

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report May 17, 2018

Auditor Information

Name: Thomas Eisenschmidt	Email: tome8689@me.com
Company Name: Click or tap here to enter text.	
Mailing Address: 26 Waterford Lane	City, State, Zip: Auburn, New York 13021
Telephone: 315-730-7980	Date of Facility Visit: April 16-17 2018

Agency Information

Name of Agency: U.S. Navy, Office of Corrections and Programs (Navy Personnel Command, PERS-00D)		Governing Authority or Parent Agency (If Applicable): Naval Consolidated Brig Pearl Harbor Brig	
Physical Address: 5720 Integrity Drive		City, State, Zip: Millington TN 38055	
Mailing Address: Same		City, State, Zip: Click or tap here to enter text.	
Telephone: (901) 874-4452		Is Agency accredited by any organization <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency is:	<input checked="" type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: Provide policy, guidance, analysis, advocacy and oversight to ensure the appropriate administration of Navy correctional and detention facilities resulting in security, good order, discipline, and safety of pre-trial post-trial prisoners and facility staff. When confined post-trial, provide programs and rehabilitative processes to retrain and restore the maximum number of personnel to honorable service, prepare prisoners for return to civilian life as productive citizens, and when directed by appropriate authority; provide dedicated facilities for non-UCMJ detainees.

Agency Website with PREA Information: <https://www.public.navy.mil/bupers-npc/support/correctionprograms/Pages/PREA.aspx>

Agency Chief Executive Officer

Name: Mr. Timothy Purcell	Title: Director
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Email: timothy.purcell1@navy.mil	Telephone: (901) 874-4451		
Agency-Wide PREA Coordinator			
Name: Mr. John Pucciarelli		Title: Deputy Director	
Email: john.pucciarelli@navy.mil		Telephone: (901) 874-4452	
PREA Coordinator Reports to: Director of U.S. Navy, Office of Corrections and Programs		Number of Compliance Managers who report to the PREA Coordinator 5	
Facility Information			
Name of Facility: Pearl Harbor Brig			
Physical Address: 2056 Wasp Blvd, Pearl Harbor HI 96860			
Mailing Address (if different than above): Same			
Telephone Number: (808) 472-0020			
The Facility Is:	<input checked="" type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Jail		<input type="checkbox"/> Prison
Facility Mission: The mission of the Pearl Harbor Brig is two-fold; first, to provide safe, legal, secure, and professional confinement of prisoners for all branches of service in Hawaii; and secondly, to provide a comprehensive corrections program of evaluation, work, training, and opportunities for self-improvement. The goal of brig programs is to better prepare confined personnel for return to duty, or to the civilian community, as productive, offense-free individuals when released from the brig.			
Facility Website with PREA Information: https://www.public.navy.mil/bupers-npc/support/correctionprograms/brigs/pearlharbor/Pages/PrisonRapeEliminationAct%20(PREA).aspx			
Warden/Superintendent			
Name: Robert L. Winters		Title: Officer in Charge	
Email: robert.l.winters@navy.mil		Telephone: (808) 472-9920	
Facility PREA Compliance Manager			
Name: Mr. Tom Dooley		Title: Assistant Officer in Charge	
Email: thomas.p.dooley@navy.mil		Telephone: (808) 472-0020	
Facility Health Service Administrator			

Name: LT Kevin Hughes		Title: Brig Medical Officer	
Email: kevin.a.hughes22.mil@mail.mil		Telephone: (808)477-2600/9-6311	
Facility Characteristics			
Designated Facility Capacity: 48		Current Population of Facility: 11	
Number of inmates admitted to facility during the past 12 months			100
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			33
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			100
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population: 19-40	Youthful Inmates Under 18: 0	Adults: 11	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			0
Average length of stay or time under supervision:			50 days
Facility security level/inmate custody levels:			Medium
Number of staff currently employed by the facility who may have contact with inmates:			56
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			22
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			2
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 2	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		2	
Number of Segregation Cells (Administrative and Disciplinary:		20	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): Video surveillance includes 51 cameras throughout the facility. Blind spots are known but minimal or planned to facilitate privacy. Primary monitors are in the Control Center although cameras can be monitored from the OIC's and AOIC's office as well. Retention of video footage is accessible for 30 days or more.			
Medical			
Type of Medical Facility:		Satellite Military Clinic, on-site medication issue and sick call.	
Forensic sexual assault medical exams are conducted at:		Tripler Army Medical Center	

Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	9
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	0

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Auditor Thomas Eisenschmidt conducted the PREA audit of the Naval Consolidated Miramar Detachment Pearl Harbor Brig (NCBM DET PH) located on Ford Island in Pearl Harbor Hawaii, on April 17-18, 2018. The auditor received the PREA Pre-Audit Questionnaire, folders for the 43 standards and the supporting documents from the facility 4 weeks prior to the audit. The auditor reviewed the supplied documentation prior to his arrival.

This was the second PREA audit for the Pearl Harbor Brig. The entrance briefing for the audit was held on April 17, 2018 with Lt. Commander Robert Winters, CDR Jennifer L. Forbus, PREA Coordinator- Mr. John A. Pucciarelli, PREA Compliance Manager- Mr. Tom Dooley, and the Senior Enlisted Advisor- MMCS Joshua Meyer.

The auditor gave a brief overview of the audit process and once it was completed the tour of the institution began. Once the tour was completed the auditor interviewed all 12 prisoners currently at the jail.

Once the prisoner interviews were completed the specialized staff interviews were conducted. They included the following staff: Agency Director, PREA Coordinator, Health Care Practitioner, Human Resources, Mid-Level Supervisors (2), Risk of Victimization Assessment (2), Mental Health Practitioner, Restricted Housing Staff member, Prisoner Management staff, Retaliation Monitor, Victim Support Person, Incident Review Team Member, PREA Manager, Facility Investigator, NCIS Investigator, and the Commanding Officer.

There were no PREA cases, sexual abuse or sexual harassment for the previous 12 months at the Pearl Harbor Brig. There were also no cases in 2015 and 2016. The auditor discussed with the Administrative Investigator the case file make up should they have an allegation. He had a mock up file demonstrating the file content would document the investigation process per agency policy. The case files would include, all interviews, any photos, recording video footage if available, first responder details, outcome notification, retaliation monitoring (when required) and incident reviews. Navy Personnel Command publishes their investigative policy on their website ([http://www.public.navy.mil/bupersnpc/support/correctionprograms/brigs/miramar/Pages/PrisonRapeEliminationAct\(PREA\).aspx](http://www.public.navy.mil/bupersnpc/support/correctionprograms/brigs/miramar/Pages/PrisonRapeEliminationAct(PREA).aspx))

Training records (2015, 2016. and 2017) for staff at the Brig were reviewed. The documentation for those years was excellent. During those years every staff member received their annual PREA training. The auditor also reviewed records demonstrating compliance to the onetime additional training requirements for each Investigator and the Medical and Mental Health.

At the conclusion of the site visit the auditor met with Lt. Commander Robert Winters, CDR Jennifer L. Forbus, PREA Coordinator- Mr. John A. Pucciarelli, PREA Compliance Manager- Mr. Tom Dooley, and the Senior Enlisted Advisor- MMCS Joshua Meyer. The auditor let those present know that he could not give them a specific outcome but did leave them with some preliminary findings. He thanked everyone for their obvious hard work and asked them to continue their commitment to insure compliance to the Prison Rape Elimination Act.

The Brig is a very clean well-managed facility. They were well prepared for the audit. It was certainly apparent from the interviews with staff and prisoners, reviews of the documentation, and processes that the Brig day-to-day

operations is focused on assuring sexual safety for the prisoners.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident, or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Naval Consolidated Brig Pearl Harbor Brig Detachment Pearl Harbor Brig (Pearl Harbor Brig) is located on Ford Island in Pearl Harbor Hawaii, it is approximately 10 miles from Honolulu International Airport. Pearl Harbor is on the southern coast of the Hawaiian island of Oahu.



Front view of NCBMDETPH

The brig operated by the United States Navy and serves as the DoD Pre-trial and Post-trial confinement facility, authorized to house male and female prisoners. Post-trial confinement will be limited to those individuals who have an adjudged sentence of less than one year. If the sentence is one year or more, they will be transported to an appropriate DoD confinement facility; however, current practice is to transfer post-trial prisoners sentenced more than 90 days. The Pearl Harbor Brig conducts correctional programs to maintain good order and discipline; and to prepare prisoners for release as productive, offense-free individuals.



