ADM.08.08 requires, "When the quality of evidence appears to support criminal prosecution, PSD shall conduct compelled interviews of staff by affording the staff member Garrity Warnings. PSD Investigators should consult with county LE or prosecutors as to whether a compelled interview may be an obstacle for subsequent criminal prosecution."

(e) Agency policy ADM.08.08 states "The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined merely by the person's status as an offender or staff member. PSD staff does not require an offender, who alleges sexual abuse, to submit to a polygraph examination, computer voice stress analysis (CVSA), or other truth-telling devices as a condition for proceeding with the investigation. PSD staff may offer a victim or non-staff witness the option to participate in this type of technological process (polygraph, CVSA, or other truth-telling devices)."

(f) Agency policy ADM.08.08 indicates "Administrative investigations shall include:

1. An effort to determine whether staff actions or failures to act contributed to the abuse, and
2. Written reports shall include a description of the physical and testimonial evidence the reasoning behind credibility assessments, and investigative findings of facts.

(g - h) Agency policy ADM.08.08 outlines procedures for criminal investigations:

1. The county LE agency for each island is delegated with conducting all criminal sexual abuse and criminal sexual harassment investigations. The County LE agency is charged with the responsibility to make the required referrals for criminal prosecution if warranted.
2. The procedures for criminal investigations conducted by county LE shall be dictated by their policies. In practice, the

county's LE procedures do require a written report that contains a thorough description of the physical, testimonial, and documentary evidence.

3. The county LE shall refer substantiated allegations of conduct based on their investigative process that appears to be criminal for prosecution.

(i) Agency policy ADM.08.08 indicates "PSD shall retain all written reports referenced in paragraph (8b) of this section [written administrative investigation reports] for as long as the alleged abuser is incarcerated or employed by PSD, plus an additional five (5) years."

(j) Agency policy ADM.08.08 stated "The departure of the alleged abuser or victim from the employment or custody of the facility or PSD shall not provide a basis for terminating an investigation. The investigator shall complete the investigation by formulating a conclusion that the allegation is substantiated, unsubstantiated, or unfounded.

(l) Agency policy requires that "any County, State, or Department of Justice agencies conducting such investigations shall do so pursuant to the above requirements. When an external agency is charged with investigating an incident of sexual abuse, the facility shall cooperate with the outside investigators and shall endeavor to remain informed about the progress of the outside agency investigation."

Pre-on-site document review: During this facility's audit time frame, the facility did not have any reported incidents. In reviewing the 2020 annual report, the lead auditor identified that the facility did have incidents reported and investigations were completed. While this was before the twelve-month audit time frame, the auditor requested to review the three reported incident investigations. On 12/10/21 notification was received that the requested investigation files for 2020 were uploaded and ready for review.

Pre-on-site interviews: One of the assigned duties of the facility PCM is to conduct the PREA-related facility administrative investigations. The KCF PCM was recently assigned this role and has not conducted any administrative investigations and just recently completed the specialized investigator training for conducting administrative sexual abuse and sexual harassment investigations. The auditor conducted the specialized interview with the previous PCM who has conducted administrative investigations including the three referenced in the above paragraph.

The previous PCM has been employed with PSD for 21 years and six years as the facility PCM. He still works at this facility and had only recently changed positions. The agency does not conduct criminal investigations and while he has some understanding of the criminal investigations from training received, some questions on the interview guide for investigators did not apply. He was able to describe the process from the time a report was received and reported to the Watch Commander, who is notified and the time frame for the investigation to be assigned. Depending on the day and time an incident is reported the investigation would be assigned the same day or within a few days. When assigned an investigation he reviews information reported, video surveillance if any, and interviews the victim, aggressor, and witness (if applicable). He would review information to ascertain if the aggressor had any prior allegations and would assess the credibility of all parties on an individual basis. Allegations reported anonymously are still investigated the same as those who provided their identity to the best of their ability depending on the information provided. He stated that he worked well with local law enforcement and was able to describe reasoning in determining a finding.

The staff member affirmed that he had received specialized training in conducting sexual abuse and sexual harassment investigations in a confinement setting as referenced in 115.34 and was able to describe the difference between Miranda and Garrity warnings and when they apply. Local law enforcement is called for reported incidents of sexual abuse and they would read Miranda warnings as facility staff is not peace officers.

The three investigation reports reviewed were assigned promptly and completed within two to three weeks of assignment. The investigations were objective and thorough to include any evidence. He summarized the interview with the alleged victim (s), suspects(s), and witnesses if any. The reported incidents of an offender on offender sexual abuse did not appear to be criminal and only required an administrative investigation.

