

# Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

☐ Interim      ☒ Final

**Date of Interim Audit Report:** Click or tap here to enter text.      ☒ N/A

*If no Interim Audit Report, select N/A*

**Date of Final Audit Report:**      May 23, 2021

## A Auditor Information

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<b>Company Name:</b> Mark Stegemoller PREA Consultant LLC	
<b>Mailing Address:</b> 3873 Utica Road	<b>City, State, Zip:</b> Lebanon, Ohio 45036
<b>Telephone:</b> 513-805-5176	<b>Date of Facility Visit:</b> April 12-13, 2021

## Agency Information

<b>Name of Agency:</b> U.S. Navy, Office of Corrections and Programs			
<b>Governing Authority or Parent Agency (If Applicable):</b> Department of Defense			
<b>Physical Address:</b> 5720 Integrity Drive		<b>City, State, Zip:</b> Millington TN 38055	
<b>Mailing Address:</b> 5720 Integrity Drive		<b>City, State, Zip:</b> Millington TN 38055	
<b>The Agency Is:</b>	<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
<b>Agency Website with PREA Information:</b> <a href="https://www.mynavyhr.navy.mil/Support-Services/Corrections-Programs/Prison-Rape-Elimination-Act-PREA/">https://www.mynavyhr.navy.mil/Support-Services/Corrections-Programs/Prison-Rape-Elimination-Act-PREA/</a>			

## Agency Chief Executive Officer

<b>Name:</b> Mr. Timothy Purcell	
<b>Email:</b> timothy.purcell1@navy.mil	<b>Telephone:</b> (901) 874-4452

## Agency-Wide PREA Coordinator

<b>Name:</b> Mr. John Pucciarelli	
<b>Email:</b> john.pucciarelli@navy.mil	<b>Telephone:</b> (901) 874-4452
<b>PREA Coordinator Reports to:</b> Agency Chief Executive Officer, Tim Purcell	<b>Number of Compliance Managers who report to the PREA Coordinator:</b> 5

Facility Information			
Name of Facility: Pearl Harbor Brig			
Physical Address: 2056 Wasp Blvd		City, State, Zip: Pearl Harbor HI 96860	
Mailing Address (if different from above): Pearl Harbor HI 96860		City, State, Zip: Pearl Harbor HI 96860	
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 type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Facility Website with PREA Information: <a href="https://www.mynavyhr.navy.mil/Support-Services/Corrections-Programs/Brigs/Pearl-Harbor/Prison-Rape-Elimination-Act/">https://www.mynavyhr.navy.mil/Support-Services/Corrections-Programs/Brigs/Pearl-Harbor/Prison-Rape-Elimination-Act/</a>			
Has the facility been accredited within the past 3 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):			
<input type="checkbox"/> ACA			
<input type="checkbox"/> NCCHC			
<input type="checkbox"/> CALEA			
<input checked="" type="checkbox"/> Other (please name or describe: ACA Accreditation extended due to COVID			
<input type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: IG Audit-2018, Operational Readiness Inspection 2019, ACA 2017 Accreditation extended			
Warden/Jail Administrator/Sheriff/Director			
Name: LCDR Jason M. Setliff			
Email: jason.m.setliff1@navy.mil		Telephone: 808-472-9929	
Facility PREA Compliance Manager			
Name: Mr. Tom Dooley			
Email: jason.m.setliff1@navy.mil		Telephone: 808-472-9929	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: LT Douglas Trask			
Email: douglas.c.trask.mil@mail.mil		Telephone: (808) 477-2600 ext. 6314	
Facility Characteristics			
Designated Facility Capacity:		48	
Current Population of Facility:		19	

Average daily population for the past 12 months:	19	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	19 to 40 over last 12 months	
Average length of stay or time under supervision:	83 days	
Facility security levels/inmate custody levels:	Medium Inside - Medium Outside	
Number of inmates admitted to facility during the past 12 months:	85	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	85	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	47	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input checked="" type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	59	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	15	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	0	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	5	

## Physical Plant

<b>Number of buildings:</b>  Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	2
<b>Number of inmate housing units:</b>  Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	3
<b>Number of single cell housing units:</b>	2
<b>Number of multiple occupancy cell housing units:</b>	0
<b>Number of open bay/dorm housing units:</b>	1
<b>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</b>	20
<b>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
<b>Are medical services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are mental health services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Where are sexual assault forensic medical exams provided?</b> <b>Select all that apply.</b>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )
<b>Investigations</b>	
<b>Criminal Investigations</b>	
<b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b>	0
<b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by:</b> <b>Select all that apply.</b>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: <b>NCIS</b> ) <input type="checkbox"/> N/A
<b>Administrative Investigations</b>	
<b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b>	2
<b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: <b>NCIS</b> ) <input type="checkbox"/> N/A

# Audit Findings

## Audit Narrative (including Audit Methodology)

*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.*

The Prison Rape Elimination Act (PREA) onsite audit of the Naval Consolidated Miramar Detachment Pearl Harbor Brig (NCBM DET PH) located on Ford Island in Pearl Harbor, Hawaii, was conducted on April 11-12, 2021, by Mark Stegemoller, a U.S. Department of Justice Certified PREA Auditor. Audit notices were emailed to the facility, February 17, 2021, and posted on the same day throughout the facility seven weeks before the onsite review and date stamped photographic evidence was submitted, demonstrating the timely posting of the notices. The auditor received no prisoner or staff correspondence. The PREA Compliance Manager provided the Pre-Audit Questionnaire (PAQ) to the auditor and supporting documents on a flash drive several weeks before the onsite review portion of the audit. The auditor conducted a thorough review of all submitted documentation and materials along with the information included in the completed PAQ. The documentation reviewed included agency policies, protocols, facility-related documents and forms, education materials, training curriculum, organizational charts, posters, pamphlets, and other PREA related materials provided to demonstrate compliance with the PREA standards.

This was the third PREA audit for the Pearl Harbor Brig. The entrance briefing for the audit was held on April 11, 2021, with Lt. Commander Jason M. Setliff, Officer in Charge (OIC), Tom Dooley, Assistant Officer in Charge (AOIC), and PREA Compliance Manager. After introductions and welcoming remarks by the OIC, AOIC, and the auditor, the discussion turned to the audit schedule and an overview of the PREA audit process. The auditor described the onsite phase of the audit and explained the triangulation methodology the auditor would utilize to obtain evidence of compliance. The auditor would observe the Brigs' day-to-day practices, review written policies and procedures, complete a facility site inspection. Conduct staff and prisoner interviews; and review additional documentation to confirm implementation. The auditor explained that the PREA audit process is much more invasive than most correctional audits. The auditor will work collaboratively with staff to ensure the Brig achieves full compliance with PREA Standards. The auditor advised staff that the Department of Justice (DOJ) expects that corrective action will be necessary in most cases. This is a normal part of the audit and should not be considered adversely. The auditor further specified that the document review and information gathering would conceivably be more extensive than experienced during the agency's first PREA audits due to additional guidance published by the (DOJ). Present were CCM (Master Chief) Creollo, Luis F. – Senior Enlisted Advisor (Associate Warden) (Navy), CSCM (Master Chief) Barnes, Dusty – Shared Services Chief (Galley-Supply-Maintenance) (Navy), GYSGT (Gunnery Sergeant) Treusch, James – Security Chief (USMC) HTC (Chief) Simpson, Stuart – Programs Chief (Navy) (Counselor), YNC (Chief) Byars, – Administration Chief (Navy) (Human Resources) BM1 (Petty Officer) Rodriguez, Thomas A. – Training Supervisor (Navy).

After the entrance briefing, the auditor conducted a facility sight inspection of the entire Brig accompanied by command staff. Areas inspected included the facility administrative office areas, Brig control center, prisoner housing units, recreation department, intake, prisoner dining area, and the medical department. At each site visited throughout the inspection, the auditor was given a comprehensive description of the area's responsibility by personnel in charge of the area. The auditor

spoke informally with staff and prisoners during the inspection and gave specific attention to security camera placements, video monitoring capabilities, site lines, and potential blind spots. The auditor observed, among other things, the Brigs configuration, location and number of security cameras and mirrors, staff supervision of prisons throughout the Brig, dorm room layouts, including showering and toileting areas. The auditor was mindful to pay specific attention to the placement of PREA related directives, posters, and PREA informational resources. Individual shower stalls allow prisoners to shower separately and have a half door, allowing for adequate security and privacy. Toilet stalls are also separated by partitions and have doors to allow for privacy. The auditor did not notice any concerns for potential of cross-gender viewing. Notices of the PREA audit were posted throughout the Brig, to include in all prisoner living areas.

After the Brig inspection was completed, the auditor began interviewing random prisoners. Prisoner interviews were conducted in one of the Brigs private attorney visiting rooms. On the first day of the site visit, the Brig housed eighteen (18) male prisoners and no females. The auditor interviewed all (18) prisoners. Of the (18) prisoners interviewed, only two (2) were identified for target interviews (Inmates who identify as Lesbian, Gay, Bisexual). Prisoners were interviewed using the recommended Department of Justice (DOJ) protocols that question their knowledge of PREA protection and their knowledge on reporting mechanisms that are in place to report sexual abuse or sexual harassment.

On day two of the onsite inspection, the auditor interviewed random and specialized staff (from both shifts) along with Brig command staff and agency administrators. The auditor was provided with a private conference room in the administration area of the Brig to conduct confidential staff interviews and documentation review. The auditor interviewed a total of twenty-seven (27) Brig staff during the onsite visit. Included in the interviews were twelve (12) random front-line staff representing both (1st shift 6:00 am – 6:00 pm; 2nd shift 6:00 pm – 6:00 am). Specialty staff including medical/mental health, first responders, investigator, intake/risk screening, human resources, SAFE SANE, incident review team member, and training officer. Also interviewed was the agency Director designee, agency PREA Coordinator, Brig PREA Compliance Manager. All staff was interviewed using the DOJ prescribed protocols.

While onsite, the auditor reviewed randomly selected personnel files for five (5) staff members to determine compliance with PREA training mandates and background check procedures. The auditor reviewed five randomly selected (5) prisoner files to assess proper screening and intake procedures for the risk of sexual victimization and/or abusiveness, prisoner PREA information received upon intake, and comprehensive PREA education. While onsite, the auditor spoke via telephone with the Sexual Assault Response Coordinator (SARC) of the Sexual Assault Prevention and Response Program, Joint Base Pearl Harbor Hickman, Military and Family Support Center. Along with submitted documentation, the interview conducted with the SARC confirmed the agreement in place with the Naval Consolidated Miramar Detachment Pearl Harbor Brig to provide rape crisis intervention services to victims of sexual abuse that occurs at the Brig. The auditor verified SANE/SAFE services are provided through a review of the MOU between the Director of Naval Operations Bureau of Medicine and Surgery and the Naval Consolidated Miramar Detachment Pearl Harbor Brig. While onsite, the auditor conducted a phone call interview with a representative from the NMRTC- Pearl Harbor who explained the SANE/SAFE services that would be provided if ever needed.

Brig personnel provided the auditor unimpeded access to all parts of the facility during the onsite inspection. The auditor conducted an exit briefing with the OIC and AOIC late afternoon Tuesday, April 12, 2021. The auditor explained he could not give an outcome of the audit but did provide insight into some preliminary findings and discussed the post-site visit audit activity the auditor will need to accomplish to verify compliance with all the PREA standards. The auditor thanked the staff and commended them on their hard work and commitment to the Prison Rape Elimination Act. During the report writing period the auditor communicated on numerous occasions with the PREA Compliance

Manager via phone calls and email correspondence, requesting additional documentation, clarification on policies, procedures, and agency practices.

## 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 Pearl Harbor Brig is located on Ford Island in Pearl Harbor Hawaii, is approximately 10 miles from Honolulu International Airport. Pearl Harbor is on the southern coast of the Hawaiian island of Oahu. The Pearl Harbor Brig is the Military version of a County Jail for all branches of Service in the State of Hawaii. Although operated by the United States Navy, both staff and prisoners hail from all branches of the U.S. Military. As a jail, the Brig has a pretrial confinement mission. Post-trial confinement is limited to those individuals with less than 90-days left to serve at adjudication. Those with more than 90-days left to serve are transported to an appropriate DoD confinement facility. Just inside the main entrance is the quarterdeck. Staff members check identification of persons requesting 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. Located to the front and left of the quarterdeck are the administration offices and staff gym, and lockers. Entrance to the secure area is to the right through the sally port operated by the Control Center. Control monitors and operates all doors on the secure side of the facility. The Control Center monitors the Personal Alarm Locator System, implements Emergency Action Plans, Fire Alarm system, and logs all counts and prisoner movements. Moving through the main sally port to the secure side, the first door to the left is the Multi-purpose room (MPR), and to the right is the female dormitory. The MPR includes the prisoner's dining hall, which is also utilized for weekend and holiday visits. The MPR also has four visitation booths that are soundproof and used primarily for legal visits. The prisoner library is adjacent and to the left of the MPR. The galley is adjacent and to the right of the MPR. To the back and across a passageway from the MPR is the prisoner's laundry facility. Directly across from the MPR is the entrance (sally port) to the female berthing area where female prisoners would be housed. Because of the facility design, the female housing doubles as a dorm and as segregation. The Brig can house up to five female prisoners in the single occupancy cells. Also located on the secure side is the Funds and Valuables, prisoner barbershop, BDO (shift leader) office, and Receiving & Release (R&R). R&R is responsible for the in-processing and out-processing of prisoners; examples are new confinements, temporary releases, and permanent releases. The BDO room has two safes. One safe is used for the safekeeping of prisoners' property being released on weekends/ holidays (the BDO is the only person with access to this safe). The second safe is used for valuables of new confinements; the Funds and Valuables Custodian is the only person with access to this safe. The R&R sally port is the only access point that prisoners will use coming or leaving the facility, with the exception of emergency situations. It is at this time incoming prisoners receive their PREA risk screening. 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. 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 into their phone account. Once you return back to the main passageway and continue through the facility, there is a door leading to the prisoner outdoor recreation area. All prisoners get the opportunity to participate in outdoor exercise in this area daily. Continuing to the left when leaving the Restricted Housing Unit, is access the general population dorm, which houses both pre-trial and post-



trial prisoners. Pretrial and Post-trial prisoners are separated by a wall that extends the length of the dorm. Located at the back of the dorm are two office spaces for the counselors assigned to this brig.