Walkway to Main Bldg

Upon entering the main entrance, you will find yourself on the quarterdeck. The staff checks identification of persons requiring access to the secured portion of the facility. Temporary badges will be issued prior to entering the secured side. Prisoner's visitors are checked in at this location where they are required to meet security screening procedures prior to gaining access to the visitation area.



Brig's lobby

Also located to the left of the quarterdeck is the unsecured portion of the building which contains the administration office, programs office, and staff gym.

Entrance to the secure area is through a set of doors (sally port) operated by the Control Center. The Control Center has monitoring panels that operate various doors within the facility; this post is responsible for maintaining the running daily logbook and verifying all scheduled and unscheduled counts. The Control Center also monitors the Personal Alarm Locator System, implements all Emergency Action Plans, and the Fire Alarm system.



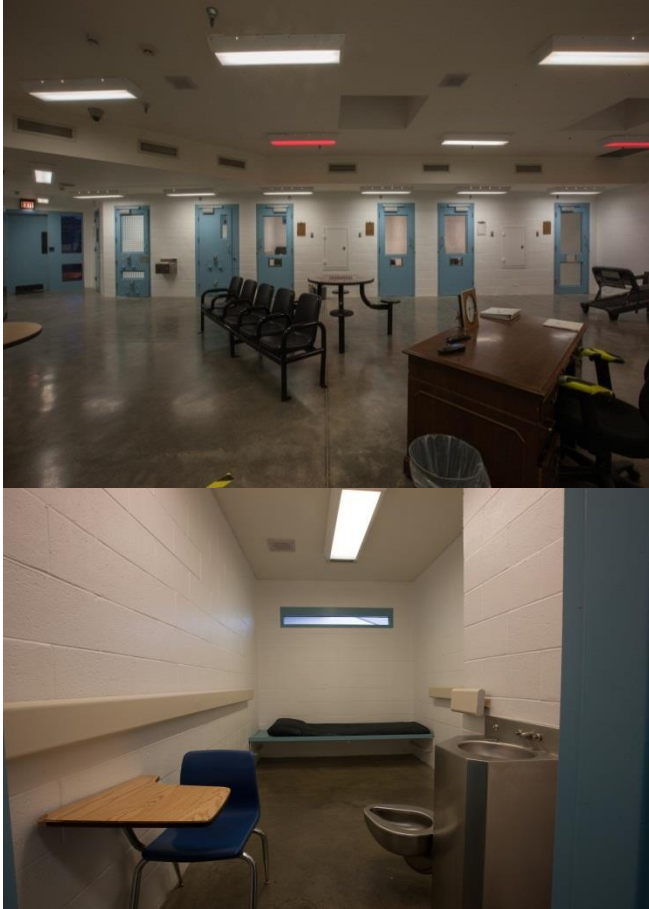
Master Control Center

Once inside the secure area, you will be in the main passageway (sally port). To the left you will see the Multi-purpose room (MPR) and to the right will be the female dormitory. The MPR includes the prisoner's dining facility which is also utilized for weekend and holiday visitation call. The MPR also has three visitation booths that are sound proof and used primarily for legal visits. The prisoner library is adjacent and to the left of the MPR and the galley is adjacent and to the right.



Multi-Purpose Room

Adjacent to the MPR is the prisoner's laundry facility. Directly next to the prisoner's laundry facility is entrance to the Operations' office. Operations is responsible for the inspections of the facility, to include, but not limited to, sanitation, security, fire, and safety. Operations also controls the custody of all contraband and its disposition. Directly across from the MPR you will see the entrance (sally port) to the female berthing area (large open squad bay) where all females are housed. Because of the facility design, the female berthing area doubles as a dorm and segregation. All females are housed in single occupancy cells. The female berthing area can house up to five female prisoners.



Female Special Quarters/Dorm Cell

As you leave the female berthing area and continue down the hallway, you will come to another sally port. In this hallway you will find funds and valuables, prisoner barbershop, and Receiving & Release (R&R). R&R is responsible for the in processing and out processing of all prisoners. Examples are new confinements, temporary releases, and permanent releases. There is a room with two safes; one safe is used for safekeeping of property of prisoner's being released on weekends/holidays; the second safe is used for valuables of new confinements. The Funds and Valuables Custodian is the only person with access to this safe.

R&R sally port is the only access point that prisoners will use coming or leaving the facility, with the exception of emergency situations. All intake processing screenings, gear inventory and issuance, and initial administrative paperwork is completed in the office next to the R&R sally port. The Funds and Valuables Custodian controls all prisoner funds and valuables. An account is created for each prisoner, whether they have funds or not. All funds are comingled in a non-interest bearing account with no charge to the prisoner; from this account, prisoners are able to purchase health and comfort items and deposit funds to the phone system.

Once you return back to the main passageway and continue through the facility, you will notice a door leading outside. This door gives you access to the male prisoner outdoor recreation area. Here prisoners conduct physical training and yard call. Adjacent to the male recreation area is the female recreation area which is separated by a secured fence. Female prisoners access the recreation area through the back door of their berthing area.



Prisoner Recreation Area

As you continue through the facility you will be in the passage way that has three doors. The first door to your immediate right is the Control Center. The next door to your front left is segregation which houses prisoners in administrative segregation and disciplinary segregation.



Male Special Quarter's



Male Special Quarter's (segregation) Cell

To the immediate right of this door you will have access to the male dorm. This dorm houses both pre-trial and post-trial prisoners. Pre-Trial and Post-trial prisoners are separated by a wall that extends the length of the dorm. Most of the population is housed in this area during their confinement. Located at the back of the dorm are two office spaces for the counselors assigned to this brig.



Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of Standards Exceeded: 5

115.21,115.31,155.33,115.41,115.64

Number of Standards Met: 38

Click or tap here to enter text.

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

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PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- 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 ☐ No

115.11 (c)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) dated 25 October 2017 contains Pearl Harbors' comprehensive approach to prevent, detect and respond to sexual abuse, sexual harassment and retaliation for reporting either at their jail. The policy defines for everyone the specific prohibited acts, staff reporting responsibilities and obligations, investigative responsibilities, risk assessment process and procedures, support responsibilities and the punishment for any policy violations if not followed. Both formal and informal interviews with staff and prisoners demonstrated their awareness to the policies and procedures. This policy is available for prisoners to read.

The auditor had the opportunity to interview Mr. Timothy Purcell, Director Navy Corrections and Programs. During the interview he described how he has committed the Agency to provide a safe environment for staff and prisoners by insuring the PREA standards remain a top priority in the day-to-day operation of the 5 brigs and 3 private facilities under his command. He informed the auditor that any expansion or major facility modifications would continue to take into account the PREA Standards when considering design, entering into a contract or installing additional video equipment.

Mr. John Pucciarelli Deputy Director Navy Corrections and Programs is the Agency PREA Coordinator. He has 5 Institutional Compliance Managers within each of the Brigs and two office staff that oversee compliance at the three contract facilities. His interview confirmed he had sufficient time and authority to coordinate the Agency efforts to comply with each of the PREA standards. His position is found on the Agency organizational chart and he has direct access to the Director and meets regularly with him specifically to discuss PREA matters and issues.

Mr. Tom Dooley is the PREA Compliance Manager at Pearl Harbor. He is also a certified PREA Auditor. He stated during his interview that he had more than enough time to adequately perform his PREA related work at the facility. As expected he has a thorough understanding of the PREA standards and ensures that all staff is trained about their duties and responsibilities when responding and reporting any suspicions or allegations of sexual abuse or sexual harassment. He also ensures prisoners know the private ways of reporting sexual abuse/harassment and any retaliation. Tom reports directly to the Officer in Charge (OIC) Lt Commander Robert Winters. Interviews with staff and prisoners confirmed that they are aware that Mr. Dooley is the point of contact for reporting (allegation of sexual abuse/harassment or retaliation), questions, or concerns relating to PREA and sexual safety.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- 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 ☐ No ☐ NA

115.12 (b)

- 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 OR the response to 115.12(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Mr. John Pucciarelli, Deputy Director for Corrections and Programs is the individual who oversee the three private prisons within the Agency. During his interview he indicated he oversees all the operational practices, contract practices, and day to day operations of the contracted facilities through staff in his office. One of their primary responsibilities in monitoring is to make sure that each of these contracted facilities is PREA compliant and following Navy Corrections Policies and Procedures. The agency has included in all contracts (3) the requirement to adopt and comply with the PREA standards. All three facilities are currently PREA audited and compliant.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?
☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the

need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

- 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 ☐ No ☐ NA

115.13 (c)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.13 (d)

- 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 ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with policy NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) the Operations Chief and Assistant Officer in Charge (OIC) shall develop, document, and make their best efforts to comply on a regular basis with a security staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect prisoners against sexual abuse.