In interviews with the Warden and Agency PREA Coordinator, both stated that the facilities have a good working relationship with the local law enforcement agency and will call for status checks with the Hawaii Police Department or Prosecutor.

Conclusion: The auditor finds the facility meets compliance with this standard

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 197 1509 264">Auditor Discussion</p> <p data-bbox="229 264 1509 331">In determining compliance the auditor triangulated available evidence related to this standard:</p> <p data-bbox="229 331 1509 398"><u>Policy(s) and supporting documentation reviewed</u></p> <ul data-bbox="229 398 1509 465" style="list-style-type: none"> <li data-bbox="229 398 1509 465">• Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020) <p data-bbox="229 465 1509 533"><u>Interviews conducted</u></p> <ul data-bbox="229 533 1509 600" style="list-style-type: none"> <li data-bbox="229 533 1509 600">• Specialized interview with the facility investigator <p data-bbox="229 600 1509 757">(a) Agency policy ADM.08.08 requires “PSD shall not impose an evidentiary standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. This policy will be consulted with the relevant Labor Unions, such as the Hawaii Government Employees Association, United Public Workers, and an advisory should be provided to an excluded employee’s organization.”</p> <p data-bbox="229 757 1509 913">Pre-on-site: As part of the role of PCM, they conduct the PREA-related facility administrative investigations. The PCM was recently assigned this role and has not conducted any investigations and will need to attend investigator training instructed by the PREA Coordinator prior to conducting an investigation. An interview was conducted with the previous PCM who had completed investigations.</p> <p data-bbox="229 913 1509 1115">The specialized interview with the previous PCM who had conducted administrative investigations for sexual abuse and harassment was conducted via telephone. The Investigator stated when conducting investigations and making a final resolution he would use a preponderance of the evidence in making a final determination. When asked what is the level for the preponderance of the evidence, he stated 51% or more likely that the incident occurred. This was further supported after the auditor reviewed the investigation completed by this staff member.</p> <p data-bbox="229 1115 1509 1146">Conclusion: The auditor finds the facility meets compliance with this standard.</p>

115.73	Reporting to inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In determining compliance the auditor triangulated available evidence related to this standard</p> <p>Policy(s) and supporting documentation reviewed</p> <ul style="list-style-type: none"> • Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020) <p>Interviews conducted</p> <ul style="list-style-type: none"> • Specialized interview with the Warden • Specialized interview with the facility investigator <p>(a) Agency policy ADM.08.08 requires upon completion of an investigation (administrative or criminal) into an offender's allegation that he/she suffered abuse in a PSD facility, facility staff shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>(b) Agency policy ADM.08.08 states, "If the facility or PSD did not conduct the investigation, the facility, or PSD shall request the relevant information from the external investigative agency in order to inform the offender of the results."</p> <p>(c) Agency policy ADM.08.08 outlines offender notifications following an offender's allegation that a staff member has committed sexual abuse against an offender. The facility or PSD shall subsequently inform the offender (unless PSD had determined that the allegation is unfounded) whenever:</p> <ol style="list-style-type: none"> 1. The staff member is no longer posted within the offender's unit; 2. The staff member is no longer employed at the facility; 3. The facility or PSD learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4. The facility or PSD learns that the staff member has been convicted on a charge related to sexual abuse within the facility <p>(d) Agency policy ADM.08.08 outlines offender notifications following an offender's allegation that he/she has been sexually abused by another offender in a PSD facility, the facility or PSD shall subsequently inform the alleged victim whenever:</p> <ol style="list-style-type: none"> 1. The facility or PSD learns that the alleged abuser has been indicted on a charge related to sexual abuse with the facility; or 2. The facility or PSD learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility <p>(e) Agency policy ADM.08.08 requires the facility or PSD shall document all notifications to offenders described under this section on the PRA Mandated Reporting Form (PSD 8317). A copy of this form shall be forwarded to the Department PREA Coordinator via email, fax, or mail within three (3) days.</p> <p>(f) Agency policy ADM.08.08 states "The facility's or PSD's obligation to report under this section shall terminate, if the offender victim is released from PSD's custody</p> <p>Pre-on-site interviews: The Warden and the previous PCM who conducted administrative PREA investigations were interviewed. Both stated that offender victims are notified of an investigation finding once the case has been closed. The auditor reviewed investigations which included documentation that the facility had notified the victim of the outcome of the investigation.</p> <p>On-site review: At the time of the on-site review there we no offenders assigned to the facility who had reported they were sexually abused at this facility or any other PSD facility. As such, no formal interview could be conducted.</p> <p>Conclusion: Based on the evidence available at the time, the auditor finds the facility meets compliance with this standard.</p>