### **Security**

Security is provided by means of physical barriers as well as camera monitoring. The secure portion of the facility is surrounded by a double fence line with razor wire. There is one point of ingress-egress on the perimeter in the form of a sally port that accommodates both pedestrian and vehicle traffic. Both incoming and exiting vehicles are searched. Lockers are available on the quarterdeck for visitors to store their purses, packages, or other materials not authorized within the visiting area. The facility also has a metal detector on the quarterdeck that all visitors must pass through before being allowed access to the secured side. Also located on the quarterdeck are handheld metal detectors that staff will utilize in the event visitors fail the metal detector screening. The brig uses a ProxSafe key management system to manage issue and control of all security keys. The video surveillance system consists of 48 cameras, all with at least 30 days of recording capability. Prisoner movement is controlled during both mass movements and individual movement. Mass movement of the general population inmates is scheduled calls (e.g. work, recreation, dining, medication issue, sick call). Because of facility design, passes are not utilized. An extensive camera system is used to monitor activity within the facility. Digital recordings of all cameras are maintained for 30 days. Any recordings, during the 30 days, can be written to a separate file or DVD and kept indefinitely if needed for evidence. The dormitories have direct supervision staff posted in the living areas 24-hours a day.

### **Food Service**

The facility Mess Hall provides three hot meals daily for up to 48 prisoners. Bag lunches are provided to prisoners who are temporarily released from the facility during lunch when requested. Food is provided from the Silver Dolphin Bistro Galley. There is no cost to the prisoners for meals. Special diets are provided to prisoners with medical and religious profiles. A variety of food is prepared at each meal to accommodate both special profiles and individual choice. This supports prisoners being responsible for making their own selections, based upon their health and religious beliefs.

### **Medical Care**

Brig Medical is staffed with one Brig Medical Officer (Licensed Independent Provider) who is on-site weekly, one HMC (Chief Hospital Corpsman) (similar military equivalent to the level of a nurse), and a small team of medical Corpsmen (Medic/Medical Assistant) who visit three times daily; these personnel are provided by Naval Health Clinic Hawaii. Medical provides health care services, patient education and referrals to the prisoners confined with the PEARL HARBOR BRIG beginning upon a prisoner's arrival. Medical staff provide daily sick call, free of any copayment or fee, seven days a week. Rounds are also performed by Medical clinic staff in the segregation area on a daily basis, seven days a week, to address medical concerns. 24 hour-a-day, emergency medical care is provided by Tripler Army Medical Center. Medical not only conducts sick call, but also specialty services; these services include but are not limited to the following referrals: Optometry, physical therapy, audiology, radiology, orthopedic, internal medicine, nutritionist, preventive medication, laboratory, and infectious disease. During sick call, if prisoners have any dental issues/concerns, they will be referred to either Makalapa Clinic located on Joint Base Pearl Harbor or Tripler Army Medical Center.

### **Mental Health Care**

The Brig has a licensed Psychiatrist assigned at its Mental Health Officer (MHO). The MHO visits the Brig weekly. Any prisoner can get on the schedule to see the MHO by submitting a request chit to the Programs Chief.

### **Recreation**

The facility conducts physical training Monday through Friday for all prisoners and has recreation call seven days a week where prisoners get one full hour outside. We provide basketball, volleyball and

weights for the prisoners use outside. If the weather does not permit outside recreation, then each dorm and special quarters is outfitted with a stationary pull-up bar, treadmill and elliptical machine. A late night movie call is conducted every Friday and Saturday night and new movies shown as often as funds are available. The facility also has ping-pong tables in alpha and bravo dorms, and all dorms have a board games locker.

### **Religious**

The facility offers bible study every Tuesday and Friday for prisoners wishing to attend. The brig works closely with the base chaplain make efforts to accommodate requests for a variety of religious dominations. Religious materials and books are in the library for prisoners to check out.

### **Work Program**

The facility tries to make sure that every prisoner works as close as possible to a 40-hour work week but, due to our size and capabilities we are limited on work assignments. The job assignments that we have available here at the brig are: Galley, Laundry, Barber, Library Custodian, Galley Assistant Cook, and for prisoners who are able to work outside we have Grounds Keeper. Monday through Friday with the exception of holidays, all prisoners have a two-hour work call where they clean their dorms and predetermined areas of the secured side of the facility. No prisoner volunteering to work or clean on free time is denied and every effort to gainfully employ the prisoners is utilized.

### **Academic and Vocational Education**

The facility offers: "Life Skills Classes" on a weekly basis that is taught by the Chaplain, Military Family Service Center or a qualified brig staff member. The life skills classes cover a wide range of topics to include, finances, relationships, attitudes, coping skills, stress and anger management to name a few. We have NA/AA meetings monthly for all prisoners wishing to attend and our command drug and alcohol program manager, (DAPA) conducts drug and alcohol awareness education to all post trial prisoners. We have education call every Monday thru Friday for two hours where prisoners have a wide range of options available to them. We have educational DVD's that are shown on certain days, educational lockers are located in every dorm that provide a wide range of self-help books and educational material, all prisoners have the ability to study and take CLEP tests. During the orientation phase, all prisoners are required to take a Tests of Adult Basic Education (TABE) test so the brig can gain a strong understanding of the prisoners' basic skills and help us place each prisoner in the appropriate education training program.

### **Visitation**

Visitation hours are between 1345 and 1545 on Saturdays, Sundays, and federally recognized holidays. Special visitation is used upon request to accommodate unique circumstances.

### **Library Service**

Library call seven days week where prisoners can check out up to five library books at a time. Prisoners are afforded the opportunity to use the leisure and law library seven days a week including evening hours each day. Over 1,000 books including magazines, fiction, and non-fiction and resource material make available a wide variety of choice. The book cart is available for prisoners in special quarters as needed.

### **Laundry**

The laundry area operates five days a week. If there are circumstances that prevent a prisoner from having his laundry washed (temporary release, laundry machine availability, etc.) he/she may have his/her laundry washed on a non-laundry day to include weekends and holidays. The Brig Duty Officer may authorize variations to this schedule on a case-by-case basis.

## **FACILITY DEMOGRAPHICS**

Rated Capacity: 48 (43 male and 5 females)

Working Capacity: 48

Actual Population: 18 (as of 11, April 2021)

Average Daily Population for the last 12 months: 20

Average Length of Stay: 90 days

Classification: Medium Security Confinement Facility Custody Levels: Installation

Custody-Maximum Custody

Age Range of Offenders: 19-38 yrs old

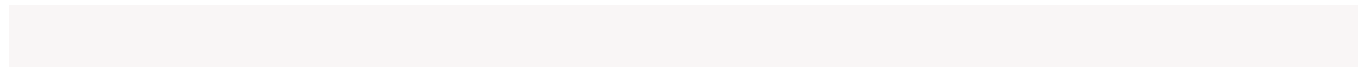
Gender: Male and Female Full-Time

Staff: 59

Security: 41

Administrative Support: 17

Programs: 2



## Summary of Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

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

### Standards Exceeded

**Number of Standards Exceeded:** (7)

**List of Standards Exceeded:** 115.21, 115.31, 115.33, 115.34, 115.41, 115.43  
115.71

### Standards Met

**Number of Standards Met:** (38)

### Standards Not Met

**Number of Standards Not Met:** N/A

**List of Standards Not Met:** 0

## 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.*

**Evidence Reviewed (documents, interviews, site review)**

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- Navy Directive - Commander, Navy Personnel Command (PERS-00D) appointment of the agency PREA Coordinator
- Navy Directive - Officer in Charge, Naval Consolidated Brig Miramar Detachment Pearl Harbor appointment of the Brig's PREA Compliance Manager
- Interviews:
  - Agency PREA Coordinator
  - Brig PREA Compliance Manager

**Subsection (a)**

The auditor reviewed the agency's written PREA policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment, which outlines the agency's approach to preventing, detecting, and responding to such conduct, covering all the elements of this subsection. The auditor found the policy to be complete and thorough, defining how the Brig will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

**Subsection (b)** The agency employs an upper-level, agency-wide PREA coordinator, Mr. John Pucciarelli, who reports to the Commander, Navy Personnel Command. Interview conducted with the PREA coordinator indicated he has sufficient time and authority to develop, implement, and oversee the agency efforts to comply with the PREA standards in all of its facilities.

**Subsection (c)** The facility has a designated PREA compliance Manager, Mr. Tom Dooley. The facility PREA compliance Manager is also the Brig's Assistant Officer in Charge (AOIC), reporting directly to the Officer in Charge (OIC). Interview conducted with the PREA compliance manager indicated he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

## **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.) ☒ 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.*

#### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-ODD
- Agency's facing website that shows facilities the Agency contracts with to confine prisoners. <https://www.public.navy.mil/bupersnpc/support/correctionprograms/Pages/PREA.aspx>
- Completed Prison Rape Elimination Act (PREA) Audit Reports Adult Prisons & Jails for the three facilities the agency contracts with.
- Interviews
  - Agency PREA Coordinator/Contract Administrator

**Subsection (a)** In a review of the documentation provided and interview with the agency PREA Coordinator (contract administrator), the agency has entered into and renewed contracts for the confinement of prisoners since the last PREA audit. All of the contracts require contractors to adopt and comply with PREA standards. The agency has three (3) contracts for the confinement of inmates that the agency entered into or renewed with private entities or other government agencies.

**Subsection (b)** The auditor reviewed the contracts for confinement of prisoners entered into and determined that they are to follow the requirements of the PREA standards. The contracts are available for review on the Agency's website that displays the facilities the Agency contracts to confine prisoners. (<https://www.public.navy.mil/bupersnpc/support/correctionprograms/Pages/PREA.aspx>) Interview with the Agency PREA coordinator indicated all (3) contracts require the Agency to monitor the contractor's compliance with PREA standards. The Agency provided the auditor with the most recently completed PREA audit reports for all (3) contracted facilities.

## 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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☐ Yes ☐ No ☒ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift ☒ Yes ☐ No ☐ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No



- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ 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.*

**Evidence Reviewed (documents, interviews, site review)**

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- PRISON RAPE ELIMINATION ACT (PREA) ANNUAL REPORT AND SECURITY STAFFING PLAN REVIEW FOR CY-2018, CY-2019 and CY-2020
- PEARL HARBOR BRIG INTERNET PROTOCOL (IP) SURVEILLANCE PROJECT
- Brig Directive - UNANNOUNCED ROUNDS
- Interviews
  - Intermediate- or Higher-Level Facility Staff
  - OIC
  - PREA Compliance Manager

**Subsection (a)** A review of the agency policy, supporting documentation, and interviews conducted with the Brig OIC and PREA compliance manager indicates the Operations Chief and AOIC develops, document, and does their best to regularly comply with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect prisoners against sexual abuse. The written staffing is required to be developed sufficiently in advance for internal review and further submission to NAVPERSCOM (PERS-00D) by 15 March each year. The auditor has determined the facility takes into account all (11) elements required of this subsection.

**Subsection (b)** In a review of the Brig's last three (3) PREA annual reports and security staffing plan reviews for CY-2018, CY-2019, and CY-2020, the facility has not had to deviate from its originally staffing plan. This was further confirmed through interviews with the OIC and PREA compliance Manager.

**Subsection (c)** At least once every year, and according to agency policy, submitted documentation and auditor interviews with the OIC and PREA compliance manager, the facility/agency, in collaboration with the PREA Coordinator, reviews the staffing plan. This process is completed to see whether adjustments are needed to the staffing plan, the deployment of monitoring technology, or the possible allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. The written staffing plan is required to be developed sufficiently in advance for internal review and further submission to NAVPERSCOM (PERS-00D) by 15 March each year.

**Subsection (d)** A review of the agency policy, supporting documentation, and auditor interviews conducted with the Brig OIC, PREA compliance manager, and Supervisory staff indicates the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. During the facility onsite inspection, the auditor reviewed logbook entries documenting such rounds are occurring on both day and night shifts. Supervisory staff are assigned specific days of the week that they are required to conduct unannounced rounds, ensuring these types of rounds are conducted on a daily basis for both day and night shifts.