During the interview with Lt Commander Robert Winters (OIC) he stated that Pearl Harbor has such a staffing plan and it is based on generally accepted detention and correctional practices, any judicial findings of inadequacy, any findings of inadequacy from Federal investigative agencies, any findings of inadequacy from internal or external oversight bodies, all components of the facility's physical plant (including "blind-spots" or areas where staff or prisoners may be isolated), the composition of the prisoner population, the number and placement of supervisory staff, institution programs occurring on a particular shift, any applicable laws, regulations, or standards, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors when designing the plan. Any and all deviations from this approved facility-staffing plan must be immediately reported to him. The population at Pearl Harbor on average is typically no more than 14 prisoners. The staffing at the facility is set for 48 prisoners. An annual review is required for this plan. The auditor reviewed those conducted at the facility for 2015, 2016 and 2017 by the OIC and PREA Compliance Manager. There were no recommendations made.

The same above noted policy requires intermediate-level and higher-level supervisors to conduct regular and random unannounced rounds to identify and deter staff and prisoner sexual misconduct. The supervisory staff formally interviewed indicated that their unannounced rounds are accomplished by staggering the round times on

a daily basis and locations so staff do not become aware of when they are conducting them. The auditor found supervisor signatures in logs during the tour.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- 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].) ☒ Yes ☐ No ☐ NA

115.14 (b)

- 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].) ☒ Yes ☐ No ☐ 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].) ☒ Yes ☐ No ☐ NA

115.14 (c)

- 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].) ☒ Yes ☐ No ☐ 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].) ☒ Yes ☐ No ☐ 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].) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Pearl Harbor rarely receives a prisoner under the age of 18. Most individuals enlisting at age 17 achieve their 18th birthday upon completion of "boot camp". The only other way any of the services would have someone under the age of 18 would be if the individual lied about their age upon entering into the military.

Should this occur, Pearl Harbor policy 1640.23 outlines the procedures to follow when housing these youthful prisoners separately from adults ensuring sight and sound separation outside of the adult Housing Units.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- 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 ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ 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 here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates?
☒ Yes ☐ No

115.15 (d)

- Does the facility implement a policy and practice 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 ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- 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 ☐ No
- 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 ☐ No

115.15 (f)

- 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 ☐ No
- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

As noted earlier in this report the Pearl Harbor Brig is an adult male and female facility with male and female staff. Policy NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) outlines the requirements staff must adhere to when searching prisoners. It details when, how and by whom each type search must be performed on prisoners by staff. It restricts cross gender strip searches or cavity searches of male prisoners by female staff and of female prisoners by male staff except in exigent circumstances. This policy also restricts cross gender pat down searches except in exigent circumstances. All cross gender searches, regardless of type must be approved and documented if performed. The PAQ document and interviews with the Officer in Charge, PREA Compliance Manager, and shift supervisors indicated that the facility conducted no cross gender searches by female staff upon any male prisoners or male staff upon female prisoners during the last 36 months. None of the prisoners interviewed stated they were exposed to any cross gender searches either.

The auditor questioned staff about search and frisk training and agency requirements of them during the site interviews. All of them indicated their awareness of the cross gender restrictions on strip-searching and indicated it is part of the training information they receive both in the classroom and E-learning. They also informed the auditor that their training includes information on the prohibition of strip-searching a transgender and/or intersex prisoner for the sole purpose of determining their genitalia.

The auditor reviewed the search-training curriculum that is presented to staff. The curriculum includes conducting cross-gender pat-down searches of transgender and intersex prisoners in a professional and respectful manner, and never for the purpose of determining genitalia status. Staff also indicated that they had received video and practical application training on the professional and respectful approach to conducting searches with transgender and intersex prisoners.

The auditor toured this facility spending a significant amount of time in all the living areas. As noted earlier except for supervisor rounds or medical calls each of the separate male and female units are staffed by the same gender. During the tour, because there was a female touring with us, the auditor witnessed an announcement being made as we entered the male unit. There were no female prisoners at the Brig during the site visit. All male prisoners interviewed confirmed females do announce their presence upon entering their prisoner living areas.

The Pearl Harbor Brig has 51 cameras throughout the inside of the facility. The majority of these are located in the living areas and recreation (common) areas. The dorm areas in the male and female units have cameras in the living area where they sleep. However, prisoners are required by policy to change their clothes in the prisoner bathrooms and must be clothed while in their unit. The Restricted Housing Units (Special Quarters), in the male and female section of the institution, have close observation cells (for suicides) with cameras. One such camera cell is located in the female unit and two cells located in the male unit. The view from the cameras is restricted in the area around the toilet. There is a permanent sign affixed to the wall of these cells notifying prisoners they need to restrict changing their clothes to the toilet area. This area around the toilet is sufficient in size to allow changing clothes when necessary. These cameras are only operated during suicide watch. The cameras recording capability for all cameras is 30 days and then old information is recorded over.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- 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 ☐ No

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

- 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 ☐ No

115.16 (b)

- 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 ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Army regulation 601-270 (Military Entrance Processing Station) requires all military service components mandate English proficiency prior to acceptance of enlistment, commissions or appointment into any branch. During his interview Lt Commander Robert Winters (OIC) stated Pearl Harbor Brig would follow policy NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) requiring him and his staff to take appropriate steps if it became necessary to ensure that prisoners with limited English or disabilities (prisoners who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Pearl Harbor Brig has access to interpretive services through Military One Source. They provide interpretive services, sign language, interpretive expertise in written materials, phone help, written and site help if needed. Staff interviews indicated the rules against using other prisoners for sexual abuse allegations except in extreme circumstances.

There were no admissions while the auditor was at the facility. The Receiving Area staff member detailed the intake process conducted on all new arrivals at Pearl Harbor Brig for the auditor. Each prisoner arriving at the facility receives and signs for a PREA pamphlet available in Spanish and English. This pamphlet details the PREA policy informing prisoners their right to be free from sexual abuse/harassment or retaliation, how to report it if they are and informing them that they will not be punished for reporting it. All of the prisoners that the auditor interviewed confirmed receiving this document.

There were no limited English, deaf, hard of hearing, blind or low vision, intellectual, psychiatric, or speech disabilities prisoners at the Pearl Harbor Brig during the site visit.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- 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 ☐ No
- 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 ☐ No
- 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 question immediately above? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- 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 ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- 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 ☐ No

115.17 (f)

- 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 ☐ No
- 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 ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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SOP 300.1 (Recruitment, Selection and Promotion (Civilian Staff) and NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) detail the prohibition on hiring or promoting anyone or enlisting the services of any contractor: (1) that engaged in sexual abuse in any prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) anyone 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.

All staff at the Pearl Harbor Brig, with exception of the limited number of civilians, is assigned there for a three-year period. The staff is rotated in and out at different times keeping stability in the workforce. During the previous (12) months Pearl Harbor Brig received twenty-two (22) new staff and two (2) additional contractors. Naval Consolidated Investigative Services (NCIS) conducts the background checks on everyone prior to them being allowed to enter the facility. Any checks coming back with any attempt or any engagement of sexual abuse, coercion regardless of where it happened are not hired according in the case of a civilian or allowed to work in any Correction setting.

These two mentioned policies further require that all staff, contractors, and volunteers receive background rechecks every 5 years. Since most of the staff rotates out prior to the five-year recheck the only rechecks are performed on civilian staff. The Operations Officer confirmed that as of the site visit all checks were conducted by NCIS and are up to date.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- 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 ☐ No ☒ NA

115.18 (b)

- 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 ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Pearl Harbor Brig has had no substantial expansion or modifications to its physical plant over the last three years. There are currently 51 cameras at the facility. Lt Commander Robert Winters (OIC) confirmed this during his interview. The auditor reviewed the locations of the camera and monitored what each camera is available to view from the facility Control Center and office with viewing capabilities. There were no privacy concerns associated with any of the cameras positioned at the facility.