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">In determining compliance the auditor triangulated available evidence related to this standard:</p> <p data-bbox="229 318 1509 380"><u>Policy(s) and supporting documentation reviewed</u></p> <ul data-bbox="229 380 1509 443" style="list-style-type: none"> <li data-bbox="229 380 1509 443">• Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020) <p data-bbox="229 443 1509 551">(a-c) Agency policy ADM.08.08 indicates “Staff are subject to disciplinary sanctions up to and including termination for PREA sexual abuse or sexual harassment policy violations.</p> <p data-bbox="229 551 1509 658">(b) Agency policy ADM.08.08 states “Termination shall be the presumptive disciplinary sanction for all staff, who, after an investigation and pre-disciplinary due process hearing, have been found to have engaged in sexual abuse. “</p> <p data-bbox="229 658 1509 801">(c) Agency policy ADM.08.08 states “Disciplinary sanctions for violations of PSD policies relating to sexual abuse and 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 offenders by other staff with similar employment histories.”</p> <p data-bbox="229 801 1509 945">(d) Agency policy ADM.08.08 states “All terminations 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 licensing bodies.”</p> <p data-bbox="229 945 1509 1030">Pre-onsite and On-site review: The facility did not have any reported allegations and investigations during this audit time frame or the year prior. As such, the auditor was not able to review documentation other than the agency policy.</p> <p data-bbox="229 1030 1509 1093">Conclusion: Based on the evidence available at the time, the auditor finds the facility meets compliance with this standard.</p>

115.77	<p>Corrective action for contractors and volunteers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In determining compliance the auditor triangulated available evidence related to this standard:</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020) <p><u>Interviews conducted</u></p> <ul style="list-style-type: none"> • Specialized interview with the Warden <p>(a) Agency policy ADM.08.08 states, “PSD requires that any contractor or volunteer, who engages in sexual abuse is prohibited from contact with inmates and shall be reported to county LE unless the activity was clearly not criminal. PSD shall also report the incident to any relevant licensing body applicable to the contractor or volunteer.”</p> <p>(b) Agency policy ADM.08.08 states PSD shall take appropriate remedial measures and consider whether to prohibit further contact with offenders in the case of other violations not covered under the above paragraph, such as sexual harassment by a contractor or volunteer.</p> <p>At the time of this audit and over the past two years due to the COVID-19 pandemic, only essential contract employees have been authorized to enter the facility.</p> <p>Pre-on-site interview: The auditor conducted an interview with the Director and the Warden prior to the onsite audit. Both stated that if an allegation of sexual abuse was reported against a contractor or volunteer outside Law Enforcement would be contacted to conduct the criminal investigation and they would temporarily have them removed from the facility while the investigation was ongoing. If the investigation was substantiated/sustained whether criminal or administrative they would have them removed from entering all PSD facilities.</p> <p>Pre-on-site and On-site review: The facility did not have any reported allegations and investigations during this audit time frame or the year prior. As such, the auditor was not able to review documentation other than the agency policy and interviews with the Director and the Warden.</p> <p>Conclusion: Based on the evidence available at the time, the auditor finds the facility meets compliance with this standard.</p>
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115.78	Disciplinary sanctions for inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In determining compliance the auditor triangulated available evidence related to this standard:</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020) <p><u>Interviews conducted</u></p> <ul style="list-style-type: none"> • Specialized interview with the Warden • Specialized interviews with Medical and Mental Health staff <p>(a) Agency policy ADM.08.08 states “Offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or sexual harassment.”</p> <p>(b) Agency policy ADM.08.08 requires that sanctions will be commensurate with the nature and circumstances of the abuse committed, the offender’s disciplinary history, and the sanctions imposed for comparable offenses by other offenders.</p> <p>(c) Agency policy ADM.08.08 states the disciplinary process shall consider whether an offender’s mental disability or mental illness contributed to his/her behavior when determining what type of sanction if any, should be imposed.</p> <p>(d) Agency policy ADM.08.08 states “PSD medical and mental health staff shall provide therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for abuse. The medical, mental health and facility staff shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming, privileges or other benefits.”</p> <ul style="list-style-type: none"> • Pre-on-site specialized Medical and Mental Health interviews: Mental health stated that they will provide counseling and refer to medical if they also need to assess for treatment. This facility has a sex offender treatment program (SOTP), however, the only offenders who can participate are those convicted of sexual offenses with stipulations to complete the SOTP program. <p>(e) Agency policy ADM.08.08 states, “PSD shall discipline offenders for sexual contact with staff only upon finding that the staff member did not consent to such contact. This type of incident shall result in a reassessment of the offender by utilizing the PREA Screening Tool (PSD 8314).”</p> <p>(f) Agency policy ADM.08.08 states, “PSD shall not discipline an offender for reporting sexual abuse made in good faith and based upon a reasonable belief that the alleged conduct occurred. This is applicable if an investigation does not establish evidence sufficient to substantiate the allegation.”</p> <p>(g) Agency policy ADM.08.08 indicates “PSD prohibits all sexual activity or sexual contact between offenders and shall discipline offenders for such activity or contact. PSD shall not deem such activity to constitute sexual abuse if it determines that the activity is consensual or not coerced.”</p> <p>Pre-on-site interview: The auditor conducted an interview with the Warden and Mental Health and Medical staff. The Warden stated with the facility being a minimum program, work, and re-entry facility they do not receive a lot of allegations of sexual abuse or sexual harassment. Depending on the allegation, the suspect will be either immediately transferred to a higher custody level facility or placed in a short-term holding cell pending the outcome of the investigation.</p> <p>Pre-on-site and On-site review: The facility did not have any reported allegations and investigations during this audit time frame or the year prior. As such, the auditor was not able to review documentation other than the agency policy and was supported by the interview with the Warden.</p> <p>Conclusion: Based on the evidence available at the time, the auditor finds the facility meets compliance with this standard.</p>