## **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.*

#### **Evidence Reviewed (documents, interviews, site review)**

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- MEMORANDUM FOR THE RECORD (REA STANDARD 115.14 YOUTHFUL INMATES) (1) CORMIS Printout of the Age of all Prisoners Confined in the last 36 Months
- Interviews
  - OIC & PREA compliance manager
  - Onsite site inspection (potential areas for housing youthful prisoners)

**Subsections (a, b)** During the past 36 months, the Brig has not housed any youthful prisoners. The Brig confines active-duty Service members only; however, the United States Military can enlist members at 17 years old in rare circumstances. It is possible, although unlikely the facility will ever confine youthful prisoners. In the rare and unlikely instance that a prisoner under the age of 18 is confined., The Brig is prepared to house youthful offenders as covered in the policy and further corroborated through auditor interviews with the OIC and PREA compliance manager. In the rare instance, a prisoner under the age of 18 is confined. The Brig will comply with PREA standards pertaining to youthful prisoners (115.14) and notify the PREA Compliance Manager as soon as possible but no later than the end of the shift. Youthful prisoners will not be placed in a housing unit where the youthful prisoners will have sight, sound, or physical contact with any adult prisoner through the use of a shared dayroom or other common space, shower area, or sleeping quarters (§115.14(a)-1). Youthful prisoners shall be housed separately (§115.14(a)-2). Assignment to restrictive housing status does not meet this standard. Direct supervision is a requirement when a youthful prisoner is outside of his or her housing unit.

**Subsection (c)** A review of agency policy and auditor interviews conducted with the OIC and PREA compliance manager confirmed the brig would not place youthful prisoners in isolation to comply with the provisions of the standard. The female housing unit is the default location for youthful offenders if required when the female housing unit is otherwise vacant. The secondary location would be the R&R area holding cell and shower. When either housing area is used, restrictions to the cell and access to programs and services shall be commensurate to that of the general population. In absent exigent circumstances, youthful prisoners are permitted to participate in the large-muscle exercise, any legally required special education services, program, and work opportunities. For each instance where youthful prisoners are denied the requirements above, the BDO will document the exigent circumstances for the denial in each BDO Report in accordance with (115.14(c)-1).

## **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, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
☒ 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 if the facility does not have female inmates.) ☒ 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? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

#### 115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ 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.*

### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- Accountability Log sheet (This document reflects that the facility does not restrict female prisoners' access to out-of-cell opportunities.)
- Prevention and Treatment Against Impulsive Contraband Disorder (Searches) Training Curriculum
- Naval Consolidated Brig Miramar Detachment Pearl Harbor Training Attendance Roster
- DEPARTMENT OF THE NAVY - NAVAL CONSOLIDATED BRIG MIRAMAR DETACHMENT PEARL HARBOR (MEMORANDUM FOR THE RECORD)
- Interviews
  - PREA Compliance Manager
  - Random Staff
  - Random Prisoners

**Subsections (a)(c)** Agency policy states facility staff shall not conduct cross-gender strip searches or cross-gender visual body searches (meaning a search of the anal/genital opening) except in exigent. Policy further states Cross-gender frisk searches of prisoners are not permitted except in exigent circumstances. Cross-gender frisk searches (when meeting the exigent circumstances exception and approved by the AOIC) shall be documented in the Brig Log and identified as a significant event (red inked and highlighted) and annotated in the BDO Report circumstances (to ensure safety or to preserve evidence) or when performed by a medical practitioner. According to the PAQ and the Auditor's interview with the facility PREA Compliance Manager, the facility has not conducted any cross-gender frisk or strip searches during the audit period. Agency Policy further states Cross-gender strip searches (when meeting the exigent circumstances exception and approved by the AOIC) shall be annotated in the Brig Strip Search Log, Brig Log, and BDO Report. Cross-gender body cavity searches performed shall be documented in the Brig Log, BDO Report, and prisoner medical record.

**Subsection (b)** Agency policy states the facility does not permit cross-gender pat-down searches of female inmates absent exigent circumstances and does not restrict female prisoners' access to regularly available programming or other out-of-cell opportunities in order to comply with the provision of this standard. During the past 12 months the Brig has housed only one female prisoner and the



facility supplied the Auditor with documentation, "Accountability Sheet" demonstrating that the facility does not restrict female prisoners' access to out-of-cell opportunities. Auditor interviews conducted with random staff confirmed the aforementioned.

**Subsection (d)** Agency policy states and was further confirmed through the Auditor's interview conducted with the PREA compliance manager and random staff that the facility enables prisoners 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 viewing is incidental to routine dorm or cell checks to include viewing via video cameras. Facility staff of the opposite gender will announce their presence when entering a prisoner housing unit (e.g., "MALE ON DECK" when entering Female Dorm/RHU, or "FEMALE ON DECK" when entering Male Dorm or Male RHU). The Auditor confirmed this practice during interviews conducted with prisoners and observed female staff announcing their presence when entering housing areas of the opposite gender.

**Subsection (e)** Agency policy indicates facility staff shall not search or physically examine a transgender, intersex, or gender non-conforming prisoner for the sole purpose of determining the prisoner's genital status. Upon initial receipt and prior to a search, if the prisoner's genital status is unknown, it may be determined during conversations with the prisoner, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical officer. Furthermore, the transgender, intersex, or gender non-conforming prisoner may be asked which gender staff member they would be most comfortable with conducting the search; such preference shall be considered along with all information available; in clearly questionable situations, medical personnel is authorized to search regardless of gender. Ther Brig has not housed any transgender prisoners in the past 12 months. Interviews conducted with the PREA compliance manager and facility staff indicated to the auditor if the facility was ever to receive a transgender prisoner. They are prepared to manage the prisoner according to the requirements of the standard.

**Subsection (f)** The agency policy states and was further corroborated through the Auditor interviews with the PREA compliance manager, a random sample of staff, and provided training documentation training log-sheets of staff competition that the facility training Chief ensures annual training of all security staff in conducting exigent cross-gender frisk searches and searches of transgender and intersex prisoners professionally and respectfully and in the least intrusive manner possible consistent with security needs. The Auditor reviewed the facility's training curriculum for searches, "Prevention and Treatment Against Impulsive Contraband Disorder (Searches) Training Curriculum," and found that it meets the requirement of the standard.

## **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

*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.*

#### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- Directive-Prisoner disability requirements
- Directive - PRISONERS WHO HAVE LIMITED ENGLISH PROFICIENCY AND USE OF INTERPRETERS AND DISABILITY ACCESS
- Interviews
  - Officer in Charge (OIC)

**Subsection (a)** Agency policy indicates that the agency has established procedures to provide disabled inmates 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 in accordance with subsection (a) requirement. The Auditor interviewed the OIC and PREA compliance manager, who elaborated on the procedures and mechanisms that are in place to provide disabled prisoners an 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. When the Programs Chief identifies prisoners as deaf, hard of hearing to the point the prisoner phone system is not sufficient, special phone access via caption phone will be made available. Caption phone lines are not recorded, and legal calls and other privileged calls, including reporting of sexual abuse and sexual harassment, are not supervised. The Programs Chief will consult with the PREA compliance manager and AOIC to ensure such prisoners have commensurate phone access (for PREA reporting) as those without disability. 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.

**Subsection (b)** Agency policy indicates, and it was further corroborated through auditor interviews with the OIC and PREA compliance manager the agency has established procedures to provide inmates with limited English proficiency 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. While onsite of the eighteen (18) prisoners interviewed, none were considered disabled and did not require the use of any interpretive service. The facility provides the necessary steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment involving prisoners who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Linguistic services may be accessed via Military One Source via <http://militaryonesource.mil> or call 1-(800)342-9647.

**Subsection (c)** Policy states and the auditor confirmed through interviews with the PREA Compliance Manager and random staff that prisoner interpreters, prisoner readers, or other types of prisoner assistants are prohibited except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the prisoner's safety, the performance of first-response duties, or the investigation of the prisoner's allegations. In the past 12 months, the facility has reported no instances where prisoner interpreters, readers, or other types of prisoner assistants have been used.

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

*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.*

#### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- PREA-NAVAL CONSOLIDATED BRIG MIRAMAR DETACHMENT PEARL HARBOR STANDARD OPERATING PROCEDURES
- Prison Rape Elimination Act (PREA) Questionnaire
- DEPARTMENT OF THE NAVY NAVAL CONSOLIDATED BRIG MIRAMAR DETACHMENT PEARL HARBOR- MEMORANDUM FOR THE RECORD

**Subsection (a)(b)(c)(d)(e)(f)(g)(h)** The auditor reviewed the facility PREA - Standard Operating Procedures policy which prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: (1). 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); (2). 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; or (3). Has been civilly or

administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Submitted with the PAQ and while onsite, the auditor reviewed employee files of persons hired and promoted in the past 12 months to determine whether proper criminal record background checks have been conducted and questions regarding past conduct were asked and answered. The auditor found that the facility is meeting the standards subsection requirement. Additionally, the Brigs PREA - Standard Operation Procedures, indicates the facility shall consider any incidents of sexual harassment in determining whether to hire, retain, promote anyone, or enlist the services of any contractor who may have contact with prisoners. The auditor confirmed the aforementioned through an interview with Human Resource Officer.

PREA - Standard Operation Procedures state the Brig will; (1). Conduct a National Crime Information Center (NCIC) criminal background records check. (2); and Consistent with Federal, State, and local law, make 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. The brig liaison shall conduct a criminal background records check (NCIC) via Miramar before the facility enlists the services of any contractor who may have contact with prisoners. NAVCONBRIG Miramar's Operations Officer shall conduct criminal background records checks at least every five years of current staff, contractors, and volunteers who may have contact with prisoners or have in place a system for otherwise capturing such information for current staff. NCBMDETPH's liaison may initiate these checks. All applicants and staff who may have contact with prisoners are asked about previous misconduct described in written applications or interviews for hiring or promotions and any interviews or written self-evaluations conducted as part of reviews of current employees. The Agency and the Brig imposes a continuing affirmative duty to disclose any such misconduct. NAVCONBRIG Miramar's Executive Officer shall review all proposed staff assignments in advance for standards compliance. Military members deemed unqualified per the provisions of paragraph (a) above shall not be recommended for promotion/advancement. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Appropriate administrative or disciplinary actions shall be referred to the applicable civilian or military activity for action. Unless determined prohibited by law, NAVPERSCOM (PERS-00D) shall 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. The Director, Bureau of Naval Personnel (BUPERS), Total Force Human Resource Office (BUPERS-05), and NAVPERSCOM Office of Legal Counsel (PERS-00J) will review and notify NAVPERSCOM (PERS-00D) of any laws prohibiting disclosure of the information on all cases. Upon receiving the request for that information from the institutional employer, this facility will forward it to NAVPERSCOM (PERS-00D) via NAVCONBRIG Miramar, BUPERS-05, and PERS-00J, respectively.

The Brig has not had an employee employed at the facility for up to five years, therefore there was no file to review to demonstrate a five-year background check was completed. In the past 36 months, there have been no employee criminal background checks, security clearance investigations, or employee questionnaires reflected substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse from prior institutions; the facility had no documentation, in accordance to PREA Standard 115.17c(2), consistent with Federal, State, and local law, made any efforts to contact all prior institutional employers for information on such incidents. If background checks, security clearance, or other sources of information were to reflect such information, the brig will not only make all efforts to contact prior institutional employers, they would likely not allow employment of such individuals. Submitted with PAQ and while onsite the auditor reviewed employee personnel files and determined the facility is meeting the standards requirement in all material ways. The practice was further confirmed through interview with the Human Resource Officer.

## 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

*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.*

### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)

- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- DEPARTMENT OF THE NAVY NAVAL CONSOLIDATED BRIG MIRAMAR DETACHMENT PEARL HARBOR - MEMORANDUM FOR THE RECORD
- Interviews
  - Agency PREA Coordinator
  - Officer in Charge (OIC)
  - PREA Compliance Manager

**Subsections (a)(b)** Agency policy states when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Architectural Review Board and NAVFAC Design Staff shall consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect prisoners from sexual abuse. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the OIC and AOIC shall consider how such technology may enhance the facility's ability to protect prisoners from sexual abuse. Facilities and technology upgrades must be coordinated with NAVCONBRIG Miramar's Facilities Management, Information Technology, and Financial Management.

Interviews with the OIC and PREA compliance manager indicated the Brig is in the design plan phase for updating the facility's video monitoring system. The Auditor was provided with documentation that reflected what the facility considered for overall safety, including protecting inmates from sexual abuse in planning this technology upgrade.