The PREA Compliance Manager would be involved in the placement locations of any additional cameras if the Brig were to receive to install more. The PREA Compliance Manager would be involved in the placement locations with any of these additional cameras. Lt Commander Robert Winters (OIC) confirmed this as well.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- 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 ☐ No ☐ NA

115.21 (b)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.21 (c)

- 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 ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- 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 ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers?
☒ Yes ☐ No

115.21 (e)

- 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 ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity 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.) ☒ Yes ☐ No ☐ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The Memo of Agreement (MOA) between the Director of Naval Operations Bureau of Medicine and Surgery, and Naval Criminal Investigative Services requires that each and every administrative and criminal investigation must adhere to investigative and evidence protocols that are similarly comprehensive and authoritative developed after 2011 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.

The auditor interviewed two investigators (1-Criminal and 1- Administrative) separately while at Pearl Harbor. Both detailed the content of the training they received and indicated they are required to follow uniform evidence protocols that maximizes the potential for obtaining usable physical evidence for criminal prosecutions as required by policy. Their training was based on curriculum from the National Institute of Corrections (NIC), "PREA: Investigating Sexual Abuse in Confinement Settings" curriculum.

The Tripler Army Medical Center is the primary local hospital utilized by the Pearl Harbor Brig for forensic examinations. A SANE or SAFE Nurse conducts the examination. If there is not one available, the examination is conducted by a qualified medical practitioner. There were no prisoners sent out for a forensic exam during the last 12 months.

Whenever staff become aware of a sexual assault the facility must immediately notify the Sexual Assault Prevention and Response Coordinator (SARC) of the incident. This individual is a base (community) Support Services Supervisor. The SARC insures a trained staff member from their office accompanies the victim through the forensic medical exam process and investigatory interviews. Victims of sexual assault may also request other emotional support services, crisis intervention, information and referrals anonymously via the Department of Defence (DoD) Safe Helpline. The phone number and address are posted on large posters in both housing units and throughout the facility where the prisoners have access. This DoD safeline number is directed to the Rape Abuse & Incest National Network (RAINN) which is a support service agency contracted by the Department of Defence (DoD). They provides free and confidential services, educates the public about sexual violence, leads national efforts to end sexual violence, improve services to victims of sexual violence and ensure that rapists are brought to justice.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- 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 ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication 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 ☐ No ☐ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Allegations of sexual abuse or sexual harassment alleged to have occurred within the Pearl Harbor Brig must be thoroughly and completely investigated criminally or administratively. This mandate can be found in NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) and the Memo of Agreement (MOA) between the Director of Naval Operations Bureau of Medicine and Surgery, and Naval Criminal Investigative Services. The Naval Criminal Investigative Services (NCIS) is a separate agency from the U.S. Navy, Office of Corrections and Programs and has the legal authority to conduct criminal investigations within all of the Brigs.

The auditor conducted interviews with a Special Agent from NCIS, a Criminal Investigator and one of the institutions' Administrative Investigators. Both investigators stated that an investigation is initiated and completed on every allegation of sexual abuse or sexual harassment, regardless of how the allegation was made or received (written, verbal, anonymous or third party). All sexual abuse allegations begin with a criminal case review. If the Agent from NCIS does not believe that a crime has been committed the allegation is handled administratively by the facility.

There were no PREA cases, sexual abuse or sexual harassment, for the previous 12 months at the Pearl Harbor Brig. There were also no cases in 2015 and 2016. The auditor discussed with the Administrative Investigator the case file make up should they have an allegation. He had a mock up file demonstrating the file content would document the investigation process per agency policy. The case files would include, all interviews, any photos, recording video footage if available, first responder details, outcome notification, retaliation monitoring (when required) and incident reviews. Navy Personnel Command publishes their investigative policy on their website ([http://www.public.navy.mil/bupersnpc/support/correctionprograms/brigs/miramar/Pages/PrisonRapeEliminationAct\(PREA\).aspx](http://www.public.navy.mil/bupersnpc/support/correctionprograms/brigs/miramar/Pages/PrisonRapeEliminationAct(PREA).aspx))

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- 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 ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training?
☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Mr. Purcell indicated during his interview that sexual safety for everyone begins with a solid zero tolerance policy and a high priority placed on training staff and prisoners with regards to this policy. Training at the Pearl Harbor Brig for everyone is extensive and well documented by the staff member over training and records.

NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) policy requires everyone receive PREA training prior to being allowed into the Brig to work or volunteer. The auditor reviewed the pre-service information everyone receives. The subject matter provided includes: (1) the Agency wide zero-tolerance policy for sexual abuse and sexual harassment; (2) how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) the prisoner's right to be free from sexual abuse and sexual harassment; (4) Staff and prisoner's right to be free from retaliation for reporting sexual abuse and sexual harassment; (5) recognizing the dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with prisoners; (9) How to communicate effectively and professionally with prisoners, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming prisoners; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. All employees must receive this training prior to having contact with prisoners. This same policy requires staff continue receiving documented PREA training annually.

Random staff interviews conducted by the auditor during the site visit included uniform and non-uniform staff. All indicated that they received the agency training prior to reporting for work. They stated that the training received included the topics described in the paragraph above. They also informed the auditor the procedures they would follow if a prisoner approached them with an allegation of sexual assault. The procedure would include; separating the alleged abuser from the victim would be the first response, preserving the crime scene and not allowing the destruction of evidence were typically the next steps taken with a notification made to their supervisor. All stressed the importance of the alleged victim's safety. The non-security first responders interviewed indicated that they would immediately secure the alleged victim and then immediately contact a security staff person in the area to take control of the prisoner and the situation.

The auditor spent a considerable amount of time reviewing training records for 2018 and a sampling of records

for 2016 and 2017. Everyone currently assigned at the Pearl Harbor Brig is trained in the zero tolerance policy. The auditor verified in the sampling of training records reviewed that the starting work date was after the date that zero tolerance training was received.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- 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 ☐ No

115.32 (b)

- 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 ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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There are currently nine (9) volunteers approved to enter the Pearl Harbor Brig and have contact with prisoners. There are currently no contractors. These volunteers are treated no different than employees when it comes to the PREA pre- service-training requirement. If they have contact with prisoners NCBM DETPHINST 1640.23

(PRISON RAPE ELIMINATION ACT COMPLIANCE) policy requires they are trained on their responsibilities under the facility's sexual misconduct prevention, detection, and response policies and procedures. This training is provided by a qualified instructor and prior to any unescorted contact with prisoners in which they acknowledge receiving and understanding it.

During the training records review by the auditor, the training curriculum and training records for these individuals for years 2018, 2017 and 2016. Files at Pearl Harbor contain signed documents indicating each had received the PREA training and understood: the agency zero tolerance policy, how and whom to report allegations of sexual abuse, prohibited behaviors and consequences for policy violations.

There were no volunteers available for the auditor to interview during the site visit.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No
- 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 ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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As stated by the Director and Officer in Charge (Warden) during their interviews, prisoner education on sexual safety is given the same high priority as employee education. It begins once the prisoner leaves the bus and enters into the facility receiving area. As noted earlier there were no new arrivals at the time of the site visit the staff member assigned to the area detailed the process every new arrival goes through to the auditor as found in policy NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE).

Once the prisoner is properly identified he is provided and signs for a prisoner handbook (available in English or Spanish) that provides him/her with information to keep them safe while incarcerated. This booklet not only deals with the day to day jail procedures, rules and operations it provides prisoners with information and instructions on how and to whom to report incidents or suspicions of sexual abuse and/or sexual harassment and retaliation should it become necessary. Prisoners are informed they can make these allegations verbally, anonymously or in writing and through third parties. Newly arrived prisoners are placed in the secure male or secure female quarters (single cell) until their orientation is completed. While on this unit, for approximately 2 weeks, prisoners receive an in-depth orientation including a thorough briefing on PREA and sexual safety from the Programs Chief. Among other things he stresses with them is how to privately report allegations of sexual abuse, sexual harassment and retaliation if it becomes necessary. Prisoners sign a document acknowledging their understanding of the zero tolerance policy, the definition of prohibited acts, the definition of sexual harassment prevention and warning signs, and as previously mentioned reporting means.