115.81	Medical and mental health screenings; history of sexual abuse
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1177 300">In determining compliance the auditor triangulated available evidence related to this standard:</p> <p data-bbox="242 327 743 356"><u>Policy(s) and supporting documentation reviewed</u></p> <ul data-bbox="284 405 1131 434" style="list-style-type: none"> • Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020) <p data-bbox="242 461 456 490"><u>Interviews conducted</u></p> <ul data-bbox="284 539 903 636" style="list-style-type: none"> • Specialized interviews with offenders • Specialized interviews with staff who conduct risk screening • Specialized interviews with Medical and Mental Health staff <p data-bbox="242 663 1477 792">(a) Agency policy ADM.08.08 indicates any offender who has disclosed prior sexual victimization during an intake screening within policy requirements referenced in standard 115.41, whether it occurred in an institutional setting or in the community the offender shall be offered a follow-up meeting with a medical or mental health practitioner within fourteen (14) days of the intake screening.</p> <p data-bbox="242 819 1425 916">(b) Agency policy indicates any offender who has disclosed any previous perpetration of sexual abuse during an intake screening within policy requirements referenced in standard 115.41 shall be offered a follow-up meeting with a mental health practitioner within fourteen (14) days of the intake screening.”</p> <p data-bbox="242 943 999 972">(c) PSD Jail facilities follow requirements referenced above in paragraph (a)</p> <p data-bbox="242 999 1477 1128">(d) Agency policy ADM.08.08 requires any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to formulate treatment plans and/or security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by federal, State, or local law.</p> <p data-bbox="242 1155 1477 1254">(e) Agency policy ADM.08.08 requires “Medical and mental health staff shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting unless the offender is under the age of eighteen (18). This provision is not applicable to non-medical or non-mental health staff.”</p> <p data-bbox="242 1281 1493 1447">Pre-on-site specialized interviews and document review: Medical and Mental Health staff stated they received informed consent before reporting information about sexual victimization that did not occur in a confinement setting. This facility does not house offenders under the age of 18. The facility provided admission and medical and mental health logs and included the dates of risk screening and offenders who were offered and accepted offers to be seen by Mental health. Offenders were seen within 14 days of the referral and were further supported during the interview with the Mental Health staff member.</p> <p data-bbox="242 1473 1477 1603">On-site review: Specialized interviews with offenders was completed who stated that they were offered services when they arrived at the facility. One of the offenders stated they accepted the offer and has ongoing meetings with the mental health staff member. Additionally, the specialized interview with the staff member who conducts the intake screening stated they offer the offender mental health services based on information that is known or provided by the offender when asked.</p> <p data-bbox="242 1630 1035 1659">Conclusion: The auditor finds the facility meets compliance with this standard.</p>