## 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? (N/A if the agency *a/ways* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA
- 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 agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ 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 *always* makes a victim advocate from a rape crisis center available to victims.) ☒ 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.*

#### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-00D
- NAVY TACTICS, TECHNIQUES, AND PROCEDURES (LAW ENFORCEMENT AND PHYSICAL SECURITY NTTP 3-07.2.3)
- DEPARTMENT OF THE NAVY BUREAU OF MEDICINE AND SURGERY (SEXUAL ASSAULT PREVENTION AND RESPONSE MEDICAL-FORENSIC PROGRAM)
- MEMORANDUM FOR THE RECORD (OFFICER IN CHARGE FINDINGS AFTER REVIEW OF EVIDENCE AND INVESTIGATION OF SEXUAL ASSAULT CASE CONTROL NUMBER: 20180719-30849-0001)
- MEMORANDUM OF AGREEMENT WITH (DEPUTY CHIEF OF NAVAL OPERATIONS, MANPOWER, PERSONNEL, TRAINING AND EDUCATION / CHIEF OF NAVAL PERSONNEL U.S. NAVY AND SURGEON GENERAL OF THE NAVY / CHIEF, BUREAU OF MEDICINE AND SURGERY U.S. NAVY AND DIRECTOR, NAVAL CRIMINAL INVESTIGATIVE SERVICE FOR COMPLIANCE WITH NATIONAL PRISON RAPE ELIMINATION ACT STANDARDS
- EMAIL - CDR USN NAVHLTHCLIN PEARL HI (USA). Email verifies responsibilities and capabilities of the assigned SAFE/SANE nurse. It also identifies her relief to ensure no disruption in services.
- Interviews
  - Random Staff
  - SAFEs/SANEs Staff
  - PREA compliance manager

**Subsection (a)** Allegations regarding sexual abuse and sexual harassment shall be referred to the Naval Criminal Investigative Service. NCIS will follow its protocols for the collection of evidence. Facility staff shall secure the scene, if applicable, until investigators arrive. The referral shall be documented, at a minimum, by email with a reply. 115.21(a)-1 is not applicable to this facility because NCIS (outside agency) is responsible for investigating all allegations of sexual abuse; NCIS may bump sexual Harassment claims to the facility, usually or cases they consider non-criminal complaints; to this extent, which the facility is responsible for investigating allegations of sexual harassment, the Command Investigators shall follow PREA, NCIS, and Navy Bureau of Medicine and Surgery (BUMED) protocols for evidence collection and medical examinations for administrative proceedings and criminal prosecutions. The auditor conformed the above mentioned through interviews conducted with random staff, facility investigator/PREA compliance manager and the review of the (1) sexual abuse investigation reported and completed during the three-year audit cycle.

**Subsection (b)** 115.21(b)-1 is not applicable to this facility because neither this facility nor the agency is responsible for investigating sexual abuse claims by youthful prisoners. For youthful prisoners, NCIS follows appropriate uniform evidence protocols that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

**Subsections (c)(d)(e)** In a review of the agency and facility policies, and auditor interviews conducted with a SAFE/SANE representative, OIC and PREA compliance manager confirmed the Brig offers all victims of sexual abuse access to forensic medical examinations at an outside qualified medical facility, without financial cost, where evidentiary or medically appropriate. The facility refers all prisoners of sexual abuse to Tripler Army Medical Center (TAMC), where qualified practitioners are available in accordance with BUMEDINST 6310.11A. Such examinations will be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available; the examination can be performed by other qualified medical practitioners; in such cases, the facility shall document the efforts first to provide SAFEs or SANEs. The health care professionals at those facilities will document patient history, injuries and decide if referral to a mental health facility other than the Brig is required. The Health Authority will ensure such documentation is maintained in the prisoner's medical record. Counseling for sexually transmitted infection, treatment, and follow-up will be conducted as appropriate. Reports of sexual abuse and sexual harassment will be made to the Commanding Officer via the Officer in Charge to assure separation of the victim from their Assailant. According to the OIC and PREA compliance manager, as of the onsite facility inspection, there have been no sexual assaults to have occurred at the facility; however, prisoners who require forensic medical examinations will be immediately transported to Emergency Room at Tripler Army Medical Center (TAMC) for examination and treatment by a Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiner (SANEs). If returned to the brig, a Discharge summary to include note that prisoner was provided treatment by SAFEs or SANEs will be given to medical personnel for further treatment and management. When SANE's or SAFE's are not available, a qualified medical practitioner performs forensic medical examinations. As always, all medical services for military prisoners is free of charge. The facility reported one sexual abuse allegation during the past (36) and upon review the auditor determined the investigation was completed in accordance with the standard. In the past thirty-six months (36) there have been no prisoners who required a forensic medical exam. Policy states and the auditor confirmed through interviews conducted with a SAFE/SANE representative and the facility PREA Compliance manager, upon learning of a sexual assault, the first staff member that receives a report of the sexual assault shall immediately notify the respective Service Unit Victim Advocate (UVA) and Response Coordinator (SARC) of the incident. The UVA will offer support to accompany the victim through the forensic medical exam process and investigatory interviews; the Brig UVA may need to perform this function and provide necessary support until hand-off to the prisoner's unit UVA can be executed. Victims may also request emotional support services, crisis intervention, information, and referrals anonymously via

the Safe Helpline (Operated by the Rape, Abuse & Incest National Network (RAINN)) at (877)995-5247. The Safe Helpline 24-hour hotline will be made available to prisoners via the prisoner telephone system and shall not be recorded. The PREA compliance manager, in cooperation with the Shared Services Officer (Miramar), shall make and document (e.g., email, letter, MOU, MOA, etc.) efforts to obtain rape crisis center services in the local community. The PREA compliance manager maintains copies of agreements or documentation. The Auditor was provided and reviewed these documents and found that they meet the standards requirements. If a rape crisis center is not available, the Uniformed Victim Advocate (UVA) or Sexual Assault Prevention and Response (SAPR) representative shall provide emotional support, crisis intervention, information, and referrals, and document all efforts to support the victim (e.g., email, log, letter, etc.). When requested by the victim, the uniformed victim advocate (UVA), qualified facility staff member, qualified community-based organization member, or a combination thereof, shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. While onsite there were no prisoners identified who reported an allegation of sexual abuse to interview.

**Subsection (f)** To the extent the facility is not responsible for investigating allegations of sexual abuse and sexual harassment, NAVPERSCOM has requested that the investigating agency (NCIS) follow the requirements of paragraphs (a) through (f) of this section. The auditor was provided and reviewed this documentation and found that it meets the standards requirement in all material ways.

**Subsection (h)** Policy review and auditor interviews conducted with PREA compliance manager confirmed, a qualified facility staff member is, but is not limited to, a Uniformed Victim Advocate (UVA) or SAPR coordinator. These individuals are screened through the SAPR Program Manager and the installation law enforcement agency and have received 40 hours of education concerning sexual assault and forensic examination issues in general before undertaking duties within the facility. The auditor was provided and reviewed the above noted documentation, completed training, and found that it meets the standards requirement.

## 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 the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☒ Yes ☐ 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*)

### 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.*

#### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- Agency website (Official website with PREA Compliance Policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation.)
- MEMORANDUM OF AGREEMENT (DIRECTOR, NAVAL CRIMINAL INVESTIGATIVE SERVICE)

- DEPARTMENT OF THE NAVY - NAVAL CONSOLIDATED BRIG MIRAMAR  
DETACHMENT PEARL HARBOR (MOU - PREA STANDARD § 115.22 (a)-2, -3, -4, and  
5 § 115.22(b)

**Subsection (a)(b)(c)** Agency policy states, all allegations of sexual abuse and sexual harassment, regardless of severity or merit, will be immediately reported to the Director, Naval Criminal Investigative Service (NCIS). The auditor confirmed this procedure and practice through interviews with the agency PREA coordinator, facility OIC, and facility PREA compliance manager/investigator. The facility is required to document all referrals. The facility's policy ensures that reported allegations of sexual abuse and sexual harassment are referred to NCIS for investigation or an appropriate Military Criminal Investigation Organization. Should NCIS decline investigative jurisdiction (the case is sexual harassment), the facility shall conduct an investigation using qualified investigators. The Memorandum of Agreement between NCIS and the Agency describes both entities' responsibilities on the agency website (<https://www.mynavyhr.navy.mil/Support-Services/Corrections-Programs/Brigs/Pearl-Harbor/Prison-Rape-Elimination-Act/>). The auditor reviewed the information posted on the agency website and found that it conforms to standards requirement. In the past (36) months, the Brig has only received one allegation of sexual abuse. The auditor reviewed both the criminal and administrative investigations and determined that they were completed per the standards requirement. The Brig received two (2) allegations of sexual harassment within the last (12) months. In these cases, it was allegations of harassment and not a criminal matter, so an administrative investigation was completed. The auditor was provided with both administrative investigations for review and determined that they were completed per the standards requirement.

## 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

*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.*

### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- Pre-Service Training/ Orientation Schedule
- Staff – certificates of PREA training (NIC-Your Role Responding to Sexual Abuse upon arriving to facility as part of Pre- Service Indoctrination course
- Attendance Roster – All staff record of annual training for all staff members.
- PREA Curriculum – NIC “PREA YOUR ROLE”

**Subsections (a)(b)** Agency policy states and the auditor confirmed through random staff interviews and a review of completed staff training documentation that all employees receive PREA educational training in accordance with the standards requirement. Training includes individual completion of the NIC course “PREA: Your Role Responding to Sexual Abuse” at <https://nic.learn.com> and the supplemental facility-specific training. Employees trained by NCTI-based instructors before signing this policy shall adhere to this policy during subsequent refresher training. Facility supplemental training will cover at a minimum all topics delineated within the standard. Facility training is tailored to the gender of prisoners at the facility.; The facility is primarily male in terms of prisoner gender; however, they have female confinement capability and have both male and female staff. Staff training reflects a mixed-gender mission and staffing. Staff shall receive additional training if the employee is reassigned from a facility that houses only female prisoners and vice versa. Interviews with staff clearly demonstrated the staff have been adequately trained and are well aware of the significance of PREA.

**Subsections (c)(d)** All staff shall receive PREA training during pre-service training. The facility provides each employee with refresher training every year to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. The facility's practice in providing PREA training exceeds the standards required of receiving refresher training every two years. The facility Training Chief will document that all staff members understand the training with the PREA Staff Training Acknowledgement form. The Training Chief maintains an electronic copy of the NIC training certificate in the individual training records for each staff member. The auditor verified the above mentioned by reviewing staff training documentation submitted with the PAQ and additional staff training documentation review while onsite and interview conducted with random staff and the Training Chief.

## 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

*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.*

#### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- Volunteer/Contractor (PRISONER CONTACT) PREA Training Acknowledgement Form
- Facility – Directive from the OIC - AUTHORIZED VOLUNTEERS

**Subsections (a)(b)(c)** Agency policy states all volunteers and contractors who have contact with prisoners shall be trained on their responsibilities under the facility's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. This training is to be provided by a qualified instructor and prior to any unescorted contact with prisoners. The level and type of training provided to volunteers, contractors, and interns shall be based on the services they provide and the level of contact they have with prisoners, but all volunteers, contractors, and interns who have contact with prisoners shall be notified of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. There are two types of volunteers or contractors at the Brig: *Volunteer or Contractor-Prisoner Contact and Volunteer or Contractor-No Prisoner Access*. Volunteers and contractors who may have contact with prisoners receive the same



level of PREA training that facility staff receive. *Volunteers and contractors with -No Prisoner Access* receive the basic PREA education on the facility's zero-tolerance policy and procedures. The facility Training Chief maintains documentation confirming that volunteers, contractors, and interns (who will have contact with prisoners) have received and understand PREA training. No volunteer or contractor at the facility shall ever have unsupervised access to prisoners. The Training Chief maintains a copy of the Visitor/Contractor/Intern training acknowledgment form within individual training files for each staff member or volunteer with access to prisoners. An electronic copy of the Visitor/Contractor/Intern training acknowledgment form is forwarded to the PREA Compliance Manager for file backup in case needed for an audit. The auditor verified this practice while onsite while reviewing training files for the (4) volunteers permitted access to the Brig. During the past (12) months, the Brig has not employed any contractors who may have contact with prisoners.

## **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 the comprehensive education referenced in 115.33(b)? ☒ 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

*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.*

#### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- Excerpt from the prisoner Rules and Regulations Handbook is provided to indicate what material is made available to all prisoners upon confinement 115.33(a)-1, and

maintained during their entire confinement. All prisoners are issued a book and is part of their inventory of items they are allowed to have readily available.

- Prison Rape Elimination Act Intake Information Sheet (for prisoners)
- Facility PREA educational pamphlet for prisoners
- Interviews
  - Intake Staff
  - Random Sample of Prisoners
  - Facility Inspection

**Subsections (a)(b)(c)(d)(e)(f)** Agency policy states, during the intake process, prisoners shall receive information explained orally and in writing, in a language clearly understood by the prisoner, the facility's zero-tolerance policy regarding sexual abuse and sexual harassment, prevention/intervention, self-protection, how to report incidents or suspicions of sexual abuse and sexual harassment, and treatment and counseling. While onsite, the auditor conducted a site inspection of the facility's intake and was given a comprehensive briefing on the intake process for prisoners arriving at the Brig. Interview with intake staff and random prisoners clearly demonstrated to the auditor; prisoners receive the required PREA information upon intake. The auditor further confirmed the PREA intake procedures by reviewing prisoner files, which demonstrated by prisoner signature acknowledging receiving PREA information upon intake and comprehensive PREA education. Within thirty days of intake, the Programs Chief is responsible for providing comprehensive education to prisoners either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents. If for any reason a prisoner has not received such education within the first 30 days, they shall receive the training subsequently (§115.33(c)-1); likewise, prisoners shall receive education upon receipt from another facility to the extent that the policies and procedures differ from those of the previous facility; this will be accomplished by requiring transfers to get the same training as new confinements. The facility provides prisoner education in formats accessible to all prisoners, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to prisoners who have limited reading skills. Upon completion of training, the Programs Chief ensures prisoners sign the PREA Prisoner Training Acknowledgement form and place the form in the prisoner's record. In addition to providing such education, the Programs Chief ensures that crucial information is continuously and readily available or visible to prisoners in housing units and other communal areas such as the galley through posters, Prisoner Rules and Regulations, or other written formats. While onsite, the auditor observed key information posted throughout the facility, including in prisoner living areas.