Interviews with all 12 prisoners by the auditor indicated they had received PREA information on their day of arrival at the facility and that the same information is available to them (English and Spanish) through PREA informational postings in all of the housing and common areas that they have access to. It was apparent that each was well aware of PREA, their rights under the Pearl Harbor zero tolerance policy, and how and to whom any allegation of sexual abuse, sexual harassment or retaliation should it become necessary.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- 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 have received 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 ☐ No ☐ NA

115.34 (b)

- 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 ☒ No ☐ NA
- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.34 (c)

- 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 ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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The Memo of Agreement (MOA) between the Director of Naval Operations Bureau of Medicine and Surgery, and Naval Criminal Investigative Services Policy 79-ISA-01 (Prison Rape Elimination) as well as policy NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) requires Investigators receive specialized investigative training. The training each receives must be based on the National Institute of Corrections (NIC) Training "Investigating Sexual Abuse in Confinement Settings. The auditor verified through training records and interviews that the current Investigators at the Pearl Harbor Brig have received this required training.

During the interview with the criminal investigator and one of the administrative investigators they detailed the

general topics of the training they received. They stated the training included topics on: techniques for interviewing sexual abuse victims in confinement settings, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or criminal prosecution.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No

115.35 (b)

- 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.) ☐ Yes ☐ No ☒ NA

115.35 (c)

- 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?
☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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Policy NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) requires all medical and mental health care practitioners who work regularly in the facility shall receive the PREA training mandated for all staff under §115.31 but they must also complete the "Medical Health Care for Sexual Assault Victims in a Confinement Setting" and "Behavior Health Care for Sexual Assault Victims" located at <http://nic.learn.com>. This training at a minimum includes: How to detect and assess signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The auditor conducted interviews with medical and mental health practitioners while at the facility. Both these practitioners told the auditor that they are required to take this additional training and that all of their staff, currently assigned to Pearl Harbor Brig, has received it. This onetime training requirement is documented in the staff training records at the facility and was reviewed at the time of the visit.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- 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 ☐ No

- 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 ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility? ☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?
☒ Yes ☐ No

115.41 (f)

- 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 ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?
☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?
☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
☒ Yes ☐ No

115.41 (h)

- 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 ☐ No

115.41 (i)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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As mentioned earlier every prisoner arriving at Pearl Harbor Brig enters through the institution receiving area. Once properly identified and issued a prisoner handbook he/she is escorted to a private office where a risk assessment is performed to determine the prisoners' vulnerability and/or abusiveness utilizing an objective-screening instrument. Pearl Harbor typically utilizes the Brig Duty Officer to perform this screening. When unavailable the screening is performed by one of the two trained counselors. All prisoners normally arrive at the facility during normal week day hours. However, by policy, should he/she arrive on a weekend or after normal business hours they wait no longer than 72 hours from the date of arrival for the risk assessment. Regardless of whether the prisoner is screened on the first day or not they are placed in a single cell in the secure quarters until after the orientation process which is typically 14 days. Since there were no new arrivals during the time of the visit three staff members who perform the assessment detailed the process and the requirements of policy NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) to the auditor.

The first question the trained staff person asks the prisoner is about his/her knowledge about PREA. At the conclusion of this information exchange the risk assessment is conducted. The assessment begins by asking the

prisoner: (1) if he has a mental, physical, or developmental disability; (2) his age; (3) whether the prisoner has previously been incarcerated; (4) whether the prisoner's criminal history is exclusively nonviolent; (5) whether the prisoner has prior convictions for sex offenses against an adult or child; (6) whether the prisoner is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (7) whether the prisoner has previously experienced sexual victimization; (8) for his own perception of his vulnerability; (9) and conducts an assessment of the physical build of the prisoner. The interviewer also assesses if the prisoner is perceived to be gender nonconforming. Certain responses to some questions and a certain amount of yes answers to questions indicate victim/abuser status review. Any prisoner who may be at risk based on this screening has a Medical and/or Mental Health referral immediately completed and forwarded on his behalf.

During the interviews with these three screening staff members they confirmed a second risk assessment is performed on every prisoner after being at the brig for 14 days. Their interviews also confirmed the prisoner's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the prisoner's risk of sexual victimization or abusiveness. These staff also stated prisoners are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked about: whether the prisoner has a mental, physical, or developmental disability; whether the prisoner is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the prisoner has previously experienced sexual victimization; and the prisoner's own perception of vulnerability. Information obtained during this screening process is shared with appropriate staff (medical, mental health, PREA compliance manager and supervisors) as needed to make housing, bed, work, education, program assignments and mental health and medical referrals.

The auditor team formally interviewed all 12 prisoners while at the institution. Each of them confirmed that they had received an initial risk assessment on the day of arrival. They also confirmed that they were reassessed after being there for about two weeks. None of those prisoners interviewed stated they were disciplined for refusing to answer, or for not disclosing complete information in response to any questions asked during their assessment.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

- 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 ☐ No
- 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 ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- 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 ☐ No
- 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 ☐ No

115.42 (d)

- 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 ☐ No

115.42 (e)

- 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 ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- 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? ☒ Yes ☐ No

- 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? ☒ Yes ☐ No

- 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? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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Policy NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) requires that the Programs Chief, through the Classification and Assignment Board, uses all information from the risk screening to inform housing, cell/bed assignment, work, education, and program assignments with the goal of keeping separate those prisoners at high risk of being sexually victimized from those at high risk of abusiveness. At Pearl Harbor Brig this board is made up of 2-Program Staff, 2-Operations Staff, Chief of Programs and the Assistant Director. This group meets every day, Monday through Friday, and sees prisoners typically on their second day at the Brig.

The auditor interviewed two members of this Board. Each confirmed that they use the information from the risk screening and any other information available to them to inform housing, cell/bed assignment, work, education, and program assignments with the goal of keeping separate those prisoners at high risk of being sexually victimized from those at high risk of being sexually abusive.

NAVPERSCOM (PERS-00D) designates the place of confinement for any transgender or intersex prisoners. Upon assignment, the Classification and Assignment Board shall consider, on a case-by-case basis, housing and programming assignments to ensure the transgender or intersex prisoner's health and safety, and whether the placement would present management or security problems. A transgender or intersex prisoner's own views with respect to his or her own safety shall be given serious consideration. Placement and programming assignments for each transgender or intersex prisoner shall be reassessed, using the Risk of Victimization and Abusiveness Form at least twice each year to review any threats to safety experienced by the prisoner. The results of these assessments shall be briefed at the Classification and Assignment Board. All prisoners shall shower separately in private shower stalls. As such, transgender and intersex prisoners shower separately from other prisoners. During the visit there were no inmates from the LGBTI community to interview. It was obvious however there are no dedicated housing units based on sexual identity at the Pearl Harbor Brig.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- 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 ☐ No
- 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 ☐ No

115.43 (b)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- 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 ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- 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 ☐ No
- 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 ☐ No

115.43 (e)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) requires that prisoners at high risk for sexual victimization not be placed in involuntary restrictive housing unless an assessment by the Classification and Assignment Board 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. If an immediate assessment cannot be made, the prisoner may be held in restrictive housing for no more than 24 hours while the assessment is being conducted. Prisoners placed in restrictive housing for this purpose shall have access to programs, privileges, education, commissary, library, counseling services, religious guidance, recreational, and work opportunities to the extent possible. If access to programs, privileges, education, or work opportunities are restricted, the Programs Chief shall document such restrictions on the DD Form 509 and the Special Handling Letter/Supplemental Form: opportunities that have been limited; duration of the limitation; and reasons for such limitations.

Prisoners shall be assigned to involuntary restrictive housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If an involuntary restrictive housing assignment is made it shall be documented in the prisoner record or Corrections Management Information System with the basis of concern for the prisoner's safety and the reason why no alternative means of separation can be arranged.

The Classification and Assignment Board shall review the status of each prisoner assigned to Protective Custody every seven calendar days for the first two months and every 30 days thereafter, to determine whether there is a continuing need for separation from the general population.

Lt Commander Robert Winters (OIC) stated that if ever a situation presented itself where a prisoner needed immediate separation, because he/she was victimized, the last choice would be them being placed in secure quarters. While there the prisoner would receive programs, privileges, education, commissary, library, counseling services, religious guidance, recreational, and work opportunities. If it did become necessary for a restriction of any of these the Assistant Officer in Charge documents the restrictions on the DD Form 509 and Special Handling Letter/Supplemental Form. The auditor toured both the male and female secure quarters and there was no one assigned in either area. The Lt. Commander and a staff member assigned to the area stated there were no victims placed in either secure quarters for protection as a victim during the past 36 months.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No

- 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 ☐ No

115.51 (b)

- 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 ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request?
☒ Yes ☐ No
- 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? ☐ Yes ☒ No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

How to report allegations of sexual abuse, sexual harassment and retaliation is made available to every prisoner the day they arrive at the Pearl Harbor Brig. As noted in standard 115.33 they receive a prisoner booklet outlining how to privately report any allegation, the same information is provided again in orientation and there are posters made available in all prisoner accessible areas noting how to privately report. Allegations by prisoners can be done verbally to staff, in written reports, through anonymous (unsigned) reports and reports from third parties (family members or friends). Such reports can be made to a staff member other than the prisoner's immediate supervisor to include the CMEO, SAPR, Chaplain, or by submitting a DD Form 510, prisoner request. Informational posters are available at the entrance of the Brig (where prisoner visitors are processed) and inside the visiting area informing family and/or friends how they can report sexual abuse/sexual harassment on behalf of the prisoner if necessary.

Prisoners at the Brig can utilize the Department of Defense (DOD helpline-phone) to report sexual abuse. As noted earlier this agency is not part of the Pearl Harbor Brig. When the prisoner utilizes this helpline he/she has two options to report allegations of sexual abuse available. The first is an unrestricted report, where the prisoner desires an official investigation with command notification (institution) of the victims' identity. The second option is anonymous reporting, where prisoner desires to privately disclose the allegation. All information except the identity of the alleged victim is forward to the facility. These reports to the DOD are forwarded to the Sexual Assault Response Coordinator (SARC). The SARC then makes the Commander or designee notification so that an immediate investigation can be initiated. The auditor interviewed the SARC who confirmed this reporting process. All 12 prisoners interviewed during the site visit were well aware of how to privately report any incident of sexual abuse/harassment and retaliation. None of the 12 disclosed that they had ever made a sexual abuse/harassment allegation.

Staff interviews at the Brigg confirmed they were aware of the multiple ways available to them to privately report sexual abuse/ harassment should they need to. It is also included in the training curriculum that was reviewed at the time of the site visit.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- 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. ☐ Yes ☐ No ☒ NA

115.52 (b)

- 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 ☐ No ☒ NA

- 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 ☐ No ☒ NA

115.52 (c)

- 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 ☐ No ☒ NA
- 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 ☐ No ☒ NA

115.52 (d)

- 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 ☐ No ☒ NA
- 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 ☐ No ☒ NA
- 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 ☐ No ☒ NA

115.52 (e)

- 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 ☐ No ☒ NA
- 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 ☐ No ☒ NA

- 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 ☐ No ☒ NA

115.52 (f)

- 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 ☐ No ☒ NA
- 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 ☐ No ☒ NA
- 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 ☐ No ☒ NA
- 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 ☐ No ☒ NA
- 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 ☐ No ☒ NA
- 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 ☐ No ☒ NA
- 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 ☒ No ☒ NA

115.52 (g)

- 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 ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Agency policy SOP 817.2 (Prison Rape Elimination Act Compliance) and Pearl Harbor NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) both indicate administrative remedy procedures (grievances) are not the appropriate process for filing allegations of sexual misconduct. Therefore the Pearl Harbor Brig is exempt from this standard.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- 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 ☐ No
- 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? ☐ Yes ☒ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- 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 ☐ No

115.53 (c)

- 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 ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The Joint Base Pearl Harbor Hickam Sexual Assault Prevention and Response (SAPR) is the outside victim advocate program available to prisoners providing confidential support services to victims of sexual abuse. A SAPR advocate has the ability to provide victims of sexual assault different treatment options to them and also educate them about their rights. These services include information on available support resources, developing a safety plan and assessing the victim's medical and mental health needs. As noted earlier in the report the contact information for this advocacy program is available to the prisoners through his/her facility rulebook and on posters throughout the facility. All means of contact with this program is treated confidentially over the phone or through correspondence. All 12 inmates, when interviewed, were aware of the program.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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As you enter the Brig in the area where prisoner visitors are processed as well as in the facility visiting room are posters alerting prisoner family and friends of their ability to make a sexual abuse allegation of sexual harassment allegation of behalf of the prisoner. These posters inform them of contact information where they can report these allegations. The command webpage web is provided for third party reporting as well.
([http://www.public.navy.mil/bupersnpc/support/correctionprograms/brigs/miramar/Pages/PrisonRapeEliminationAct\(PREA\).aspx](http://www.public.navy.mil/bupersnpc/support/correctionprograms/brigs/miramar/Pages/PrisonRapeEliminationAct(PREA).aspx))

Prisoners interviewed during the site visit knew of third party reporting means. Some prisoners even responded to the interview question of "how to report privately" with having their family make a report on their behalf.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.61 (b)

- 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 ☐ No

115.61 (c)

- 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 ☐ No
- 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 ☐ No

115.61 (d)

- 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 ☐ No

115.61 (e)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) clearly defines the mandate and the requirement to every staff member, volunteer, medical, mental health practitioners and contractor to immediately report any knowledge, suspicion, or information regarding incidents of sexual abuse or sexual harassment that occurred anytime that they become aware of. This policy and the training everyone receives also requires them to report any retaliation they become aware of against prisoners or staff who reported an incident and any staff neglect or violation of duties that may have contributed to any incident or retaliation.

The auditor interviewed random uniformed staff, non-uniformed staff, and medical/mental health practitioners while on the premises at the Pearl Harbor Brig. All of them acknowledged their obligation to immediately report any information they become aware of so an investigation can be initiated without delay. The auditor was also informed that any and all information that they become aware of is not to be reported or repeated to anyone except for reporting it to a designated supervisor or an official.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Staff that was interviewed at the Pearl Harbor Brig as well as Lt Commander Robert Winters were specifically questioned about what action each would take if they became aware of a prisoner who was at substantial risk of sexual abused.

The staff, to the person, stated that they would take much the same action had the prisoner reported to them that he/she had been sexual abused. Each indicated the safety of the prisoner at risk would be their priority concern. Their first course of action would be to seek out the prisoners who may be in danger, isolate him and notify their

supervisor and hold the inmate until further directed from him/her.

Lt Commander Robert Winters indicated he would do everything possible to remove the prisoner from any imminent danger up to and including moving the prisoner from the jail. He indicated that because of their location moving the prisoner may take time and placement in the secure male or female quarters may have to take place to protect the individual. It would only be for a short time and would be his last resort. He indicated that there were no reported prisoners at substantial risk during the last 12 months at the Brig.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- 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 ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) requires that the Officer in Charge of the facility notify the facility Officer in Charge or facility head about any sexual abuse allegation that occurred while confined at their facility. This notification must be made within 72 hours of (facility) becoming aware of this allegation. The policy indicates that the notification is issued by the Lt. Commander and the notification be maintained by the PREA Compliance Manager. This was detailed by both the Lt. Commander and PREA Compliance Manager.

Pearl Harbor Brig had no sexual abuse allegations alleged to have occurred at their Brig reported back to them from other facilities during the previous 12 months. There was also no sexual abuse allegations made to Pearl Harbor Brig staff that occurred at another facility during the previous twelve (12) months either either.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.64 (b)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Pearl Harbor Brig staff, contractors and the volunteers have all been trained to respond to allegations of sexual abuse and sexual harassment. Each of them is considered a first responder regardless of rank, position, title or length of service. Their specific duties are different when responding but everyone responds with the primary duty to protect the alleged victim. The auditor interviewed and questioned uniform staff and civilian staff about the actions they would take when responding to allegations of sexual abuse or sexual harassment.

The uniform staff first responder training is more in depth and details what is expected of them including to separate the alleged victim and abuser, then preserve and protect any crime scene, insure that the alleged victim does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. Depending on the circumstances, the same actions would be taken with the alleged abuser.

The civilian staff indicated that if a prisoner approached any of them and alleged sexual abuse they would first secure/separate the alleged victim from the abuser if both were present. Their next step would be to contact the closest uniformed staff person in their area to take charge of the situation.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE), is the Pearl Harbor Brig policy detailing the coordinated actions to be taken among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to any incident of sexual abuse. The policy contains a check list (attachment) the Brig Duty Officer (BDO) follows in every alleged incident. It documents the coordinated response by all key staff.

During the site visit interviews were conducted with medical staff, mental health staff, PREA Compliance Manager, the facility Investigator and multiple supervisors. Their interviews confirmed their awareness to this specific policy and their specific responsibilities as they relate to responding to sexual abuse investigations.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- 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 limits 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 ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The Pearl Harbor Brig has no collective bargaining units and follows Federal regulations issued by the Office of Personnel Management in the management of civilian employees. Military staff members are not eligible for membership in a collective bargaining unit. Nothing limits the facility or Agency to remove alleged staff sexual abusers from contact with any prisoners pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- 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 ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- 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 ☐ No

115.67 (c)

- 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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.67 (e)

- 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 ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) requires retaliation monitoring for any prisoner and any staff member who has reported sexual abuse/harassment and/or cooperated with a sexual abuse or sexual harassment investigations. This policy also sets up the minimum time of 90 days for this monitoring unless the incident requires more time and requires the monitoring be documented and periodic. Monitoring responsibilities for all cases, except those determined unfounded, falls under the responsibility of the facility PREA Compliance Manager.

The facility has had no PREA allegations over the previous three years. During his interview the PREA Compliance Manager told the auditor that all retaliation monitoring for staff and prisoners would be periodic and continues for a minimum of 90 days and longer if necessary. He stated that the facility has multiple protection measures, such as housing changes or transfers for prisoner victims or abusers, removal of alleged staff or prisoner abusers from contact with victims, and emotional support services for prisoners or staff that fear retaliation for reporting sexual misconduct or for cooperating with investigations. He also indicated that while monitoring prisoners he would look at the prisoners' work assignments, any disciplinary reports, evaluations, and any bed changes. He informed the auditor he would meet with them individually to discuss any concerns they might have. When monitoring staff both stated he would look at the employee's work assignments, time off approvals, transfers, and evaluations. The 30, 60, 90-day monitoring would be documented and the signature of the prisoner on the dates the monitoring occurred would become part of the institutional case file.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The placement of prisoners in segregated housing who alleged to have suffered sexual abuse is prohibited by policy NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE). This is unless an assessment of all available alternatives has been made and there is no available means of separation from the likely abuser (no longer than 24 hours). The auditor talked to the Supervisor of the Secure Male Quarters (Restricted Housing) and he indicated he could not remember it happening at any time during the last 36 months at the Brig.

Lt. Commander Winters stated that if ever a situation presented itself where a prisoner male or female prisoner who is alleged to have suffered sexual abuse needed to be separated his last choice would be placement in the Secure Quarters (Restricted Housing). The prisoner would be moved to another facility. If it ever became necessary to utilize the secure quarters the prisoner would have access to programs, privileges, education, and work opportunities or the reason it was not granted would be documented.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

115.71 (b)

- 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 ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- 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 ☐ No

115.71 (e)

- 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 ☐ No
- 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 ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- 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 ☐ No

115.71 (g)

- 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 ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- 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 ☐ No

115.71 (j)

- 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 ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE), the Memo of Agreement (MOA) between the Director of Naval Operations Bureau of Medicine and Surgery, and the Naval Criminal Investigative requires a criminal or administrative investigation be done promptly, thoroughly and objectively on every allegation of sexual abuse that is received or they becomes aware of.

Regardless how the Brig became aware of it, every allegation of sexual abuse must be immediately reported to NCIS. A specially trained Agent will make a determination if elements of a crime exist in the case. If they believe criminal elements are present, their office will conduct a criminal investigation. If they believe criminal conduct does not exist an administrative investigation must be conducted by the facility Investigator. Both agencies require their Investigator receive specialized training and as was noted in Standard 115.34 their specialized investigative training was received and verified by the auditor.

The interviews conducted with the facility Investigator and with the NCIS Agent indicated that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as a prisoner or staff member. Everyone starts out at the same place and the evidence determines the case. requirement that a prisoner who alleges sexual abuse submit to a polygraph examination or other truth-telling devices as a condition for proceeding with the investigation.

The NCIS Agent and the Brig Investigator detailed the investigative process they utilize. Each case involves gathering and preserving direct and circumstantial evidence. This includes any available physical and/or DNA evidence, available electronic monitoring data, conducted interview notes with alleged victims, suspected perpetrators, and witnesses. It would also include reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator as well. The departure of the alleged abuser or victim from service or the control of the Pearl Harbor Brig does not provide a basis for terminating any investigation according to them and the policy. According to the Brig Investigator every administrative investigations includes an effort to determine whether staff actions or failures to act contributed to the abuse.

There were no PREA cases, sexual abuse or sexual harassment, for the previous 12 months at the Pearl Harbor Brig. There were no cases in 2015 and 2016. The auditor discussed with the Administrative Investigator the case file make up should they have an allegation. He had a mock up file demonstrating the file content would document the investigation process per agency policy. The case files would include, all interviews, any photos, recording video footage if available, first responder details, outcome notification, retaliation monitoring (when required) and incident reviews. Navy Personnel Command publishes their investigative policy on their website ([http://www.public.navy.mil/bupersnpc/support/correctionprograms/brigs/miramar/Pages/PrisonRapeEliminationAct\(PREA\).aspx](http://www.public.navy.mil/bupersnpc/support/correctionprograms/brigs/miramar/Pages/PrisonRapeEliminationAct(PREA).aspx))

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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Policy NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE), mandates the facility investigator shall not impose an evidentiary standard higher than a preponderance of evidence in determining whether allegations of sexual misconduct are substantiated. This requirement is also emphasized and documented through the Specialized Investigation Training lesson plan and was confirmed during the facility Investigator interview.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- 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 ☐ No

115.73 (b)

- 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 ☐ No ☐ NA

115.73 (c)

- 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 posted within the inmate's unit? ☒ Yes ☐ No

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.73 (d)

- 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 ☐ No
- 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 ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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Prisoners at the Brig who make an allegation of sexual harassment or sexual abuse must be informed in writing at the conclusion of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Policy NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) outlines this requirement. The prisoner is to be provided a written decision into his allegation by the facility Investigator. As previously noted there have been no cases to verify this is being done.

This same policy requires that following an prisoners allegation that a staff member has committed sexual abuse against the prisoner, the facility will inform the prisoner (unless the investigation has determined that the allegation wasunfounded) whenever the employee is no longer assigned on his unit, no longer employed in the facility and if the employee was indicted or charged.

The prisoner making the allegation is also required to be notified where the case made against another prisoner results in and indictment and trial. He must also be appaised of the outcome of the trial.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- 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 ☐ No

115.76 (d)

- 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 ☐ No
- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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The Agency Standards of Conduct SOP 306 and policy NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) state that termination is the presumptive penalty for anyone violating either of these two policies with respect to sexual abuse or retaliation. For civilians this means removal from federal employment and for the military staff member it means processing them out of the service. Sexual harassment penalties would be commensurate with the nature and circumstances of the incident.

The interview with Lt. Commander Winters confirmed that any sexual misconduct with prisoners and/or the harassing and retaliating against any prisoner or staff member for participating in an official investigation would be grounds for staff dismissal.

No staff member has been terminated or disciplined for any violation of the agency zero tolerance sexual abuse policy during the last three years.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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There were no contractors or volunteers available for the auditor to interview during the site visit. Policy NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) requires that any contractor or volunteer who engages in sexual abuse be removed from the facility and reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Lt Commander Winters stated that should a volunteer or contractor violate the zero tolerance policy he would immediately remove him/her from facility grounds and report it immediately to NCIS and licensing bodies if appropriate.

No contractors or volunteers has been terminated or removed for any violation of the zero tolerance sexual abuse policy during the last three years.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- 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 ☐ No

115.78 (b)

- 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 ☐ No

115.78 (c)

- 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 ☐ No

115.78 (d)

- 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 ☐ No

115.78 (e)

- 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 ☐ No

115.78 (f)

- 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 ☐ No

115.78 (g)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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Disciplinary Process SOP 503 policy outlines disciplinary actions and sanctions following an administrative finding that any prisoner engaged in sexual misconduct. Specifically, prisoner-on-prisoner sexual abuse or following a criminal finding of guilt for prisoner-on-prisoner sexual abuse. The sanctions would be commensurate with the nature and circumstances of the abuse committed, the prisoners' disciplinary history, the sanctions imposed for comparable offenses by other prisoners with similar histories, and consider whether an offender's mental disabilities or mental illness contributed to his behavior. Special considerations are required for prisoners charged with or suspected of a disciplinary infraction who are mentally ill to determine if the disability or mental illness contributed to the behavior when determining what type of sanction should be imposed. Lt. Commander Winters confirmed these considerations during his interview

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- 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 ☐ No ☐ NA

115.81 (b)

- 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 ☐ No ☒ NA

115.81 (c)

- 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? ☒ Yes ☐ No

115.81 (d)

- 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 ☐ No

115.81 (e)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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Policy NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) requires that anytime a staff member becomes aware either through disclosure by the prisoner or it is noted anywhere in his/her institutional record that they experienced sexual victimization (institutional setting or in the community) he/she is to be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the facility becoming aware of it. If this screening reveals the prisoner had perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the staff ensures that the prisoner is offered a follow-up meeting with a mental health practitioner within 14 days as well.

The auditor interviewed two trained staff members who conduct the risk assessment at the Pearl Harbor Brig. Both stated that while conducting any risk assessment if they become aware through other information or through the assessment itself that the prisoner had ever been victimized or ever perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, they are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The auditor also had the opportunity to interview a mental health practitioner during the site visit. That individual confirmed he actually see all offenders arriving at the Brig typically within 7 days.

The auditor interviewed a prisoner who disclosed prior victimization upon arrival at the Brig. He indicated he was offered a medical or mental health intervention on the day of his arrival.

This same policy mandates that all 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 allow for informed decisions for treatment plans, security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The PREA Compliance Manager, Mental Health Practitioner and the Medical Practitioner interviews indicated that all information is shared only on a need to know basis.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- 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 ☐ No

115.82 (b)

- 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 ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- 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 ☐ No

115.82 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) lists the protocols staff at the Brig must follow insuring victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It also requires the nature and scope of the services provided to the prisoner be based according to their professional judgment. As previously noted the referenced policy has an attachment type checklist the Brig Duty Officer (BDO) follows in every PREA incident that includes medical/mental health notifications and responses.

Both the Mental Health Practitioner and Medical Practitioner stated, during their interviews that the nature and scope of the services provided by their staff are based according to their professional judgment. They further stated prisoner victims of sexual abuse receive timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. All treatment services are 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.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- 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 ☐ No

115.83 (b)

- 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 ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.83 (e)

- 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.) ☒ Yes ☐ No ☐ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- 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 ☐ No

115.83 (h)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Medical and Mental Health evaluations and treatment are provided to all prisoners who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility without cost. This requirement is found in policy NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE).

The auditor spent time with the Medical and Mental Health practitioners during the visit. They indicated that the evaluation and treatment of anyone victimized 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.

If pregnancy results from the assault victims receive timely and comprehensive information about and access to all lawful pregnancy-related medical services. Prisoner victims of sexual abuse are offered tests for sexually transmitted infections as well. The practitioners indicated that these treatment services are provided to victims without financial cost and regardless of whether they name the abuser or cooperates with the investigation.

As previously noted the auditor interviewed a prisoner who disclosed prior victimization upon his arrival at the Brig. He indicated he was offered services for medical or mental health intervention on the day of his arrival.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- 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 ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?
☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- 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 ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) requires the Pearl Harbor Brig establish an Incident Review Board. This board convenes within thirty (30) days of the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. The Board composition includes the PREA Compliance Manager, Senior Enlisted Advisor, and Operations Chief with input from relevant personnel (BDOs, investigators, and Medical or mental Health practitioners).

The Board is required to conduct a thorough review of the circumstances of each incident. Their review and report must contain the name(s) of the person(s) involved; events leading up to and following the incident; a consideration of whether the actions taken were consistent with agency policies and procedures; consider whether the allegation or investigation indicates a need to change policy or practice to better detect, or respond to sexual abuse; 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 was motivated or otherwise caused by other group dynamics at the facility; an examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; an assessment of the adequacy of staffing levels in that area during different shifts; an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; recommendations to the facility administrator and PREA Compliance Manager for improvements based on the above assessments.

The policy requires the Brig to implement recommendations resulting from this review, or document the reasons for not doing so. Since there have been no sexual abuse investigations conducted at the Brig there have been no reviews conducted. Lt Commander Winters, PREA Compliance Manager Tom Dooley and an Incident Review Team member were interviewed, all indicated that their reviews would consider staffing, prisoner movement, area blind spots, review of the incident area, building schedules, training records of the involved staff, and whether camera enhancements could supplement supervision are warranted.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- 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 ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.87 (c)

- 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 ☐ No

115.87 (d)

- 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 ☐ No

115.87 (e)

- 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 ☐ No ☐ NA

115.87 (f)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) requires uniform data be collected for every incident of sexual abuse alleged to have occurring at the Peral Harbor Brig using a standardized instrument and set of definitions. This data is sent to the central office where it is aggregated annually with the other 4 Brigs. The incident-based data includes information needed to complete the standardized instrument Survey of Sexual Violence 2012 (SSV) to the Department of Justice. All available incident-based documents, including reports, investigation files, and sexual abuse incident reviews shall be maintained, reviewed, and collected as needed to complete the SSV.

The 2017 PREA Annual Report is available for review on the agency's website. (<http://www.public.navy.mil/bupers-npc/support/correctionprograms/Pages/PREA.aspx>).

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.88 (b)

- 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 ☐ No

115.88 (c)

- 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 ☐ No

115.88 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The U.S. Navy-Corrections and Programs Office collects, maintains, and reviews from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews from each of its' facilities including the two private facilities it contracts with. The Pearl Harbor Brig provides sexual abuse statistics to Central Office to assist them in creating the PREA Annual Report. This report documents trends, concerns etc. within the agency aggregate total.

The data the Agency receives from the three private facilities is not included in this aggregate number provided in the Survey on Sexual Victimization (SSV2) provided each September to DOJ. The last form was submitted prior to the September 1, 2017 deadline. The information supplied in this report to DOJ is accumulated from each facility. NCBM DETPHINST 1640.23 (PRISON RAPE ELIMINATION ACT COMPLIANCE) policy requires the agency review all incident-based sexual abuse data in order to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, procedures, and training. This is accomplished by identifying problematic areas, taking corrective action on an ongoing basis and preparing the annual report of findings and corrective actions for each facility, as well as the agency as a whole.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- 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 ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The agency Prison Rape Elimination Act Ser 00D/040 requires Navy Corrections maintain, review, and collect data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. This incident-based and aggregated data includes the three private facility with which it contracts for the confinement of its prisoners.

The Agency is required to retain all records for 10 years after the date of initial collection. The NCISI policy indicates that they maintain criminal records for 50 years.

The 2017 Annual Report is available on the website for review (<http://www.public.navy.mil/bupers-npc/support/correctionprograms/Pages/PREA.aspx>). Before publishing the annual report, all personal identifiers were removed.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
☒ Yes ☐ No ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? ☒ Yes ☐ No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
☒ Yes ☐ No

115.401 (n)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the previous three-year period since August 20, 2013, Navy Corrections has ensured that each facility operated by them and by a private organization on their behalf was audited at least once. The auditor had

exposure to all records (electronic and written) prisoners and staff during the audit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Navy Corrections publishes on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years. [https://www.public.navy.mil/bupers-npc/support/correctionprograms/brigs/pearlharbor/Pages/PrisonRapeEliminationAct%20\(PREA\).aspx](https://www.public.navy.mil/bupers-npc/support/correctionprograms/brigs/pearlharbor/Pages/PrisonRapeEliminationAct%20(PREA).aspx)

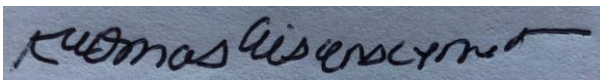
AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.



May 17, 2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.