115.82	Access to emergency medical and mental health services
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1177 300">In determining compliance the auditor triangulated available evidence related to this standard:</p> <p data-bbox="242 327 738 356"><u>Policy(s) and supporting documentation reviewed</u></p> <ul data-bbox="284 405 1131 434" style="list-style-type: none"> • Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020) <p data-bbox="242 461 456 490"><u>Interviews conducted</u></p> <ul data-bbox="284 539 898 568" style="list-style-type: none"> • Specialized interviews with Medical and Mental Health staff <p data-bbox="242 595 1485 692">(a) Agency policy ADM.08.08 states “Offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which will be determined by medical and mental health staff according to their professional judgment.”</p> <p data-bbox="242 719 1469 882">(b) Agency policy ADM.08.08 states “If qualified medical or mental health are not on duty at the time of a report of recent sexual abuse, the security staff or first responder shall take preliminary steps to protect the victim as dictated in policy referenced under standard 115.61 and 115.64. If qualified medical and mental health staff are not on duty at the time of the report of a recent sexual abuse, they shall be immediately notified either by telephone contact to the on-call physician or when reporting for duty.”</p> <p data-bbox="242 909 1485 1005">(c) Agency policy ADM.08.08 states “Offender victims of sexual abuse, while incarcerated shall be offered timely information about and provided timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with the professionally accepted community standards of care, where medically appropriate.”</p> <p data-bbox="242 1032 1485 1099">(d) Agency policy ADm.08.08 states “Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”</p> <p data-bbox="242 1126 1485 1223">Pre-on-site specialized interviews: Medical and Mental Health staff stated offenders are offered services immediately and scheduled for follow-up treatment or services if needed or requested. Services provided for treatment and follow-up care are at no cost to the offender.</p> <p data-bbox="242 1249 1445 1317">On-site review: During this audit time frame there were no reported incidents of sexual abuse and they did not have any offenders currently assigned to the facility who had reported an incident of sexual abuse in confinement.</p> <p data-bbox="242 1344 1453 1408">Conclusion: Based on the evidence available at the time and interviews with Medical and Mental Health staff the auditor finds the facility meets compliance with this standard.</p>

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In determining compliance the auditor triangulated available evidence related to this standard:</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020) <p><u>Interviews conducted</u></p> <ul style="list-style-type: none"> Specialized interviews with Medical and Mental Health staff <p>(a) Agency policy ADM.08.08 states, "PSD shall offer medical and mental health evaluations and, as appropriate, treatment to all offenders (including external referrals), who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. The evaluation and treatment of such victims includes, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody."</p> <p>(b) Agency policy ADM.08.08 states "The evaluation and treatment of such victims includes, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody."</p> <p>(c) Agency policy ADM.08.08 states, "PSD shall provide offender victims of sexual abuse with medical and mental health services consistent with the community standard level of care."</p> <p>(d - e) Agency policy ADM.08.08 states, "Offender victims of sexually abusive vaginal penetration, while incarcerated shall be offered pregnancy tests. If pregnancy results from the sexual abuse while incarcerated, offender victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services."</p> <ul style="list-style-type: none"> While the agency policy addresses standard provisions (d)(e), this facility does not house female offenders. <p>(f) Agency policy ADM.08.08 states "Offender victims of sexual abuse, while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. "</p> <p>(g) Agency policy ADM.08.08 states "Treatment services shall be provided to the offender victim without financial cost and regardless of whether the offender victim names the accused or cooperates with any investigation arising out of the incident."</p> <p>(h) Agency policy ADM.08.08 states "Mental health staff shall attempt to conduct a mental health evaluation of all known offender-on-offender abusers within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate."</p> <p>Pre-on-site specialized interviews: Medical and Mental Health staff stated offenders are offered services consistent with the community level of care and at no cost to the offender and follow-up services and treatment plans are provided when necessary. Mental Health further stated that he would talk with the offender to help set up treatment in the community upon release.</p> <p>On-site review: It was identified that this facility did not have any offenders who had reported sexual abuse in a confinement setting.</p> <p>Conclusion: Based on available information at the time of this audit, the auditor finds the facility meets compliance with this standard.</p>