## 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 receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ 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*)

#### 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.*

#### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- Training Curriculum - National Institute of Corrections (NIC) titled "Investigating Sexual Abuse in a Confinement Setting."
- Training Certificates - PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations
- DEPARTMENT OF THE NAVY NAVAL CONSOLIDATED BRIG MIRAMAR DETACHMENT PEARL HARBOR - MEMORANDUM FOR THE RECORD
- Training records/logs of investigative staff
- Interviews
  - PREA compliance manager/Investigator

**Subsection (a)(b)(c)** (§ 115.34(a)-1) is not applicable in that the facility does not conduct sexual abuse investigations. However, in addition to the general training provided to all staff pursuant to § 115.31, facility investigators have received training in conducting sexual abuse investigations in a confinement setting. The auditor was provided with the National Institute of Corrections (NIC) "Investigating Sexual Abuse in a Confinement Setting" course and the Advanced Investigations course, located at <http://nic.learn.com>; these two courses meet the minimum training requirements for this standard and staff completed training certificates. The auditor was also provided with staff training certificates for completing these courses. As noted, early, the facility does not conduct sexual abuse investigations. All sexual abuse and sexual harassment investigations are reported to NCIS. NCIS will conduct all sexual abuse investigations, review all sexual harassment reports, and determine if there is a criminal element. If not, the facility has two (2) trained investigators who will conduct an administrative investigation. In a review of the provided training curriculum, the auditor determined the specialized training includes techniques for interviewing sexual abuse victims, 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 prosecution referral.

**Subsection (d)** portion of § 115.34 is not applicable as no State entity or Department of Justice component investigates sexual abuse in this facility; hence, training to its agents and investigators who conduct such investigations is not relevant.

## 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

#### 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 or the agency does not employ medical staff.) ☐ 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☐ Yes ☐ 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.*

**Evidence Reviewed (documents, interviews, site review)**

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- PREA: Your Role Responding to Sexual Abuse Presented by the National Institute of Corrections – Training Certificates
- Training Curriculum - National Institute of Corrections (NIC) titled PREA: Your Role Responding to Sexual Abuse Presented by the National Institute of Corrections
- DEPARTMENT OF THE NAVY NAVAL CONSOLIDATED BRIG MIRAMAR DETACHMENT PEARL HARBOR - MEMORANDUM FOR THE RECORD
- Interviews
  - Medical and Mental Health Staff

**Subsection (a)(c)(d)** Policy states agency medical and mental health care practitioners who regularly work in the facility shall receive the training mandated for staff under §115.31 and complete the NIC "Medical Health Care for Sexual Assault Victims in a Confinement Setting" and "Behavior Health Care for Sexual Assault. The auditor confirmed through the review of employee completed training documentation and curriculum that the requirements of; (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment are covered in accordance with the standards requirement. The auditor conducted interviews with Brig's assigned Doctor and mental health supervisor. Both interviews indicated to the auditor their knowledge of PREA and their role when dealing with allegations of sexual abuse and sexual harassment.

**Subsection (b)** 115.35 (b) is not applicable because medical staff employed by this agency do not conduct forensic examinations. Any forensic examinations are conducted by Tripler Army Medical Center (which is not part of the agency), by certified SAFE or SANE nurses only.

## **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, as 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, as 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, as 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 an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ 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*)
- ☐ **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.*

#### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- Prisoner Confinement order / Screening for Risk of Victimization and Abusiveness
- Facility Site Inspection
- Interviews
  - Staff Responsible for Risk Screening
  - Random Sample of Inmates
  - Staff Responsible for Risk Screening
  - PREA Coordinator
  - PREA Compliance Manager

**Subsection (a)(b)(c)(d)** Agency policy states all prisoners shall be assessed within 24 hours of arrival at the facility, utilizing the objective screening instrument (Screening for Risk of Victimization and Abusiveness Form) provided by the BDO; this applies to new intakes and transfers. The auditor reviewed the risk screening tool and found that it was an object screening tool containing all (10) elements required per the standard. During the site inspection, while in the intake area, the auditor received a comprehensive demonstration from intake staff on how a risk screening occurs when a prisoner arrives at the facility. While onsite, the auditor randomly selected (5) prisoner files to review their risk screening documentation upon entering the facility and their reassessment within thirty (30) days of arrival. Upon review, the auditor the risk screening is being completed in accordance with the standards requirement. Auditor interviews with staff responsible for conducting risk screenings and follow-up risk screenings were very well-versed in the procedures for performing such a screening.

**Subsection (e)** Policy states and the auditor confirmed through interviews with staff responsible for conducting risk screening, and the review of completed prisoner risk screening forms that the intake screening considers the following criteria to assess prisoners for risk of being sexually abusive. (1).

Prior acts of sexual abuse; (2) Prior convictions for violent offenses; and (3) History of prior institutional violence or sexual abuse, as known to the facility.

**Subsection (f)** Policy states and the auditor confirmed through the review of completed risk prisoner screening forms; interviews conducted with staff responsible for completing risk assessments within fourteen (14) days of arrival at the facility, the Program Manager Chief reassess the prisoner's risk of victimization or abusiveness. Interviews were also conducted with all (18) of the facility's prisoners, who all corroborated they received a follow-up risk screening within two weeks of arrival.

**Subsection (g)** Policy states and the auditor confirmed through the review of completed prisoner screening forms; interviews conducted with staff responsible for completing risk assessments and the facility Programs Chief, an assessment is completed due to a referral, request, incident of sexual abuse and sexual harassment, or receipt of additional information, or conviction that bears on the prisoner's risk of sexual victimization or abusiveness. The facility provided the auditor with completed risk assessments based on referrals and requests and found that they were conducted according to the standards' requirements.

**Subsection (h)** Agency policy prohibits and was further corroborated through interviews with staff responsible for completing risk screenings prisoners are not 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.

**Subsection (i)** Agency policy states the Risk of Victimization and Abusiveness Form shall be maintained within the prisoner record. Dissemination of the information contained within the form shall be on a need-to-know basis (e.g., OIC, AOIC, etc.) to ensure that sensitive information is not exploited to the prisoner's detriment by staff or other prisoners. The auditor confirmed the above mentioned through interviews with staff responsible for conducting risk assessments, the agency PREA coordinator, and the facility PREA compliance manager.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)(b)

- 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? (N/A if the agency has a dedicated facility, unit, or wing solely for

the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ 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.*

### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- Prisoner Rules and Regulations Handbook
- Completed PREA Risk Screening
- Pearl Harbor Brig Shift Briefs
- Naval Consolidated Brig - Memorandum for the Record (MOU)
- Interviews
  - PREA compliance manager
  - Staff responsible for risk-based screening
  - Gay/Bisexual Prisoners
  - Rando Prisoners

**Subsection (a) (b)** Agency policy indicates the Programs Chief shall use information from the risk screening required by paragraph

8.c.(1) 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. This shall be accomplished by including such information on the Classification & Assignment (C&A) for and briefing information to the C&A Board whenever making classification changes or decisions. The Programs Chief shall make recommendations to the OIC regarding individualized determinations about how to ensure the safety of each prisoner. The auditor corroborated the aforementioned processes through the review of completed prisoners risk screenings and interviews conducted with the PREA compliance manager and risk screening staff.

**Subsection (c)** NAVPERSCOM (PERS-00D) designates the place of confinement for 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. The Brig has not confined any transgender prisoners during the past thirty-six (36) months, therefore there were no transgender prisoners for the auditor to interview.

**Subsection (d)(e)** Agency policy further states that a transgender or intersex prisoner's own view regarding 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. This process was corroborated through facility documentation review and interviews conducted with the facility PREA compliance manager and staff responsible for conducting risk screening.

**Subsection (f)(g)** Agency policy states all prisoners shall shower separately in private shower stalls. As such, transgender and intersex prisoners shower separately from other prisoners. Lesbian, gay, bisexual, transgender, intersex (LGBTI), and gender nonconforming prisoners shall not be housed in dedicated housing units solely based on such identification or status, unless otherwise directed by higher authority. The auditor interviewed to prisoners who identified as gay/bisexual and confirmed they are separated from the general population based on their identification status. While conducting the facility site inspection, the auditor inspected the prisoner shower stalls in all the prisoner living areas and determined they were, in fact, single-person shower stalls. Interviews conducted with prisoners confirmed they are required to shower individually.

## 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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

#### 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.*

#### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- Naval Consolidated Brig - Memorandum for the Record (MOU)
- Document for placement into segregation (DD Form 509)
- Interviews
  - OIC
  - Staff who supervise prisoners in segregation housing

**Subsections (a)(b)(c)(d)(e)** Agency policy indicates prisoners at high risk for sexual victimization shall not be placed in involuntary restrictive housing unless an assessment by the Classification and Assignment Board of all available alternatives have 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. In that case, the Programs Chief shall document such restrictions as listed on the DD Form 509 and Special Handling Letter/Supplemental Form: The opportunities have been limited. The duration of the limitation. The 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 pursuant to paragraph (a) of this section, the following shall be documented in the prisoner record or Corrections Management Information System (CORMIS): (a) The basis of concern for the prisoner's safety. (b) The reason why no alternative means of separation can be arranged. The Classification and Assignment Board exceeds §115.43(e)-1 requirements by reviewing the status of each prisoner assigned to Protective Custody, to include those pursuant to paragraph (a), every seven calendar days determine whether there is a continuing need for separation from the general population. Interview conducted with the facility PREA

compliance manager and the segregation supervisor confirmed the above-mentioned process would take place if the facility ever needed to place a prisoner in involuntary segregated housing. The PREA compliance manager stated the Brig has never placed a prisoner in involuntary segregated housing due to high risk for sexual victimization. Furthermore, no inmates at risk of sexual victimization were held in involuntary segregated housing in the past thirty-six (36) months for less than 24 hours awaiting completion of assessment; and zero inmates in the past (36) months at risk of victimization were involuntary segregated housing for longer than 30 days while awaiting alternative placement.

## 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? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  
☐ Yes ☐ No ☒ NA

#### 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

*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.*

#### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- Prisoner Rules and Regulations Handbook
- Brig Directive - General Rules for Staff Members
- Memorandum for the Record (MOU)
- Facility site inspection
- Interviews
  - PREA compliance manager
  - Random sample of prisoners
  - Random sample of staff

**Subsection (a)(b)** Agency policy states prisoners have multiple internal ways to privately report sexual abuse and sexual harassment, retaliation by other prisoners or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Such reports can be made to a staff member other than the prisoner's immediate supervisor to include the CMEO, UVA, Chaplain, medical and mental health personnel, etc.; anonymously; through a third party; or by submitting a DD Form 510, Prisoner Request, via the Officer in Charge's mailbox. Prisoners have two options to report allegations of sexual abuse: (1) an unrestricted Report, for prisoners who desire an official investigation and command notification in addition to healthcare, victim advocacy, and legal services; or (2) Anonymous Report, for prisoners desiring to privately disclose the allegation. The DoD Safe Helpline, an external entity, is the primary means for prisoners to report sexual abuse and sexual harassment incidents to an outside agency, both unrestricted and anonymously. Prisoners do not have a restricted reporting option afforded active-duty personnel since PREA requires a criminal investigation for every incident of sexual abuse, including anonymous and

third-party reports. In accordance with DoD policy, such reports will be forwarded to the Sexual Assault Response Coordinator (SARC). The auditor further confirmed this practice and procedure through an interview with the facility PREA compliance manager and investigator. The SARC will notify the MCF commander or designee where the alleged incident occurred as soon as possible. The SARC may also forward any information provided voluntarily by the prisoner through the anonymous reporting process. If the prisoner declines to be connected to the SARC or other appropriate point of contact, DoD Safe Helpline personnel will notify the MCF commander or designee of the anonymous report, based on the information provided by the prisoner. If the prisoner has elected to make an anonymous report, the prisoner's name, registration number, and social security number shall not be identified. Prisoners also have access to other external entities to make unrestricted reports of sexual abuse and sexual harassment. This information is provided to all prisoners upon intake and through their comprehensive RREA education. The reporting information is also available in the Prisoner rules and regulations handbook. The auditor observed the reporting information posted in multiple areas of the facility to include on bulletin boards and next to prisoner telephones. Interviews with random staff and prisoners indicated to the auditor they are aware of the reporting mechanisms in place for prisoners to report allegations of sexual abuse and sexual harassment. It should be noted the Brig does not prisoners detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. While onsite and during the facility inspection the auditor attempted to place a call to the DOD Safe Helpline. The procedures provided to the prisoners required them to first dial using a prescribed PIN # (111111). When the auditor attempted to use the dedicated PIN number the place a teat call it would not go through. It was soon discovered the process for calling all of the facility reporting entities no longer required the use of the dedicated PIN number. The PREA compliance manager quickly rectified the information posted in all areas of the facility by taking down and replacing the information advising prisoners of the process to place such calls.

**Subsections (c)(d)** Staff shall accept reports made verbally, in writing, anonymously, or from third parties. Verbal reports shall be immediately documented (within 12 hours) and forwarded to the BDO or another appropriate supervisor. If a supervisor is the alleged perpetrator, the staff member shall report to a different supervisor in their chain of command (i.e., Operations Chief, AOIC, etc.) Staff may privately report the sexual abuse and sexual harassment of prisoners via the DoD Safe helpline, SARC, SAPR, or Inspector General (IG). The auditor confirmed the above stated through interviews with random staff and prisoners. Staff said they are required to report all allegations of sexual misconduct immediately and shall document the report as well.

## 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

**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

*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.*

### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- Memorandum for the Record (MOU)

### Subsections (a)(b)(c)(d)(e)(f)

The subject standard has been reviewed for compliance and the facility has been found to be exempt per DOJ interpretation. Rationale: The Pearl Harbor Brig does not require administrative procedures to address inmate grievances regarding sexual abuse. Therefore, there is no requirement to exhaust administrative remedies before filing a grievance.

## 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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- 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

*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.*

#### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- PREA RESOURCE AND REPORTING INFORMATION
- Prison Rape Elimination Act Intake Information Sheet (for prisoners)
- Contract with RAINN
- Prisoner Rules and Regulations Handbook
- Prisons Rape Elimination Act (PREA) Pearl Harbor Naval Brig Pamphlet
- Naval Brig Pearl Harbor – Zero Tolerance for any Sexual Assault or Sexual Harassment poster
- Interviews
  - Random sample of prisoners

**Subsections(a)(b)** Agency policy indicates prisoners shall have access to outside victim advocates for emotional support services related to sexual abuse. Mailing addresses and telephone numbers, including the toll-free DoD Safe Helpline or other local, state, or national victim advocacy or rape crisis organizations, shall be available. Reasonable communication between prisoners and these organizations and agencies is permitted in accordance with privileged communications (e.g., counselor's phone, privilege correspondence, designated unrecorded phone numbers, etc.). The facility shall inform prisoners, 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. Reports of sexual abuse/harassment directed to the Safe Help Line or JBPHH SAPR shall be forwarded to the facility OIC for investigation. Reports of sexual abuse/harassment directed to any other outside agency, other than the DoD Safe Helpline, are subject

to their governing policy regarding privacy, confidentiality, and/or privilege that apply to such disclosures. Prisoners are advised to address these issues with the outside agency. The auditor corroborated the above noted through interviews with a random sample of prisoners, PREA compliance manager, random sample of staff. There were no prisoners for the auditor to interview who reported sexual abuse during the previous twelve (12) months. The facility does not detain prisoners solely for civil immigration purposes.

**Subsection(c)** Agency policy states, the agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide prisoners with confidential emotional support services related to sexual abuse. The auditor confirmed this is established via the DoD contract agreement with RAINN to operate the DoD Safe Helpline. The agency retains copies of the agreement and documentation demonstrating it has entered into such an agreement.

## 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

*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.*

#### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- PREA RESOURCE AND REPORTING INFORMATION
- Prisoner Rules and Regulations Handbook
- Pearl Harbor Naval Brig – PREA Information Pamphlet

- Agency PREA Information Website

**Subsection(a)** Agency policy indicates, and the auditor confirmed through review, procedures for third-party reporting of sexual abuse and sexual abuse and sexual harassment on behalf of prisoners shall be posted in the housing unit, visitation area, common areas, and on the Command website.

(<https://www.public.navy.mil/bupersnpc/support/correctionprograms/brigs/pearlharbor/Pages/Prison Rape Elimination Act.aspx>)

## 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

*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.*

#### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- Samples - Prison Rape Elimination Act – Staff Training
- DoD PATIENT BILL OF RIGHTS AND RESPONSIBILITIES
- INVESTIGATION INTO ALLEGED RETALIATION FOR MAKING SEXUAL ASSAULT ALLEGATION
- Agency public facing website with information on how to submit 3rd party reports to NCIS.
- MEMORANDUM FOR THE RECORD
- Medical & Mental Health staff training documentation that require them to report incidents of sexual abuse.
- NIC - Medical and Mental Health completed training certificates "PREA – Behavioral Health Care for Sexual Victims in a Confinement Setting."
- NIC - Your Role Responding to Sexual Abuse
- Completed sexual abuse investigation
- Interviews:
  - OIC
  - PREA Coordinator
  - Medical and Mental Health Staff

**Subsections(a)(b)** Agency policy states staff shall immediately report to the Brig Duty Officer for immediate action: 1. Any knowledge, suspicion, or information regarding an incident of sexual abuse

and sexual harassment that occurs in any facility or custodial setting, whether or not it is part of the Navy corrections system. 2. Any retaliation against prisoners or staff who reported such an incident. 3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff shall not reveal any information related to a sexual abuse and sexual harassment report to anyone other than on a need-to-know basis in order to make treatment, investigation, and other security and management decisions (e.g., designated supervisors or officials, UVA, OIC, AOIC, etc.). Interviews with Random staff clearly indicated to the auditor they are aware of the agency's requirement and their reporting duties. The auditor further confirmed this through the review of completed staff training documentation white onsite.

**Subsection(c)** Agency policy states, unless precluded by Federal, State, or local law, facility medical and mental health practitioners are required to report sexual abuse pursuant to paragraph (a) of this section and inform prisoners of the practitioner's duty to report the limitations of confidentiality at the initiation of services. Interviews conducted with medical a mental staff confirmed they are aware of the requirements delineated within this subsection and understand their role as mandatory reporters. The Brig has only received one allegation of sexual abuse in the past thirty-six (36) months, and medical and mental were not the recipients of the reported allegation.

**Subsection(d)** Agency policy states, if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the facility shall report the allegation under applicable mandatory reporting laws. Interviews conducted with the facility OIC and PREA compliance manager indicated they have not had a prisoner under the age of 18 or consider a vulnerable adult within the past thirty-six (36) months. However, if such an occurrence were to happen, they would fully comply with the standards requirement.

**Subsection(e)** Agency policy state the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the NCIS. The facility received one sexual abuse allegation in the past thirty-six (36) months. In reviewing the investigation, the auditor determined the facility followed agency policy and procedures and the standard requirement. Interviews with the facility OIC and PREA compliance manager also confirmed, all allegations of sexual abuse and sexual harassment are referred to NCIS, the Brigs designated investigators.

## 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

*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.*

### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- MEMORANDUM FOR THE RECORD - PREA STANDARD 115.62 AGENCY PROTECTION DUTIES
- Interviews
  - OIC
  - Random staff
  - PREA compliance manager

**Subsection(a)** Agency policy states any prisoner who feels at substantial risk of imminent sexual abuse may submit an emergency request to any staff member, orally or in writing. All emergency requests shall be forwarded to the BDO, who shall take immediate action (e.g., separate victim from alleged abuser, placement on protective custody, etc.) to protect the prisoner and notify the OIC. Any prisoner who feels at substantial risk of imminent sexual abuse may submit an emergency request to any staff member, orally or in writing. All emergency requests shall be forwarded to the BDO, who shall take immediate action (e.g., separate victim from alleged abuser, placement on protective custody, etc.) to protect the prisoner and notify the OIC. If the OIC is the subject of the emergency request, the emergency request shall be forwarded to Naval Consolidated Brig Miramar's Commanding Officer for action. The prisoner shall be given an initial response on his/her emergency request within forty-eight (48) hours and a final decision within five (5) calendar days. The initial response and final decision shall document any determination whether the prisoner is at substantial risk of imminent sexual abuse and the action taken in response to the emergency request from the Miramar Brig Commander on the Notification of Investigation Status Form, see enclosure (9). Even if the facility does not believe the prisoner is at substantial risk of imminent sexual abuse, it does not relieve the facility from the requirement to respond within the forty-eight (48) hour timeframe. Such actions shall be documented in the Brig Log and identified as a significant event (e.g., highlighted, color-coded, searchable, etc.), annotated in the BDO Report, documented on a DD Form 2713 Prisoner Observation Report, and filed in the prisoner record and/or CORMIS. According to interviews conducted with OIC, random staff, and PREA compliance manager, there have been no instances of the facility learning that a prisoner was at substantial risk of imminent sexual abuse in the last (36) months. The facility takes all allegations of sexual misconduct seriously. Though the facility has not determined a prisoner to be at imminent risk for sexual abuse, documentation was provided reflecting that in the only sexual abuse allegation in the last (36) months, the facility immediately separated the alleged perpetrator from alleged victim throughout the entirety of the investigation until ample documentation and facts were gathered to decide that the alleged victims were not at risk for sexual abuse or retaliation.

## 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

*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.*

### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- MEMORANDUM FOR THE RECORD - PREA STANDARD 115.63 REPORTING TO OTHER CONFINEMENT FACILITIES

**Subsections (a)(b)(c)(d)** Agency policy states upon receiving an allegation that a prisoner was the victim of sexual abuse and sexual harassment while confined at another facility, the OIC shall notify the head of the facility/agency where the alleged abuse occurred (e.g., email, correspondence, SITREP, etc.). Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The PREA Compliance Manager shall maintain documentation that the OIC has provided such notification. This documentation shall also be recorded within the prisoner record or CORMIS utilizing the 2713 Prisoner Observation Report. If the facility receives such notification,

allegations shall be investigated in accordance with these standards. Interview with the PREA compliance manager and facility OIC indicates, as of the first day of the onsite inspection, in the last 36 months, there have been no allegations that a prisoner has been sexually abused while at another confinement facility. If an allegation were received requiring a report to another confinement facility, it would be done so in accordance with Prisoner Rape Elimination Act (PREA) Standard 115.63 and agency policy (NCBMDETPHINST 1640.23 PREA compliance.)

## 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

*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.*

### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- Completed PREA sexual abuse investigation
- Staff – PREA First Responder Cards
- Interviews
  - Security Staff and Non-Security Staff First Responders
  - PREA compliance manager

**Subsections(a)(b)** Facility policy states and was further corroborated through interviews conducted with Security Staff and Non-Security Staff First Responders; all facility staff is designated as first responders. Upon learning of an allegation that a prisoner was the victim of sexual abuse and sexual harassment, the first security staff member to respond to the report shall be required to (1). Separate the alleged victim and abuser; (2). Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. (3). If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4). If the abuse occurred within a time period that still allows for the collection of physical evidence, 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. (5). Immediately notify the BDO, who will inform the chain of command. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff or the BDO. There was one allegation reported within the past thirty-six months (36). The auditor reviewed the investigative report and supporting documentation and found that the facility responded in accordance with agency policy and procedures and in accordance with the standards requirement. Evidence reflecting immediate separation of the alleged abuser and victim was provided to the auditor. Details of this incident involved incidental touching through clothing in the line for the noon meal under immediate and direct staff supervision. No body fluids were involved. The entire alleged incident was on video, which was preserved. While onsite, there were no prisoners identified to interview who reported an allegation of sexual abuse. PREA First Responder Cards are given to staff members during per-service and staff are inspected weekly to ensure that the staff member has the card on them.

## 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.*

#### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- PREA Incident Response Procedures - Document is from our SOP and serves as a checklist to ensure and document coordination between 1st responders, medical, mental health, investigators, facility leadership.
- Interviews:
  - OIC
  - PREA compliance manager

**Subsection(a)** Agency policy states the Coordinated response (§115.65) - SOP serves as the written institutional plans to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The auditor reviewed the facility-specific coordinated response plan and found that it meets the standard requirement in all material ways. Interview with both the OIC and PREA compliance manager confirmed that the facility does have a coordinated response plan in effect, and staff receives refresher training annually on the plan.

## 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

*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.*

#### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- MEMORANDUM FOR THE RECORD - PREA STANDARD 115.66 PRESERVATION OF ABILITY TO PROTECT INMATES FROM CONTACT WITH ABUSERS.
- Interviews
  - PREA coordinator
  - PREA compliance Manager
  - OIC

**Subsection(a)** Agency policy states preservation of the ability to protect prisoners from contact with abusers (§115.66). NCBMDETPH has no collective bargaining unit 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. Per agency and facility policy alleged staff sexual abusers shall be removed from contact with inmates pending the outcome of an investigation and disposition of the investigation. The employees at Naval Consolidated Brig Miramar have neither a union nor a collective bargaining unit; hence, there is no agreement is possible that would limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether or to what extent discipline is warranted. The auditor confirmed the above mentioned through interviews conducted with the agency PREA coordinator, OIC, and PREA compliance manager.

## 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 inmates 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

*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.*

#### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- Classification Request paperwork
- Completed investigation for allegation of retaliation for reporting sexual misconduct
- Victims legal counsel notification representation



- Retaliation monitoring documentation
- Interviews:
  - Agency Head designee
  - OIC
  - PREA compliance manager / Designated Staff Member Charged with Monitoring Retaliation

**Subsections(a)(b)** Agency policy indicates all prisoners and staff who report sexual abuse and sexual harassment or cooperate with sexual abuse and sexual harassment investigations are protected from retaliation by other prisoners or staff. The PREA Compliance Manager is charged with monitoring retaliation. The facility shall act immediately (within 12-hours) to document allegations of retaliation; inquiries, disposition, and remedies shall be carried out promptly. The facility shall employ 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 abuse and sexual harassment or for cooperating with investigations. Cautionary administrative measures in response to sexual abuse and sexual harassment allegations, like temporary duty reassignments, in no way indicate a belief by the facility or agency as to guilt, responsibility, truthfulness, or otherwise. Allegations will be treated as such until properly investigated and disposed of in accordance with agency policy. The facility provided as evidence the auditor with an investigation into retaliation. The facility monitored for retaliation in the only abuse allegation in the last (36) months. The allegation was made on 19 July 2018 and was determined to be unfounded on 14 Aug 2018. During these 25 days, the facility ensured a victim's legal counsel was provided to both alleged victims. The auditor reviewed the completed investigation and determined it was conducted per agency policy and procedures and in accordance with the PREA standards requirement. The Brig employs the right for legal counsel for the alleged victim during the PREA investigation. This is a protective measure in place for all prisoners. Interviews with the agency head designee, OIC and PREA compliance manager confirmed the above mentioned.

**Subsection(c)(d)** For at least ninety (90) days following a report of sexual abuse and sexual harassment, the PREA Compliance Manager shall monitor the conduct and treatment of prisoners or staff who reported the sexual abuse and sexual harassment and of prisoners who were reported to have suffered sexual abuse and sexual harassment to see if there are changes that may suggest possible retaliation by prisoners or staff. The PREA Compliance Manager shall notify the OIC of such retaliation for resolution. Items the PREA Compliance Manager monitor for are prisoner disciplinary reports, housing or program changes, negative performance reviews, or reassignments of staff. The PREA Compliance Manager shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates a continuing need. The auditor confirmed the above mentioned by reviewing completed investigative files/documentation for the monitoring of retaliation. Investigation documentation and interview with the PREA compliance manger, who is responsible for the monitoring of retaliation corroborated, such monitoring also includes periodic status checks.

**Subsections(e)(f)** According to the PREA compliance manager, if any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate actions will be taken to protect that individual against retaliation. These measures will be documented and maintained by the PREA Compliance Manager. Monitoring shall terminate if the investigating entity determines that the allegation is unfounded.

## 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

*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.*

#### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- Interviews
  - OIC
  - Staff who Supervise Inmates in Segregated Housing

Subsection(a) Agency policy states post-allegation protective custody and any use of restrictive housing to protect a prisoner who is alleged to have suffered sexual abuse, and sexual harassment shall be subject to the requirements of 115.43). All post-allegation protective measures shall be recorded by the Programs Chief within the prisoner record or CORMIS. Interview with the facility OIC and PREA compliance manager indicated since the last PREA audit, there has been only one allegation of sexual abuse; in this case, per policy, no use of segregated housing was used to protect those who allege sexual abuse. The facility standard procedure and practice to achieve separation of the alleged abuser(s) from the alleged victim(s) is to segregate the alleged abuser(s) when such is a prisoner. The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months, for one to 24 hours awaiting completion of assessment: ZERO. In the past 12 months, the number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: ZERO. The facility did not have any prisoners who in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse, nor did the auditor note any such occurrences while conducting the facility site inspection.

# 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

*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.*

### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- Subj: NOTIFICATION OF INVESTIGATION STATUS
- PREA - Investigating Sexual Abuse in a Confinement Setting
- PREA - Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations
- MEMORANDUM FOR THE RECORD: PRISONER RAPE ELIMINATION ACT STANDARD 115.71 REQUIREMENTS
- MEMORANDUM OF AGREEMENT BETWEEN THE DIRECTOR, NAVAL CRIMINAL INVESTIGATIVE SERVICE
- U.S. NAVAL CRIMINAL INVESTIGATIVE SERVICE: REPORT OF INVESTIGATION
- Interviews:
  - PREA compliance manager/investigator

**Subsections(a)(b)** As soon as reasonable suspicion of sexual abuse and sexual harassment has occurred, all allegations shall be immediately referred to NCIS for investigation. NCIS agents have been trained in conducting sexual abuse investigations. NCIS may decline investigative jurisdiction for sexual harassment; in this case, facility investigators shall conduct their own investigations into the allegations and shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Facility investigators have completed specialized training in sexual abuse investigations. The auditor was provided with completed certificates of training. (PREA: Investigating Sexual Abuse in a Confinement Setting) and (PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations) through the National Institute of Corrections (NIC). The facility PREA compliance manager, who is also one of the facility's assigned investigators, confirmed the above mentioned. He stated and was further corroborated by reviewing the only allegation of sexual abuse reported in the past 36 months. All allegations of sexual abuse and sexual harassment are referred to the NCIS. The auditor reviewed the only sexual abuse investigation reported in the past 36 months and found it was completed in accordance with the standards requirement. The auditor also reviewed (2) sexual harassment investigations and found they too were completed per the standards requirement.

**Subsections(c)(d)** NCIS Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator according to their protocols. Should NCIS decline investigative jurisdiction, facility investigators shall complete the above tasks. When the quality of evidence appears to support a criminal prosecution, the investigative agency or facility investigators shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Interview with the facility

investigator and reviewing the only investigation completed in the past (36) months confirmed the facility conforms to the standards requirement.

**Subsection(e)** Agency policy states the investigating agencies shall assess the credibility of an alleged victim, suspect, or witness on an individual basis and not by the person's status as a prisoner or staff. Prisoners who allege sexual abuse and sexual harassment shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation. Interview with PREA compliance Manager confirmed the aforementioned. While onsite, there were no prisoners to interview who reported sexual abuse.

**Subsection(f)(g)(h)** Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse. They shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations shall be documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence, and attach copies of all documentary evidence where feasible. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. The auditor reviewed both the administrative and criminal investigation into the only sexual incident reported and determined they were handled appropriately and per the standards requirement. There have been no substantiated allegations of sexual abuse or sexual harassment since the last PREA audit; hence, none were referred for prosecution.

**Subsections(i)(j)(k)(l)** Per agency policy and interview conducted with the PREA compliance manager, he retains all written reports referenced for as long as the alleged abuser is incarcerated or employed by the facility, plus five years. All staff and departments must provide the PREA Compliance Manager all documentation for file, archive, and audit. The departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation. NCIS and facility investigators conduct investigations into alleged sexual abuse and sexual harassment incidents pursuant to the above requirements. In a review of the only sexual abuse case, neither the abuser nor the victim departed the facility or agency during an investigation. No State or Department of Justice entity conducted an investigation.

## 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*)

### 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.*

#### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- Completed Administrative Sexual Harassment Investigation
- Interviews
  - PREA compliance manager/Investigator

**Subsection(a)** In a review of agency policy, completed investigations, and interview with the PREA compliance Manager/Investigator, the preponderance of the evidence - the greater weight of the evidence required to decide in favor of one side or the other is used. Preponderance is achieved when the evidence presented is even slightly on either side of an allegation. For example, a signed statement with definite terms and facts will outweigh opinions or speculation to the contrary. Hence, the preponderance of the evidence requires less certainty than "beyond a reasonable doubt," which is the stricter test of evidence.

## 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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*)

## 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.*

### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- MEMORANDUM FOR THE RECORD: OFFICER IN CHARGE FINDINGS AFTER REVIEW OF EVIDENCE AND INVESTIGATION OF SEXUAL ASSAULT CASE CONTROL NUMBER: 20180719-30849-0001
- MEMORANDUM FOR THE RECORD: PRISONER RAPE ELIMINATION ACT STANDARD 115.73 REQUIREMENTS
- Interviews
  - OIC
  - Investigator

**Subsection(a)(b)** Agency policy states following an investigation into a prisoner's allegation that they suffered sexual abuse and sexual harassment in the facility, the prisoner shall be informed in writing on the Notification of Investigation Status Form as to whether the allegation has been determined to be substantiated unsubstantiated, or unfounded. This determination shall be made, by a preponderance of the evidence, by the OIC; this is a non-delegable responsibility. If the alleged incident occurred at another facility, notification shall be made via NAVPERSCOM (PERS-00D. If the facility did not conduct the investigation, it shall request the relevant information from the investigative agency (e.g., NCIS, OSI, CID, IG, etc.) in order to inform the prisoner. The facility/Brig had one investigation completed within the past thirty-six (36) months. The auditor reviewed both the criminal investigation conducted by NCIS and the facility investigator's administrative investigation to include the outcome notification provided to the prisoner who signed for receipt of it.

**Subsections(c)(d)** Agency policy states following a prisoner's allegation that a staff member has committed sexual abuse against a prisoner, the prisoner shall subsequently be informed in writing, unless the facility has determined that the allegation is unfounded, whenever 1. The staff member is no longer posted within the prisoner's unit. The term "unit" is defined to mean any area where the alleged staff member and prisoner would be co-located. Subsequent staff posting or prisoner housing/work/programmatic assignments shall not result in co-location, depending on the nature of the allegation; 2. The staff member is no longer employed at the facility; 3. The staff member has been formally charged, or 4. The staff member has been convicted on a charge related to sexual abuse within the facility. Following a prisoner's allegation that they have been sexually abused by another prisoner, the alleged victim shall be notified in writing whenever 1. The alleged abuser has been charged, or 2. The alleged abuser has been convicted on a charge related to sexual abuse within the facility. The facility had only one investigation completed in the past (36) months, and it was determined to be unfounded. The investigation was a prisoner on a prisoner. In regard to the only allegation of sexual abuse by another prisoner, the alleged abuser was neither indicted on a charge related to sexual abuse within the facility; nor had the alleged abuser been convicted on a charge related to sexual abuse within the facility. The facility had not had an incident reported where staff has allegedly sexually abused a prisoner. While onsite, there were no prisoners who reported sexual abuse for the

auditor to interview. The auditor concluded the investigation and reporting notification was completed per the standards requirement.

**Subsections(e)(f)** All notifications or attempted notifications are documented on the Notification of Investigation Status Form and a DD Form 2704, Victim/Witness Notification for all cases resulting in a sentence to confinement. The facility's obligation to report under this standard terminates if the prisoner is released from custody. The auditor confirmed the above mentioned through an interview conducted with the PREA compliance manager/Investigator and review of the investigative documentation.

## 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*)

### 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.*

#### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- Directive – Personal Conduct of Naval Brig Pearl Harbor Staff
- MEMORANDUM FOR THE RECORD: PRISONER RAPE ELIMINATION ACT STANDARD 115.76 REQUIREMENTS

**Subsections(a)(b)(c)(d)** Agency policy states staff shall be subject to disciplinary action up to and including termination for violating sexual abuse or sexual harassment policies. The term “termination” for civilians means removal from federal employment after due process. For the military, termination means processing for separation from military service, after due process. For contractors and volunteers, termination means cessation of any further relationship with the facility. In any case, where an allegation of sexual abuse or sexual harassment is substantiated but does not result in termination, discipline shall include removal of the staff member from working in any naval confinement facility. Termination shall be the presumptive disciplinary action for staff who have engaged in sexual abuse. Disciplinary actions for violations of policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed; the staff member's disciplinary history; and the sanctions imposed for comparable offenses by other staff with similar histories. 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, will be reported to law enforcement agencies unless the activity was not criminal and to any relevant licensing or endorsement bodies (e.g., nursing board, education board, and institutions, credentialing organization, or religious endorsing agencies, etc.). The Legal Advisor shall make these notifications. Memorandum for the record submitted as supporting evidence and interviews with the OIC and PREA compliance Manager indicated there had been zero staff from this facility have violated agency sexual abuse or sexual harassment policies over the last 36 months. Zero staff from the facility have been terminated (or resigned before termination) for violating agency sexual abuse or sexual harassment policies, as no violations have occurred over the last 36 months. In the past 36 months, zero staff from the facility have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies, as no violations have occurred over the last 36 months. Also, there have been no 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 had occurred, that the facility is aware of and would comply with, the requirement to report to law enforcement agencies unless the activity was clearly not criminal, and to any relevant licensing bodies.

### 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*)

### 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.*

#### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- Volunteer/Contractor (PRISONER CONTACT) PREA Training Acknowledgement Form
- MEMORANDUM FOR THE RECORD: PRISONER RAPE ELIMINATION ACT STANDARD 115.77 REQUIREMENTS

**Subsections(a)(b)** Agency policy states and was further corroborated through interviews with the OIC and PREA compliance Manager any volunteer, contractor, or intern who engages in sexual abuse shall be prohibited from contact with prisoners and shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing or endorsement bodies (e.g., nursing board, education board or institutions, credentialing organization, or religious endorsing agencies, etc.). For cases involving violations of sexual abuse or sexual harassment policies by a volunteer, contractor, or intern, appropriate remedial measures shall be taken, including the prohibition of further contact with prisoners and reporting, as appropriate, the violation to the volunteer or intern's host organization. The PREA Compliance Manager shall maintain copies of all remedial measure's documentation for file,

archive, and audit purposes. In the past 36 months, there have been zero contractors or volunteers reported to law enforcement agencies and relevant licensing bodies for engaging in the sexual abuse of inmates. Interviews with the OIC and PREA compliance Manager indicated they have not been required to take the appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. However, the would if the situation warranted.

## **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)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ 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.*

Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- ADMINISTRATIVE DISCIPLINARY MEASURES
- DESIGNATION AS BRIG MENTAL HEALTH OFFICER
- Prisoner Rules and Regulations Handbook
- Interviews
  - OIC
  - PREA compliance manager

**Subsections(a)(b)(c)(d)(e)(f)(g)** Agency policy states all prisoners shall be subject to disciplinary actions pursuant to Discipline SOP 5001 following an administrative finding of guilt that the prisoner engaged in sexual abuse and sexual harassment, specifically including prisoner-on-prisoner sexual abuse or following a criminal finding of guilt for prisoner-on-prisoner sexual abuse. Actions shall be commensurate with the nature and circumstances of the abuse committed, the prisoner's disciplinary history, and the actions imposed for comparable offenses by other prisoners with similar histories. Should a prisoner have mental disabilities or a mental illness which may have contributed to his or her behavior as documented by medical or mental health practitioners, the disciplinary board shall take these factors into consideration when determining what type of action, if any, should be imposed. This information shall be documented on the DD Form 2714, Disciplinary Report, by the Discipline and Adjustment (D&A) Board Chair. Therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse (e.g., sex offender education or treatment, violent offender education and treatment, individual counseling, etc.), shall be offered, if available. The brig shall consider, and in most cases require, the offending prisoner to participate in such interventions as a condition of access to programming or other benefits. Disciplinary action may be imposed on a



prisoner for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse and sexual harassment made in good faith, based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. All sexual activity between prisoners is prohibited, and prisoners will face disciplinary action for such misconduct. Such activity does not constitute sexual abuse if determined that the activity is not coerced. Interviews with the facility OIC and PREA compliance manager, along with submitted Memorandum indicated since the Brigs last PREA inspection to present, there have been no administrative or criminal findings of guilt of inmate-to-inmate sexual abuse occurred at the Pearl Harbor Brig. Hence, there have been no instances in which the D&A Board needed to consider the mental disorder or mental disabilities of a prisoner accused of violating a brig rule of UCMJ offense at this facility. Further, if a D&A Board for such an incident were convened, the board would give full consideration to the causes of the adverse behavior, the setting and the circumstances in which it occurred, the individual's accountability, the correctional treatment goals, and the existence of any impacting mental or emotional issues. Additionally, no sexual abuse has occurred at this facility in the last 36 months; therefore, no therapy, counseling, or other interventions designed to address and correct the underlying reason or motivations for abuse were provided. There have been no cases of prisoners having sexual contact with a staff member at this facility. If a prisoner had sexual contact with a staff member, the facility would discipline the prisoner only upon finding that the staff member did not consent to such contact. Finally, there have been no cases of disciplinary action for a report of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred. The only sexual abuse allegation reported in the last 36 months was unfounded, and no disciplinary action was taken against those who brought forth allegations.

## 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*)

#### 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.*

#### Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- COMPLETED - SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS
- DoD PATIENT BILL OF RIGHTS AND RESPONSIBILITIES - his applies to all medical, mental health, and dental treatment offered
- Interview
  - Staff Responsible for Risk Screening

**Subsections(a)(c)** Agency policy states if the screening pursuant to paragraph 6.c.(1) indicates that a prisoner has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, medical and mental health staff shall ensure that the prisoner is offered a follow-up

meeting with a medical or mental health practitioner within fourteen (14) days of the intake screening. These prisoners are identified, monitored, and counseled. Medical and Mental Health staff shall maintain secondary documentation (e.g., clinical/medical notes, log, etc.) The auditor reviewed completed risk screenings for prisoners who have disclosed sexual victimization during the risk screening process and conducted them per the standard requirements. Interviews with facility staff who conduct risk screening were very knowledgeable of the standards requirements and confirmed to the auditor that all standard elements are being completed.

**Subsection(b)** If the screening pursuant to paragraph 6.c.(1) indicates that a prisoner has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the prisoner is offered a follow-up meeting with a mental health practitioner within fourteen (14) days of the intake screening. This standard is not applicable to this facility. This facility is categorized as a jail.

**Subsection(d)(e)** Agency policy states and was further confirmed through completed risk assessments and interviews conducted with the PREA compliance Manager and medical and mental health personnel any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary (e.g., OIC, AOIC), to assign treatment plans, security and management decisions to include housing, cell/bed assignment, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Medical and mental health practitioners shall obtain informed consent from prisoners before reporting information about prior sexual victimization that did not occur in an institutional setting unless the prisoner is under the age of 18.

## **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.*

Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- PREA Incident Response Procedures (§115.64, §115.65)
- MEMORANDUM FOR THE RECORD - PRISONER RAPE ELIMINATION ACT STANDARD 115.82 REQUIREMENTS
- Interviews
  - Medical and Mental Health Staff
  - Security Staff and Non-Security Staff First Responders
  - PREA Compliance manager

**Subsections(a)(b)(c)(d)** Prisoner victims of sexual abuse shall 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. Medical and mental health staff shall maintain secondary materials (notes, forms, logs) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. The facility PREA Incident Response Procedures is completed by brig non-medical staff to supplement and assist in timeline documentation 115.82(a)-3. The auditor confirmed this review of the completed documentation.) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to paragraph 6.e.(2), immediately notify the Brig Duty Officer who shall immediately inform Emergency Medical Services for evaluation and transport TAMC. The BDO will then notify the UVA, NCIS, OIC, and AOIC. Prisoner victims of sexual abuse shall be offered information about and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services shall be provided to the

victim without financial cost and regardless of whether the victim names the abuser(s) or cooperates with any investigation arising out of the incident. There have been no reports of sexual abuse requiring emergency medical treatment during the past (36) since the last PREA inspection. Interviews conducted and documentation reviewed since the previous PREA inspection to present, there has been only one allegation of sexual abuse which entailed incidental contact in full view of cameras and staff; no injury or trauma was alleged; in this case, the facility did protect the alleged victim from the abuser; however no medical attention was needed in the instance. There have also been no instances of inmate victims of sexual abuse that have required emergency medical treatment and crisis intervention. Prisoners who require protection will be immediately reported to the BDO for referral to medical and mental health services. Prisoners who require emergency medical treatment and crisis intervention will receive timely unimpeded access; such treatment is always free of charge to military inmates.

## **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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ 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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ 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.*

Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- PREA Incident Response Procedures (§115.64, §115.65)
- Interviews
  - Medical and Mental Health Staff

**Subsections(a)(b)(c)(d)(e)(f)(g)(h)** The Brig Medical Officer shall offer medical and mental health evaluation and, as appropriate, treatment to all prisoners who have been victimized by sexual abuse in any prison, jail, lock- up or juvenile facility. The evaluation and treatment of such victims shall 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. Victims shall be provided medical and mental health services consistent with the NCBMDETPHINST 1640.23B 03 Apr



2020 32 community level of care. Prisoner victims of sexually abusive vaginal penetration while incarcerated, shall be offered pregnancy tests. Any allegation from a female prisoner involving vaginal penetration by a penis shall precipitate the offering of a pregnancy test. If pregnancy results from the conduct described in paragraph (d) above, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. While incarcerated, prison victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be 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. A mental health evaluation of all known prisoner-on-prisoner abusers within sixty (60) days of learning such abuse history and offer treatment when deemed appropriate by mental health practitioners is not applicable to this facility. This facility is categorized as a jail. There have been no ongoing medical and mental care requirements for sexual abuse victims and abusers during the past (36) since the last PREA inspection. Interviews conducted and documentation reviewed since the previous PREA inspection to present, there has been only one allegation of sexual abuse which entailed incidental contact in full view of cameras and staff; no injury or trauma was alleged; in this case, the facility did protect the alleged victim from the abuser; however no medical attention was needed in the instance. There have also been no instances of inmate victims of sexual abuse that have required ongoing medical or mental health services. Prisoners who require protection will be immediately reported to the BDO for referral to medical and mental health services.

## 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.*

Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- PRIMARY/COLLATERAL DUTY ASSIGNMENTS
- MEMORANDUM FOR THE RECORD
- Interviews
  - OIC
  - PREA compliance manager
  - Incident Review Team Member

**Subsections(a)(b)(c)(d)(e)** Agency policy states a PREA Incident Review Board shall convene within thirty (30) days of the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded. An investigation is concluded when a substantiated, unsubstantiated, or unfounded determination is made by the facility OIC. The PREA Incident Review Board shall include the AOIC, Senior Enlisted Advisor, and Operations Chief with input from relevant personnel, BDOs, investigators, and medical or mental health practitioners. The PREA Incident Review Board shall: 1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse and sexual harassment; 2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, intersex, or gender nonconforming identification status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; 3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; 4. Assess the adequacy of staffing levels in that area during different shifts; Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and 6. PREA Incident Review Board chair shall prepare a report of its findings, including but not necessarily limited to determinations made pursuant to section (d)(1)-(d)(5) of this section and any recommendations for improvement. This report shall be submitted to the OIC, the PREA Compliance Manager, and the NAVPERSCOM (PERS-00D) PREA Coordinator. The PREA Compliance Manager shall maintain this documentation for file, archive, and audit. The facility shall implement the recommendations for improvement or document its reasons for not doing so in the PREA Annual Report. All staff will provide any and all documents to the PREA Compliance Manager for file, archive, and audit. The PREA compliance manager provided the auditor with documentation delineating the facility's PREA Board members, consisting of upper-level management of the facility: Assistant Officer in Charge (also serves as facility PREA compliance manager, Senior Enlisted Advisor, and Operations Supervisor. From the facility's last PREA inspection to the present, there have been no founded or unsubstantiated incidents of sexual abuse at the Naval Consolidated Brig Detachment Pearl Harbor; hence, no sexual abuse incident reviews have been conducted. Interviews with the OIC and PREA compliance manager confirmed they are aware of the standards requirement for conducting an after-incident review for allegations of sexual abuse determined to be founded or unsubstantiated and are prepared to do so when the need arises.

## 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.*

Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- Agency Website – PREA Reporting Requirements
- PRISON RAPE ELIMINATION ACT (PREA) ANNUAL REPORT AND SECURITY STAFFING PLAN REVIEW FOR CY-2019
- SURVEY OF SEXUAL VICTIMIZATION, 2018 Other Correctional Facilities Summary Form
- PRISON RAPE ELIMINATION ACT ANNUAL REPORT, CALENDAR YEAR 2019; U.S. NAVY SHORE CORRECTIONAL FACILITIES WITHIN THE UNITED STATES
- PRISON RAPE ELIMINATION ACT (PREA) ANNUAL REPORT AND SECURITY STAFFING PLAN REVIEW FOR CY-2018

- Commander, Navy Personnel Command (PERS-00D) PRISON RAPE ELIMINATION ACT (PREA); GUIDANCE LETTER# 1
- Interview  
PREA compliance manager

**Subsections(a)(b)(c)(d)(e)** Agency policy indicates the facility shall collect accurate, uniform data for every allegation of sexual abuse and sexual harassment using a standardized instrument and set of definitions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The PREA Compliance Manager shall aggregate the incident-based sexual abuse data and forward the results to the NAVPERSCOM (PERS-00D) PREA Coordinator annually. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the SSV. The PREA Compliance Manager shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The PREA Compliance Manager shall provide by 30 June all such data from the previous calendar year to NAVPERSCOM (PERS-00D), who will forward the data to the Department of Justice as required. This facility does not contract with private facilities for the confinement of prisoners. The PREA compliance manager provided the auditor with documentation outlined within the documentation reviewed by the auditor and found that it supported all of the elements required of the standard.

## 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.*

Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- PRISON RAPE ELIMINATION ACT ANNUAL REPORT, CALENDAR YEAR 2019; U.S. NAVY SHORE CORRECTIONAL FACILITIES WITHIN THE UNITED STATES
- Agency Website – PREA Annual Report CY 2019
- Interviews
  - Agency Head/Designee
  - Agency PREA Coordinator
  - PREA Compliance Manager

**Subsections(a)(b)(c)(d)** Agency policy states and was further corroborated through documentation review and interviews with the agency head, PREA coordinator, and facility PREA compliance manager that data is collected and aggregated in order to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices, and training, including 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis, preparing an Annual PREA Report of its findings and corrective actions, and forwarding the report to PERS-OOD via NAVCONBRIG Miramar for correlation as an agency. This reporting requirement is minimally satisfied by the submission of the SSV4 and SSV-IA forms. Additional supporting documentation and review materials may also be submitted to PERS-OOD in support of an annual report. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the facility's progress in addressing sexual abuse. The PREA Annual Report is forwarded to NAVPERSCOM (PERS-OOD) for consolidation to make it readily available to the public through its website or through other means. The facility shall defer to NAVPERSCOM (PERS-OOD)

regarding redaction of specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted.

## 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

*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.*

Evidence Reviewed (documents, interviews, site review)

- Pearl Harbor Brig Completed Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy - BUPERSINST 1640.23 BUPERS-OOD
- Agency Website – PREA Annual Report CY 2019
- Interviews
  - Agency PREA Coordinator
  - PREA Compliance Manager

**Subsections(a)(b)(c)(d)** Agency policy states and was further corroborated through documentation review and interviews conducted with the agency PREA Coordinator, facility PREA Compliance Manager (Navy Corrections and Programs PERS-OOD), and the PREA Compliance Manager shall ensure that data collected is securely retained. All aggregated sexual abuse data shall be forwarded to NA VPERSCOM (PERS-OOD) for consolidation in order to make it readily available to the public annually through its website or through other means. Before submitting aggregated sexual abuse data to NAVPERSCOM (PERS-OOD), the facility shall remove all personal identifiers. The PREA Compliance Manager shall maintain sexual abuse data (including incident reports, investigative reports, offender information, case disposition, and evaluation finding) collected for at least ten years after the initial collection date unless legally required otherwise. All staff and departments will forward any and all PREA related documentation and sexual abuse data to the PREA Compliance M file, archive, and audit.

## 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 prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency,



were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

#### 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.*

The agency ensured that all of its facilities were audited at least once during the prior three-year audit period. The auditor had access to, and the ability to observe, all areas of the audited facility. The auditor requested and received copies of any relevant documents (including electronically stored information). The auditor was permitted to conduct private interviews with inmates, staff, contractors and volunteers. Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor received no correspondence from staff or inmates.

## 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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies 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

*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 agency has published on its agency website all Final Audit Reports. The review period is for prior audits completed during the past three years preceding this audit. The auditor confirmed this through the review of the agency website.

## 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.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Mark Stegemoller

May 23, 2021

**Auditor Signature**

**Date**

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

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