115.86	Sexual abuse incident reviews
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1177 300">In determining compliance the auditor triangulated available evidence related to this standard:</p> <p data-bbox="242 327 743 356"><u>Policy(s) and supporting documentation reviewed</u></p> <ul data-bbox="284 405 1131 434" style="list-style-type: none"> • Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020) <p data-bbox="242 461 579 490"><u>Specialized Interviews conducted</u></p> <ul data-bbox="284 539 911 669" style="list-style-type: none"> • Warden • PREA Coordinator • PREA Compliance Manager • Staff member participates in Sexual Abuse Incident Reviews <p data-bbox="242 696 1489 792">(a) Agency policy ADM.08.08 states, "The Warden in conjunction with the Facility PREA Compliance Manager shall schedule a Sexual Abuse Incident Review (SAR) at the conclusion of every sexual abuse investigation that renders a finding that the allegation was substantiated or unsubstantiated unless the allegation has been determined to be unfounded."</p> <p data-bbox="242 819 1445 884">(b) Agency policy ADM.08.08 states, "SAR shall ordinarily occur within thirty (30) days of the when the Warden has been informed of the conclusion of the investigation and its findings, excluding allegations determined to be unfounded."</p> <p data-bbox="242 911 1423 1008">(c) Agency policy ADM.08.08 states the SAR Team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health staff. One individual should be identified as the Recorder or Reporting Staff Member.</p> <p data-bbox="242 1034 1445 1099">(d) Agency policy requires the SAR Team shall document the following information on the Sexual Abuse Incident Review Report form (PSD 8319):</p> <ol data-bbox="277 1149 1485 1547" style="list-style-type: none"> 1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2. Consider whether the incident or allegation was motivated by race/ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; 3. Examine the area in the facility, where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; 4. Assess the adequacy of staffing levels in that area during different shifts; 5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff 6. The Recorder or Reporting Team Member shall prepare a report by utilizing the Sexual Abuse Incident Review Report (PSD 8319) to document the SAR Team's findings, including, but not limited to a determination made under the above paragraph (d) (1-5), and any recommendation for improvement. <p data-bbox="242 1574 1469 1671">(e) Agency policy ADM states, "The SAR Team's report shall be forwarded to the Warden to review and complete the Warden's Response Section. The Warden shall make a decision as to whether the recommendations of the SAR Team will be implemented or document the reasons for not implementing the recommendations of the SAR Team."</p> <p data-bbox="242 1697 1489 1827">Pre-on-site: The auditor conducted a specialized interview with the Chief of Security (COS) who participates in the sexual abuse incident (SAR reviews. The Chief of Security was asked who is part of the SAR team and to describe the process. The COS stated the review would include the PCM who is also the investigator, watch commander, Warden, and mental health and/or medical staff as needed.</p> <p data-bbox="242 1854 1437 1951">This facility does not receive many reported incidents of sexual abuse. The auditor was able to review SAR for reported incidents and investigations conducted in 2020 due to the facility not having any reported incidents within this audit time frame.</p> <p data-bbox="242 1977 1457 2042">Conclusion: Based on the information available at the time of the 12-month audit time frame, the auditor finds the facility meets compliance with this standard.</p>

115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In determining compliance the auditor triangulated available evidence related to this standard:</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020) • 2020 Agency Annual Report <p><u>Interviews conducted</u></p> <ul style="list-style-type: none"> • Specialized interview with the PREA Coordinator <p>(a) Agency policy ADM.08.08 states “The Department PREA Coordinator shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control by utilizing a standardized format based on PREA Definitions.” A review of the agency policy ADM.08.08 affirmed definitions are included, Section 5.0 pages 6 thru 14.</p> <p>(b) Agency policy ADM .08.08 states “The Department PREA Coordinator shall aggregate the incident-based sexual abuse data at least annually.</p> <p>(c) Agency policy ADM.08.08 states “The standardized format includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.”</p> <p>(d) Agency policy ADM.08.08 states “The Department PREA Coordinator shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and SARs.</p> <p>(e) Agency policy requires, “At least once a year, the Mainland Branch Unit shall report to the Department PREA Coordinator for all incident-based and aggregated data from any private facility with whom it contracts for the confinement of PSD offenders.”</p> <ul style="list-style-type: none"> • Auditor reviewed the agency's annual report posted on the public website which included incident data from Contracted CoreCivic Facility, Saguaro Correctional Center. <p>(f) Agency policy requires that “PSD shall provide all such data from the previous calendar year to the Department of Justice’s Survey of Sexual Violence, no later than June 30th of each year.”</p> <ul style="list-style-type: none"> • The Department of Justice, Survey of Sexual Victimization (SSV), 2020 was sent to correctional facilities on September 14, 2021 with a due date of November 12, 2021. The auditor requested a copy of the PSD SSV report summary form which supported the agency submitting the information to the DOJ within the required time frames. <p>Pre-onsite: The PREA Coordinator stated during her interview that data collected and aggregated in compliance with standard 115.88 is retained and secured in Headquarters. Additionally, each facility PCM is responsible for securing facility data.</p> <ul style="list-style-type: none"> • On 12/3/2021 the lead auditor downloaded and reviewed the most current annual report (2020) from the agency's public website the Department of Public Safety PREA (hawaii.gov). The annual report includes aggregated data from all facilities including those from the contracted private facilities. <p>Conclusion: The lead auditor finds the agency and facility meet compliance with this standard.</p>

115.88	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In determining compliance the auditor triangulated available evidence related to this standard:</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020) • 2020 Annual Prison Rape Elimination Act Report <p><u>Interviews conducted</u></p> <ul style="list-style-type: none"> • Director • Agency PREA Coordinator • Facility PREA Compliance Manager <p>(a) Agency policy ADM.08.08 states the PREA Coordinator is responsible for reviewing data collected and aggregated pursuant to the policy requirements reference above in standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:</p> <ol style="list-style-type: none"> 1. Identifying problem areas; and 2. Taking corrective actions on an ongoing basis. <p>The Department PREA Coordinator shall prepare an annual report of PSD’s findings and any corrective actions for each facility, as well as the agency as a whole and as dictated by HRS §353-C.”</p> <p>The lead auditor reviewed the agency’s 2020 Annual PREA Report Auditor posted on the agency’s public website 2020-PREA-Annual-Report.pdf (hawaii.gov). The introduction of this report provides an overview of agency and facility aggregated data and includes definitions, agency, and facility aggregated data.</p> <p>(b) Agency policy ADM.08.08 states “This report shall include a comparison of the current year’s data and corrective actions with those from prior years. The annual report shall provide an assessment of PSD’s progress in addressing sexual abuse.”</p> <p>(c) Agency policy ADM.08.08 states “This report shall be approved by the Director and be made readily available to the public through the PSD’s departmental website.”</p> <p>(d) Agency policy ADM.08.08 indicates “PSD may redact specific material when publication would present a clear and specific threat to the safety and security of a facility. A notation should be made to indicate the nature of the material redacted.”</p> <p>Pre-on-site specialized interviews: The PREA Coordinator prepares the annual report which includes any corrective actions. She stated that she strives to continually correct any issues and deficiencies on an ongoing basis by reviewing information submitted by facility PCMs throughout the year. This includes reviewing incidents, conducting on-site reviews, and as necessary having more frequent on-site reviews. All personal identifying information is redacted from the annual report and the final report is submitted to the Director for review before posting on the agency website.</p> <p>The Director stated that in maintaining compliance the PREA Coordinator will look for trends when preparing reports to assess areas of concern. Annual reports are provided to him for review and he will discuss any concerns he may have with the PREA Coordinator and Executive Leadership.</p> <p>The current facility PCM was recently appointed into this role and has not been involved in this process, however, is aware the facility staffing report is provided to the PREA Coordinator.</p> <p>On 12/3/2021 the lead auditor downloaded and reviewed the most current annual report (2020) from the agency’s public website the Department of Public Safety PREA (hawaii.gov). The annual report includes aggregated data from all facilities including those from the contracted private facilities.</p> <p>Conclusion: The auditor finds the agency meets compliance with this standard</p>

115.89	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In determining compliance the auditor triangulated available evidence related to this standard.</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020) • Agency public website - Department of Public Safety PREA (hawaii.gov) <p><u>Interviews conducted</u></p> <ul style="list-style-type: none"> • Specialized interview with the PREA Coordinator <p>(a) Agency policy requires that “The Department PREA Coordinator shall ensure that the incident-based and aggregated data are securely retained.”</p> <p>(b) Agency policy requires that “The Department PREA Coordinator shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through PSD’s departmental website.”</p> <ul style="list-style-type: none"> • Pre-on-site: This auditor reviewed the public website Department of Public Safety PREA (hawaii.gov). The website contains the agency’s annual PREA reports from 2011 through 2020. Final PREA audit report for all agency facilities under its jurisdiction, as well as data from the private contract CoreCivic facility Saguaro Correctional Center. <p>(c) Agency policy indicates that “The Department PREA Coordinator shall remove all personal identifier and comply with federal and state statutes, HRS §92(F), Uniform Information Practices Act, prior to publishing the data.”</p> <ul style="list-style-type: none"> • Pre-on-site: The auditor reviewed the annual report to ensure that it did not include any personally-identifying information. In addition to reviewing the report, the agency has reports posted from 2011 to the current report dated 2020. <p>(d) Agency policy ADM.08.08 requires the PREA Coordinator to maintain the sexual abuse data collected based on information outlined in policy under standard 115.87 which states for at least ten (10) years after the date of the initial collection unless federal, state, or local laws require otherwise.”</p> <ul style="list-style-type: none"> • Pre-on-site: Specialized interview was conducted with the agency PREA Coordinator. The PREA Coordinator stated that she reviews data collected and ensures documentation is secured within locked file cabinets or secured electronically in encrypted folders. She further stated each facility's PREA Compliance Manager is required to maintain documentation in locking file cabinets in a secure location. <p>Conclusion: The auditor has determined that the agency and facility meet full compliance with this standard.</p>

115.401	Frequency and scope of audits
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 1177 300">In determining compliance the auditor triangulated available evidence related to this standard:</p> <p data-bbox="244 331 743 358"><u>Policy(s) and supporting documentation reviewed</u></p> <ul data-bbox="284 407 1129 470" style="list-style-type: none"> • Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020) • Agency public website Department of Public Safety PREA (hawaii.gov) <p data-bbox="244 501 1485 658">(a) (b) Agency policy ADM.08.08 states “During the three-year cycle starting on August 20, 2013, and during each three-year period thereafter, PSD shall have a Certified DOJ PREA Auditor audit each facility operated by PSD at least once.” “In each year of the three-year cycle starting on August 20, 2013, PSD shall have a Certified DOJ PREA Auditor audit at least one-third of PSD operated facilities. The final uncontested Certified DOJ PREA Auditor’s report shall be posted on PSD’s website.”</p> <p data-bbox="244 689 1485 784">Pre-onsite: The auditor reviewed the agency public website Department of Public Safety PREA (hawaii.gov), verifying the agency posted final PREA audit reports for all facilities as far back as PREA audit cycle one, year one up to the most current ending audit cycle three, year two. The posting of final audits included those conducted at the private contract facility.</p> <p data-bbox="244 815 1474 878">(e) Agency policy ADM.08.08 states “PSD bears the burden of demonstrating compliance with the PREA standards through the audit process. The Governor will utilize this information for the Governor’s Certification of PREA Compliance.”</p> <p data-bbox="244 909 1485 972">(g) The auditor reviewed a minimum sampling of relevant documents, other records, and information for this facility audit time frame.</p> <p data-bbox="244 1003 1485 1025">(h) While conducting the on-site review, the auditor and audit support staff had access to and the ability to observe all areas.</p> <p data-bbox="244 1057 1474 1115">(i) The auditor received requested documentation via email or uploaded within the OAS before the on-site audit review and documentation requested post onsite review and/or during corrective action time-frame.</p> <p data-bbox="244 1146 1465 1205">(m) The audit team conducted staff and offender interviews in areas that allowed a level of privacy from other offenders or staff from hearing.</p> <p data-bbox="244 1236 1465 1330">(n) The audit notifications were posted throughout the facility and clearly articulated that letters to the auditor would not be discussed unless required by law. The auditor did not receive any letters from inmates or staff before or after the on-site review.</p> <p data-bbox="244 1361 1485 1554">Pre-onsite: The lead auditor received pictures of audit notifications posted throughout the facility and a list of locations they were posted. Audit notifications were posted within the six-week time frame as outlined in the auditor handbook. Due to unforeseen exigent circumstances the onsite review date was moved out two weeks and was mutually agreed upon between the Agency PREA Coordinator and this auditor. The facility was notified of the reason and the new dates the audit team would be on-site. The PCM revised the audit notifications with the new dates posted throughout the facility and provided pictures to this auditor.</p> <p data-bbox="244 1585 1465 1778">On-site review: The audit team was informed on the first day of the on-site audit that three offender housing dorms were placed in quarantine. The audit team observed audit notifications posted throughout the facility to include the entry into the four offender dorms not on quarantine. While conducting the physical plant review random offenders within the four dorms were asked if notifications had been posted for a while and not just posted within recent days. Offenders stated they had been posted for a while with one who noticed the date change. Interviewing staff who process offender mail explained the process if an offender wrote to the PREA auditor, explaining the legal correspondence process.</p> <p data-bbox="244 1809 1385 1836">Conclusion: Based on the information available, the auditor finds the facility meets compliance with this standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In determining compliance the auditor triangulated evidence related to this standard:</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Agency (PSD) policy ADM.08.08: Prison Rape Eliminate Act (effective 12/29/2020) <p>(f) The auditor reviewed the agency's public website and verified the agency has posted final PREA audit reports for all facilities as far back as PREA audit cycle one, year one up to the most current ending audit cycle three, year two. The posting of final audits included those conducted at the private contract facility.</p> <p>Conclusion: The auditor finds the agency meets compliance with standard provision</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	no

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes