

KSHCP Participant Annual Report - Base Form										Base Form #:	1 of 60																
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.																
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1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Isenberg Park Category 5 Park 3-8-15-24		Facility Owner:	County of Kauai			Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																	
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29			N/A																		
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal) <table border="1"> <tr> <td>0</td> <td>Newell's Shearwater</td> <td>0</td> <td>Band-rumped Storm Petrel</td> </tr> <tr> <td>0</td> <td>Hawaiian Petrel</td> <td>0</td> <td>Green Sea Turtle</td> </tr> </table>										0	Newell's Shearwater	0	Band-rumped Storm Petrel	0	Hawaiian Petrel	0	Green Sea Turtle								
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12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility. <input type="checkbox"/> Check here if any reports are attached or linked.				Link:																					

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14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
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16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
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18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
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2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A																			
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12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.																							

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19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
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KSHCP Participant Annual Report - Base Form										Base Form #:	5 of 60																
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25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	7 of 60																
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.																
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1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Lihue Tennis Court Category 4 Park 3-6-02-10		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																		
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A																			
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12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.																							

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17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
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18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
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22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable				
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1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Lihue Auto Maintenance Garage/Office Category 4 Facility 3-8-05-17		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																		
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1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Koloa Neighborhood Center Category 4 Facility 2-8-08-17		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																	
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21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable				
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23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable				
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24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable				N/A
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form							Base Form #:	10 of 60																
Reporting Year:	2022	Participant Name:	County of Kauai	For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.				Multiple Base Forms are included for this item.																
Item #	Relevant Requirement	Information Required to be Reported																						
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Kekaha Land Fill Category 4 Facility 1-2-02-09	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29	N/A																		
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6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any changes to facility management/ownership or other key personnel involved in the KSHCP. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																				
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.	Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																				
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10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe the personnel involved in search efforts at this facility: <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		Parks Maintenance staff conducted daily search and monitoring.																				
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.	On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found.		None.																				
12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.																				

		<input type="checkbox"/> Check here if any reports are attached or linked.	Link:				
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
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14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.				
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15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.				
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
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20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable				
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		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	11 of 60	
Reporting Year:	2022	Participant Name:	County of Kauai			For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.					Multiple Base Forms are included for this item.	
Item #	Relevant Requirement	Information Required to be Reported										
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Kauai War Memorial Convention Hall Category 4 Facility 1-2-02-09			Facility Owner:	County of Kauai			Facility Contact Information: (name, phone, email)	Kathryn Leonarad 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A				
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal)										
		0	Newell's Shearwater	0	Band-rumped Storm Petrel							
		0	Hawaiian Petrel	0	Green Sea Turtle							
4	ITP Section J/ITL Section II.D	Calculation of annual lethal and non-lethal take using the methodology described in the HCP and with the discovery rate within the approved Participant Inclusion Plan										
		Nonlethal Take:										
		0	Newell's Shearwater	0	Band-rumped Storm Petrel							
		0	Hawaiian Petrel	0	Green Sea Turtle							
		Lethal Take:										
		0	Newell's Shearwater	0	Band-rumped Storm Petrel							
		0	Hawaiian Petrel	0	Green Sea Turtle							
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize any proposed changes to the facility with the potential to affect the Covered Species.			None							
		Check here if additional space is needed and continue on Addendum Sheet.										
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any changes to facility management/ownership or other key personnel involved in the KSHCP.			None							
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.	Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change.			None							
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8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map or description of search route(s) used for conducting searches.										
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11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.	On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found.			None.				N/A			
12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.			None.							

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13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
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14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.				
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15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.				
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
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18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
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1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Kapaa New Base Yard Category 4 Facility 4-5-15-04	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Lonard 808-241-1987 kleonard@kauai.gov																	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29	N/A																		
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KSHCP Participant Annual Report - Base Form																												
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.				Base Form #:	13 of 60																		
Item #	Relevant Requirement	Information Required to be Reported																										
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Eleele Wastewater Treatment Plant Category 4 Facility 2-1-01-43		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																			
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A																				
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal) <table border="1"> <tr> <td>0</td> <td>Newell's Shearwater</td> <td>0</td> <td>Band-rumped Storm Petrel</td> </tr> <tr> <td>0</td> <td>Hawaiian Petrel</td> <td>0</td> <td>Green Sea Turtle</td> </tr> </table>								0	Newell's Shearwater	0	Band-rumped Storm Petrel	0	Hawaiian Petrel	0	Green Sea Turtle											
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5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize any proposed changes to the facility with the potential to affect the Covered Species. <input type="checkbox"/> Check here if additional space is needed and continue on Addendum Sheet.		None																								
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any changes to facility management/ownership or other key personnel involved in the KSHCP. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																								
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.	Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																								
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map or description of search route(s) used for conducting searches. <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Check here if map(s) attached or linked.</td> <td>Link:</td> <td colspan="6"><input type="text"/></td> </tr> <tr> <td>XXX</td> <td>Check here if map(s) not attached and explain at right.</td> <td>Explanation:</td> <td colspan="7">Samples Provided</td> </tr> </table>								<input type="checkbox"/>	Check here if map(s) attached or linked.	Link:	<input type="text"/>						XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided						
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10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe the personnel involved in search efforts at this facility: <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		Parks Maintenance staff conducted daily search and monitoring.																								
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.	On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found.		None.																								
12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.																								

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13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.				
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable				
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21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable				
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22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable				N/A
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	14 of 60																
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.																
Item #	Relevant Requirement	Information Required to be Reported																									
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Anahola Village park Category 4 Park 4-8-09-01		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																		
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A																			
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8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map or description of search route(s) used for conducting searches. <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Check here if map(s) attached or linked.</td> <td>Link:</td> <td colspan="3"></td> </tr> <tr> <td>XXX</td> <td>Check here if map(s) not attached and explain at right.</td> <td>Explanation:</td> <td colspan="3">Samples Provided</td> </tr> </table>									<input type="checkbox"/>	Check here if map(s) attached or linked.	Link:				XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided							
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12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.																							

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13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.				
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16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable				
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21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable				
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22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable				
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23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable				
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24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable				N/A
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	15 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.
Item #	Relevant Requirement	Information Required to be Reported									
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Waimea Wastewater Treatment Plan Category 3 Facility 1-2-06-36		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov		
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A			
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal)									
		0	Newell's Shearwater	0	Band-rumped Storm Petrel						
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4	ITP Section J/ITL Section II.D	Calculation of annual lethal and non-lethal take using the methodology described in the HCP and with the discovery rate within the approved Participant Inclusion Plan									
		Nonlethal Take:									
		0	Newell's Shearwater	0	Band-rumped Storm Petrel						
		0	Hawaiian Petrel	0	Green Sea Turtle						
		Lethal Take:									
		0	Newell's Shearwater	0	Band-rumped Storm Petrel						
		0	Hawaiian Petrel	0	Green Sea Turtle						
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize any proposed changes to the facility with the potential to affect the Covered Species.			None						
		Check here if additional space is needed and continue on Addendum Sheet.									
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any changes to facility management/ownership or other key personnel involved in the KSHCP.			None						
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.	Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change.			None						
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11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.	On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found.			None.					N/A	
12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.			None.						

		<input type="checkbox"/> Check here if any reports are attached or linked.	Link:				
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
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18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
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19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
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KSHCP Participant Annual Report - Base Form							Base Form #:	16 of 60																
Reporting Year:	2022	Participant Name:	County of Kauai	For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.				Multiple Base Forms are included for this item.																
Item #	Relevant Requirement	Information Required to be Reported																						
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Waimea Theatre Category 3 Facility 1-6-009-008	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29	N/A																		
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12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.																				

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13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
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14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.				
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15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.				
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.				
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17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
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18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
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19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
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20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable				
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21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable				
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24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable				N/A
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25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form							Base Form #:	17 of 60																
Reporting Year:	2022	Participant Name:	County of Kauai	For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.				Multiple Base Forms are included for this item.																
Item #	Relevant Requirement	Information Required to be Reported																						
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Waimea Tennis Court Category 3 Park 1-6-10-05	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29	N/A																		
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25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	18 of 60																
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.																
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KSHCP Participant Annual Report - Base Form										Base Form #:	19 of 60																
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1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Waimea Neighborhood Center Category 3 Facility 1-6-09-23		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																		
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A																			
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal) <table border="1"> <tr> <td>0</td> <td>Newell's Shearwater</td> <td>0</td> <td>Band-rumped Storm Petrel</td> </tr> <tr> <td>0</td> <td>Hawaiian Petrel</td> <td>0</td> <td>Green Sea Turtle</td> </tr> </table>									0	Newell's Shearwater	0	Band-rumped Storm Petrel	0	Hawaiian Petrel	0	Green Sea Turtle									
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6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any changes to facility management/ownership or other key personnel involved in the KSHCP. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																							
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.	Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																							
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11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.	On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found.		None.				N/A																			
12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.																							

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13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
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14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.				
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.				
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17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
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18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
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19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable				
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21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable				
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22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable				
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23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable				
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24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable				N/A
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	20 of 60															
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.					Multiple Base Forms are included for this item.																
Item #	Relevant Requirement	Information Required to be Reported																								
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Waimea Fire & Police Category 3 Facility 1-6-07-48		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																	
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A																		
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KSHCP Participant Annual Report - Base Form										Base Form #:	21 of 60																
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.																
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1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Transportation Base Yard Office Category 3 Facility 3-3-13-25		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 Kleonard@kauai.gov																		
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KSHCP Participant Annual Report - Base Form										Base Form #:	22 of 60																
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.																
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1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Spouting Horn Category 3 Park 2-6-03-19		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																		
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A																			
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal) <table border="1"> <tr> <td>0</td> <td>Newell's Shearwater</td> <td>0</td> <td>Band-rumped Storm Petrel</td> </tr> <tr> <td>0</td> <td>Hawaiian Petrel</td> <td>0</td> <td>Green Sea Turtle</td> </tr> </table>									0	Newell's Shearwater	0	Band-rumped Storm Petrel	0	Hawaiian Petrel	0	Green Sea Turtle									
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6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any changes to facility management/ownership or other key personnel involved in the KSHCP. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																							
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.	Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																							
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map or description of search route(s) used for conducting searches. <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Check here if map(s) attached or linked.</td> <td>Link:</td> <td colspan="3"></td> </tr> <tr> <td>XXX</td> <td>Check here if map(s) not attached and explain at right.</td> <td>Explanation:</td> <td colspan="3">Samples Provided</td> </tr> </table>									<input type="checkbox"/>	Check here if map(s) attached or linked.	Link:				XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided							
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10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe the personnel involved in search efforts at this facility: <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		Parks Maintenance staff conducted daily search and monitoring.																							
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.	On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found.		None.				N/A																			
12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.																							

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13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
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14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.				
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15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.				
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.				
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17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
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20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable				
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23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable				
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24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable				N/A
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	23 of 60																
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.																
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1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Smokey Valley Clubhouse Category 3 Facility 1-6-04-12		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn leonard 808-241-1987 kleonard@kauai.gov																		
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A																			
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16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.				
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17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
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18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
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19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
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KSHCP Participant Annual Report - Base Form										Base Form #:	24 of 60																
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.																
Item #	Relevant Requirement	Information Required to be Reported																									
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Salt Pond Park Category 3 Park 1-8-08-43		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																		
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A																			
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25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	25 of 60															
Reporting Year:	2021	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.															
Item #	Relevant Requirement	Information Required to be Reported																								
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Police/EOC/OPA Main Facility Category 3 Facility 3-6-02-018		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																	
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A																		
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal) <table border="1"> <tr> <td>0</td> <td>Newell's Shearwater</td> <td>0</td> <td>Band-rumped Storm Petrel</td> </tr> <tr> <td>0</td> <td>Hawaiian Petrel</td> <td>0</td> <td>Green Sea Turtle</td> </tr> </table>									0	Newell's Shearwater	0	Band-rumped Storm Petrel	0	Hawaiian Petrel	0	Green Sea Turtle								
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5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize any proposed changes to the facility with the potential to affect the Covered Species. <input type="checkbox"/> Check here if additional space is needed and continue on Addendum Sheet.		None																						
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any changes to facility management/ownership or other key personnel involved in the KSHCP. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																						
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.	Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																						
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map or description of search route(s) used for conducting searches. <input type="checkbox"/> Check here if map(s) attached or linked. Link: <input type="text"/> <input checked="" type="checkbox"/> XXX Check here if map(s) not attached and explain at right. Explanation: Samples Provided																								
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe the frequency and timing of searches conducted at this facility: <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. Approximately 0630.																						
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe the personnel involved in search efforts at this facility: <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		Parks Maintenance staff conducted daily search and monitoring.																						
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.	On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found.		None.				N/A																		
12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.																						

		<input type="checkbox"/> Check here if any reports are attached or linked.	Link:				
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.				
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable				N/A
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	26 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.
Item #	Relevant Requirement	Information Required to be Reported									
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Pa'anau Village Apartments Phase 2 Category 3 Facility 2-6-004-046		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov		
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A			
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal)									
		0	Newell's Shearwater	0	Band-rumped Storm Petrel						
		0	Hawaiian Petrel	0	Green Sea Turtle						
4	ITP Section J/ITL Section II.D	Calculation of annual lethal and non-lethal take using the methodology described in the HCP and with the discovery rate within the approved Participant Inclusion Plan									
		Nonlethal Take:									
		0	Newell's Shearwater	0	Band-rumped Storm Petrel						
		0	Hawaiian Petrel	0	Green Sea Turtle						
		Lethal Take:									
		0	Newell's Shearwater	0	Band-rumped Storm Petrel						
		0	Hawaiian Petrel	0	Green Sea Turtle						
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize any proposed changes to the facility with the potential to affect the Covered Species.			None						
		Check here if additional space is needed and continue on Addendum Sheet.									
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any changes to facility management/ownership or other key personnel involved in the KSHCP.			None						
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.	Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change.			None						
		Check here if additional space is needed and continue on addendum sheet.									
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map or description of search route(s) used for conducting searches.									
		Check here if map(s) attached or linked.			Link:						
		XXX	Check here if map(s) not attached and explain at right.			Explanation:	Samples Provided				
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe the frequency and timing of searches conducted at this facility:			During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. Approximately 0630.						
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe the personnel involved in search efforts at this facility:			Parks Maintenance staff conducted daily search and monitoring.						
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11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.	On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found.			None.					N/A	
12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.			None.						

		<input type="checkbox"/> Check here if any reports are attached or linked.	Link:				
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
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14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.				
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
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21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable				
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24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable				N/A
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	27 of 60															
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.															
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1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Pa'anau Village Apartments Phase 1 Category 3 Facility 2-6-004-046		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																	
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A																		
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal) <table border="1"> <tr> <td>0</td> <td>Newell's Shearwater</td> <td>0</td> <td>Band-rumped Storm Petrel</td> </tr> <tr> <td>0</td> <td>Hawaiian Petrel</td> <td>0</td> <td>Green Sea Turtle</td> </tr> </table>									0	Newell's Shearwater	0	Band-rumped Storm Petrel	0	Hawaiian Petrel	0	Green Sea Turtle								
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6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any changes to facility management/ownership or other key personnel involved in the KSHCP. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																						
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12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.																						

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18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
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24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable				N/A
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KSHCP Participant Annual Report - Base Form										Base Form #:	28 of 60															
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.															
Item #	Relevant Requirement	Information Required to be Reported																								
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Lydgate Park Category 3 Park 3-9-06-01		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																	
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A																		
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6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any changes to facility management/ownership or other key personnel involved in the KSHCP. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																						
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.	Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																						
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11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.	On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found.		None.				N/A																		
12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.																						

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13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
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14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.				
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15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.				
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
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19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
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20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable				
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22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable				
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23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable				
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24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable				N/A
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	29 of 60															
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.															
Item #	Relevant Requirement	Information Required to be Reported																								
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Lucy Wright Park Category 3 Park 1-6-06-01		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																	
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A																		
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal) <table border="1"> <tr> <td>0</td> <td>Newell's Shearwater</td> <td>0</td> <td>Band-rumped Storm Petrel</td> </tr> <tr> <td>0</td> <td>Hawaiian Petrel</td> <td>0</td> <td>Green Sea Turtle</td> </tr> </table>									0	Newell's Shearwater	0	Band-rumped Storm Petrel	0	Hawaiian Petrel	0	Green Sea Turtle								
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8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map or description of search route(s) used for conducting searches. <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Check here if map(s) attached or linked.</td> <td>Link:</td> <td colspan="3"></td> </tr> <tr> <td>XXX</td> <td>Check here if map(s) not attached and explain at right.</td> <td>Explanation:</td> <td colspan="3">Samples Provided</td> </tr> </table>									<input type="checkbox"/>	Check here if map(s) attached or linked.	Link:				XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided						
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12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.																						

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18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
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19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
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22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable				
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24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable				N/A
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	30 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.
Item #	Relevant Requirement	Information Required to be Reported									
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Lima Ola Workforce Housing Development Category 3 Facility 2-1-001-054		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov		
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A			
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal)									
		0	Newell's Shearwater	0	Band-rumped Storm Petrel						
		0	Hawaiian Petrel	0	Green Sea Turtle						
4	ITP Section J/ITL Section II.D	Calculation of annual lethal and non-lethal take using the methodology described in the HCP and with the discovery rate within the approved Participant Inclusion Plan									
		Nonlethal Take:									
		0	Newell's Shearwater	0	Band-rumped Storm Petrel						
		0	Hawaiian Petrel	0	Green Sea Turtle						
		Lethal Take:									
		0	Newell's Shearwater	0	Band-rumped Storm Petrel						
		0	Hawaiian Petrel	0	Green Sea Turtle						
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize any proposed changes to the facility with the potential to affect the Covered Species.			None						
		Check here if additional space is needed and continue on Addendum Sheet.									
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any changes to facility management/ownership or other key personnel involved in the KSHCP.			None						
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.	Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change.			None						
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9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe the frequency and timing of searches conducted at this facility:			During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. Approximately 0630.						
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11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.	On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found.			None.					N/A	
12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.			None.						

		<input type="checkbox"/> Check here if any reports are attached or linked.	Link:				
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
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17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
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18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
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25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	31 of 60															
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.															
Item #	Relevant Requirement	Information Required to be Reported																								
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Lihue Refuse Transfer Station Category 3 Facility 3-7-02-14		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																	
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A																		
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11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.	On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found.		None.				N/A																		
12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.																						

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13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
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14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.				
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15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.				
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.				
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17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
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18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
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19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
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20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable				
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23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable				
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24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable				N/A
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	32 of 60																
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.																
Item #	Relevant Requirement	Information Required to be Reported																									
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Lihue Neighborhood Center Category 3 Facility 3-8-15-24		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																		
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A																			
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal) <table border="1"> <tr> <td>0</td> <td>Newell's Shearwater</td> <td>0</td> <td>Band-rumped Storm Petrel</td> </tr> <tr> <td>0</td> <td>Hawaiian Petrel</td> <td>0</td> <td>Green Sea Turtle</td> </tr> </table>									0	Newell's Shearwater	0	Band-rumped Storm Petrel	0	Hawaiian Petrel	0	Green Sea Turtle									
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12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.																							

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13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
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18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
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22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable				
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25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	33 of 60	
Reporting Year:	2022	Participant Name:	County of Kauai			For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.					Multiple Base Forms are included for this item.	
Item #	Relevant Requirement	Information Required to be Reported										
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Lihue County Building & Annex Category 3 Facility 3-6-05-02 & 03			Facility Owner:	County of Kauai			Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:				ITL Number:	ITL-29			N/A		
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal)										
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		0	Newell's Shearwater	0	Band-rumped Storm Petrel							
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		Lethal Take:										
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5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize any proposed changes to the facility with the potential to affect the Covered Species.				None						
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6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any changes to facility management/ownership or other key personnel involved in the KSHCP.				None						
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12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.				None.						

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KSHCP Participant Annual Report - Base Form										Base Form #:	34 of 60															
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Item #	Relevant Requirement	Information Required to be Reported																								
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Lihue Civic Center Category 3 Facility 3-6-06-27 & 28		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																	
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0	Hawaiian Petrel	0	Green Sea Turtle																							
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize any proposed changes to the facility with the potential to affect the Covered Species. <input type="checkbox"/> Check here if additional space is needed and continue on Addendum Sheet.		None																						
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any changes to facility management/ownership or other key personnel involved in the KSHCP. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																						
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.	Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																						
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map or description of search route(s) used for conducting searches. <input type="checkbox"/> Check here if map(s) attached or linked. Link: <input type="text"/> <input checked="" type="checkbox"/> XXX Check here if map(s) not attached and explain at right. Explanation: Samples Provided																								
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe the frequency and timing of searches conducted at this facility: <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. Approximately 0630.																						
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe the personnel involved in search efforts at this facility: <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		Parks Maintenance staff conducted daily search and monitoring.																						
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.	On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found.		None.				N/A																		
12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.																						

		<input type="checkbox"/> Check here if any reports are attached or linked.	Link:				
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.				
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable				N/A
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	35 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.
Item #	Relevant Requirement	Information Required to be Reported									
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Kolopua Workforce Housing Development Category 3 Facility 5-4-024-024		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov		
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A			
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal)									
		0	Newell's Shearwater	0	Band-rumped Storm Petrel						
		0	Hawaiian Petrel	0	Green Sea Turtle						
4	ITP Section J/ITL Section II.D	Calculation of annual lethal and non-lethal take using the methodology described in the HCP and with the discovery rate within the approved Participant Inclusion Plan									
		Nonlethal Take:									
		0	Newell's Shearwater	0	Band-rumped Storm Petrel						
		0	Hawaiian Petrel	0	Green Sea Turtle						
		Lethal Take:									
		0	Newell's Shearwater	0	Band-rumped Storm Petrel						
		0	Hawaiian Petrel	0	Green Sea Turtle						
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize any proposed changes to the facility with the potential to affect the Covered Species.			None						
		Check here if additional space is needed and continue on Addendum Sheet.									
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any changes to facility management/ownership or other key personnel involved in the KSHCP.			None						
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.	Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change.			None						
		Check here if additional space is needed and continue on addendum sheet.									
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map or description of search route(s) used for conducting searches.									
		Check here if map(s) attached or linked.			Link:						
		XXX	Check here if map(s) not attached and explain at right.			Explanation:	Samples Provided				
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe the frequency and timing of searches conducted at this facility:			During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. Approximately 0630.						
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe the personnel involved in search efforts at this facility:			Parks Maintenance staff conducted daily search and monitoring.						
		Check here if additional space is needed and continue on addendum sheet.									
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.	On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found.			None.					N/A	
12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.			None.						

		<input type="checkbox"/> Check here if any reports are attached or linked.	Link:				
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.				
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable				N/A
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	36 of 60																
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.																
Item #	Relevant Requirement	Information Required to be Reported																									
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Koa'e Workforce Housing Development Category 3 Facility 2-6-004-019		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																		
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A																			
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal) <table border="1"> <tr> <td>0</td> <td>Newell's Shearwater</td> <td>0</td> <td>Band-rumped Storm Petrel</td> </tr> <tr> <td>0</td> <td>Hawaiian Petrel</td> <td>0</td> <td>Green Sea Turtle</td> </tr> </table>									0	Newell's Shearwater	0	Band-rumped Storm Petrel	0	Hawaiian Petrel	0	Green Sea Turtle									
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4	ITP Section J/ITL Section II.D	Calculation of annual lethal and non-lethal take using the methodology described in the HCP and with the discovery rate within the approved Participant Inclusion Plan Nonlethal Take: <table border="1"> <tr> <td>0</td> <td>Newell's Shearwater</td> <td>0</td> <td>Band-rumped Storm Petrel</td> </tr> <tr> <td>0</td> <td>Hawaiian Petrel</td> <td>0</td> <td>Green Sea Turtle</td> </tr> </table> Lethal Take: <table border="1"> <tr> <td>0</td> <td>Newell's Shearwater</td> <td>0</td> <td>Band-rumped Storm Petrel</td> </tr> <tr> <td>0</td> <td>Hawaiian Petrel</td> <td>0</td> <td>Green Sea Turtle</td> </tr> </table>									0	Newell's Shearwater	0	Band-rumped Storm Petrel	0	Hawaiian Petrel	0	Green Sea Turtle	0	Newell's Shearwater	0	Band-rumped Storm Petrel	0	Hawaiian Petrel	0	Green Sea Turtle	
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6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any changes to facility management/ownership or other key personnel involved in the KSHCP. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																							
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.	Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																							
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12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.																							

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13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
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14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.				
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		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
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18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
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24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable				N/A
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25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	37 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.
Item #	Relevant Requirement	Information Required to be Reported									
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Kauai Economic Opportunity Housing Category 3 Facility 3-8-006-001		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov		
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29		N/A				
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal)									
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5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize any proposed changes to the facility with the potential to affect the Covered Species.			None						
		Check here if additional space is needed and continue on Addendum Sheet.									
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any changes to facility management/ownership or other key personnel involved in the KSHCP.			None						
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.	Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change.			None						
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11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.	On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found.			None.				N/A		
12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.			None.						

		<input type="checkbox"/> Check here if any reports are attached or linked.	Link:				
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.				
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable				N/A
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	38 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.
Item #	Relevant Requirement	Information Required to be Reported									
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Kapa'a Town Generator Building Category 3 Facility 4-5-11-54		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov		
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A			
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal)									
		0	Newell's Shearwater	0	Band-rumped Storm Petrel						
		0	Hawaiian Petrel	0	Green Sea Turtle						
4	ITP Section J/ITL Section II.D	Calculation of annual lethal and non-lethal take using the methodology described in the HCP and with the discovery rate within the approved Participant Inclusion Plan									
		Nonlethal Take:									
		0	Newell's Shearwater	0	Band-rumped Storm Petrel						
		0	Hawaiian Petrel	0	Green Sea Turtle						
		Lethal Take:									
		0	Newell's Shearwater	0	Band-rumped Storm Petrel						
		0	Hawaiian Petrel	0	Green Sea Turtle						
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize any proposed changes to the facility with the potential to affect the Covered Species.			None						
		Check here if additional space is needed and continue on Addendum Sheet.									
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any changes to facility management/ownership or other key personnel involved in the KSHCP.			None						
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.	Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change.			None						
		Check here if additional space is needed and continue on addendum sheet.									
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map or description of search route(s) used for conducting searches.									
		Check here if map(s) attached or linked.			Link:						
		XXX	Check here if map(s) not attached and explain at right.			Explanation:	Samples Provided				
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe the frequency and timing of searches conducted at this facility:			During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. Approximately 0630.						
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe the personnel involved in search efforts at this facility:			Parks Maintenance staff conducted daily search and monitoring.						
		Check here if additional space is needed and continue on addendum sheet.									
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.	On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found.			None.					N/A	
12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.			None.						

		<input type="checkbox"/> Check here if any reports are attached or linked.	Link:				
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.				
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable				
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21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable				N/A
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	39 of 60																
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.																
Item #	Relevant Requirement	Information Required to be Reported																									
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Kapa'a Pool & Bath House Category 3 Facility 4-5-12-01		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																		
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A																			
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal) <table border="1"> <tr> <td>0</td> <td>Newell's Shearwater</td> <td>0</td> <td>Band-rumped Storm Petrel</td> </tr> <tr> <td>0</td> <td>Hawaiian Petrel</td> <td>0</td> <td>Green Sea Turtle</td> </tr> </table>									0	Newell's Shearwater	0	Band-rumped Storm Petrel	0	Hawaiian Petrel	0	Green Sea Turtle									
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4	ITP Section J/ITL Section II.D	Calculation of annual lethal and non-lethal take using the methodology described in the HCP and with the discovery rate within the approved Participant Inclusion Plan Nonlethal Take: <table border="1"> <tr> <td>0</td> <td>Newell's Shearwater</td> <td>0</td> <td>Band-rumped Storm Petrel</td> </tr> <tr> <td>0</td> <td>Hawaiian Petrel</td> <td>0</td> <td>Green Sea Turtle</td> </tr> </table> Lethal Take: <table border="1"> <tr> <td>0</td> <td>Newell's Shearwater</td> <td>0</td> <td>Band-rumped Storm Petrel</td> </tr> <tr> <td>0</td> <td>Hawaiian Petrel</td> <td>0</td> <td>Green Sea Turtle</td> </tr> </table>									0	Newell's Shearwater	0	Band-rumped Storm Petrel	0	Hawaiian Petrel	0	Green Sea Turtle	0	Newell's Shearwater	0	Band-rumped Storm Petrel	0	Hawaiian Petrel	0	Green Sea Turtle	
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5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize any proposed changes to the facility with the potential to affect the Covered Species. <input type="checkbox"/> Check here if additional space is needed and continue on Addendum Sheet.		None																							
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any changes to facility management/ownership or other key personnel involved in the KSHCP. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																							
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.	Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																							
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map or description of search route(s) used for conducting searches. <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Check here if map(s) attached or linked.</td> <td>Link:</td> <td colspan="3"></td> </tr> <tr> <td>XXX</td> <td>Check here if map(s) not attached and explain at right.</td> <td>Explanation:</td> <td colspan="3">Samples Provided</td> </tr> </table>									<input type="checkbox"/>	Check here if map(s) attached or linked.	Link:				XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided							
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10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe the personnel involved in search efforts at this facility: <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		Parks Maintenance staff conducted daily search and monitoring.																							
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.	On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found.		None.				N/A																			
12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.																							

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13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.				
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15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.				
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
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18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
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19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
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20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable				
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22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable				
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23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable				N/A
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	40 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.
Item #	Relevant Requirement	Information Required to be Reported									
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Kapa'a Refuse Transfer Station Category 3 Facility 4-6-12-04		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov		
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A			
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal)									
		0	Newell's Shearwater	0	Band-rumped Storm Petrel						
		0	Hawaiian Petrel	0	Green Sea Turtle						
4	ITP Section J/ITL Section II.D	Calculation of annual lethal and non-lethal take using the methodology described in the HCP and with the discovery rate within the approved Participant Inclusion Plan									
		Nonlethal Take:									
		0	Newell's Shearwater	0	Band-rumped Storm Petrel						
		0	Hawaiian Petrel	0	Green Sea Turtle						
		Lethal Take:									
		0	Newell's Shearwater	0	Band-rumped Storm Petrel						
		0	Hawaiian Petrel	0	Green Sea Turtle						
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize any proposed changes to the facility with the potential to affect the Covered Species.			None						
		Check here if additional space is needed and continue on Addendum Sheet.									
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any changes to facility management/ownership or other key personnel involved in the KSHCP.			None						
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.	Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change.			None						
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12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.			None.						

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13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
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14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.				
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18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
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KSHCP Participant Annual Report - Base Form										Base Form #:	41 of 60																
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.																
Item #	Relevant Requirement	Information Required to be Reported																									
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Kapaa Neighborhood Center Category 3 Facility 4-5-12-15		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																		
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29				N/A																	
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal) <table border="1"> <tr> <td>0</td> <td>Newell's Shearwater</td> <td>0</td> <td>Band-rumped Storm Petrel</td> </tr> <tr> <td>0</td> <td>Hawaiian Petrel</td> <td>0</td> <td>Green Sea Turtle</td> </tr> </table>									0	Newell's Shearwater	0	Band-rumped Storm Petrel	0	Hawaiian Petrel	0	Green Sea Turtle									
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4	ITP Section J/ITL Section II.D	Calculation of annual lethal and non-lethal take using the methodology described in the HCP and with the discovery rate within the approved Participant Inclusion Plan Nonlethal Take: <table border="1"> <tr> <td>0</td> <td>Newell's Shearwater</td> <td>0</td> <td>Band-rumped Storm Petrel</td> </tr> <tr> <td>0</td> <td>Hawaiian Petrel</td> <td>0</td> <td>Green Sea Turtle</td> </tr> </table> Lethal Take: <table border="1"> <tr> <td>0</td> <td>Newell's Shearwater</td> <td>0</td> <td>Band-rumped Storm Petrel</td> </tr> <tr> <td>0</td> <td>Hawaiian Petrel</td> <td>0</td> <td>Green Sea Turtle</td> </tr> </table>									0	Newell's Shearwater	0	Band-rumped Storm Petrel	0	Hawaiian Petrel	0	Green Sea Turtle	0	Newell's Shearwater	0	Band-rumped Storm Petrel	0	Hawaiian Petrel	0	Green Sea Turtle	
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5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize any proposed changes to the facility with the potential to affect the Covered Species. <input type="checkbox"/> Check here if additional space is needed and continue on Addendum Sheet.		None																							
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any changes to facility management/ownership or other key personnel involved in the KSHCP. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																							
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.	Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																							
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map or description of search route(s) used for conducting searches. <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Check here if map(s) attached or linked.</td> <td>Link:</td> <td colspan="2"></td> </tr> <tr> <td>XXX</td> <td>Check here if map(s) not attached and explain at right.</td> <td>Explanation:</td> <td colspan="2">Samples Provided</td> </tr> </table>									<input type="checkbox"/>	Check here if map(s) attached or linked.	Link:			XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided								
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9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe the frequency and timing of searches conducted at this facility: <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. Approximately 0630.																							
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe the personnel involved in search efforts at this facility: <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		Parks Maintenance staff conducted daily search and monitoring.																							
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.	On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found.		None.				N/A																			
12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.																							

		<input type="checkbox"/> Check here if any reports are attached or linked.	Link:				
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.				
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable				N/A
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	42 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.
Item #	Relevant Requirement	Information Required to be Reported									
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Kaniokoo Elderly Housing Phase I & 2 Category 3 Facility 3-6-004-009		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov		
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29		N/A				
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal)									
		0	Newell's Shearwater	0	Band-rumped Storm Petrel						
		0	Hawaiian Petrel	0	Green Sea Turtle						
4	ITP Section J/ITL Section II.D	Calculation of annual lethal and non-lethal take using the methodology described in the HCP and with the discovery rate within the approved Participant Inclusion Plan									
		Nonlethal Take:									
		0	Newell's Shearwater	0	Band-rumped Storm Petrel						
		0	Hawaiian Petrel	0	Green Sea Turtle						
		Lethal Take:									
		0	Newell's Shearwater	0	Band-rumped Storm Petrel						
		0	Hawaiian Petrel	0	Green Sea Turtle						
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize any proposed changes to the facility with the potential to affect the Covered Species.			None						
		Check here if additional space is needed and continue on Addendum Sheet.									
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any changes to facility management/ownership or other key personnel involved in the KSHCP.			None						
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.	Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change.			None						
		Check here if additional space is needed and continue on addendum sheet.									
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map or description of search route(s) used for conducting searches.									
		Check here if map(s) attached or linked.			Link:						
		XXX	Check here if map(s) not attached and explain at right.			Explanation:	Samples Provided				
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe the frequency and timing of searches conducted at this facility:			During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. Approximately 0630.						
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe the personnel involved in search efforts at this facility:			Parks Maintenance staff conducted daily search and monitoring.						
		Check here if additional space is needed and continue on addendum sheet.									
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.	On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found.			None.					N/A	
12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.			None.						

		<input type="checkbox"/> Check here if any reports are attached or linked.	Link:				
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.				
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable				N/A
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	43 of 60	
Reporting Year:	2022	Participant Name:	County of Kauai			For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.					Multiple Base Forms are included for this item.	
Item #	Relevant Requirement	Information Required to be Reported										
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Kalepa Village Apartments Phase I, II, III & IV Category 3 Facility 3-8-002-014			Facility Owner:	County of Kauai			Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29			N/A				
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal)										
		0	Newell's Shearwater	0	Band-rumped Storm Petrel							
		0	Hawaiian Petrel	0	Green Sea Turtle							
4	ITP Section J/ITL Section II.D	Calculation of annual lethal and non-lethal take using the methodology described in the HCP and with the discovery rate within the approved Participant Inclusion Plan										
		Nonlethal Take:										
		0	Newell's Shearwater	0	Band-rumped Storm Petrel							
		0	Hawaiian Petrel	0	Green Sea Turtle							
		Lethal Take:										
		0	Newell's Shearwater	0	Band-rumped Storm Petrel							
		0	Hawaiian Petrel	0	Green Sea Turtle							
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize any proposed changes to the facility with the potential to affect the Covered Species.			None							
		Check here if additional space is needed and continue on Addendum Sheet.										
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any changes to facility management/ownership or other key personnel involved in the KSHCP.			None							
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.	Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change.			None							
		Check here if additional space is needed and continue on addendum sheet.										
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map or description of search route(s) used for conducting searches.										
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9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe the frequency and timing of searches conducted at this facility:			During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. Approximately 0630.							
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11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.	On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found.			None.				N/A			
12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.			None.							

		<input type="checkbox"/> Check here if any reports are attached or linked.	Link:				
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
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14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.				
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15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.				
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
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20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable				
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21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable				
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22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable				
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23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable				
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24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable				N/A
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	44 of 60																
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.																
Item #	Relevant Requirement	Information Required to be Reported																									
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Kalaheo Fire Station Category 3 Facility 2-3-03-08		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																		
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A																			
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5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize any proposed changes to the facility with the potential to affect the Covered Species. <input type="checkbox"/> Check here if additional space is needed and continue on Addendum Sheet.		None																							
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any changes to facility management/ownership or other key personnel involved in the KSHCP. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																							
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.	Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																							
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map or description of search route(s) used for conducting searches. <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Check here if map(s) attached or linked.</td> <td>Link:</td> <td colspan="3"></td> </tr> <tr> <td>XXX</td> <td>Check here if map(s) not attached and explain at right.</td> <td>Explanation:</td> <td colspan="3">Samples Provided</td> </tr> </table>									<input type="checkbox"/>	Check here if map(s) attached or linked.	Link:				XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided							
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9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe the frequency and timing of searches conducted at this facility: <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. Approximately 0630.																							
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe the personnel involved in search efforts at this facility: <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		Parks Maintenance staff conducted daily search and monitoring.																							
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.	On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found.		None.				N/A																			
12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.																							

		<input type="checkbox"/> Check here if any reports are attached or linked.	Link:				
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.				
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable				N/A
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	45 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.
Item #	Relevant Requirement	Information Required to be Reported									
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Hanapepe Refuse Transfer Station Category 3 Facility 1-8-8-79		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov		
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A			
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal)									
		0	Newell's Shearwater	0	Band-rumped Storm Petrel						
		0	Hawaiian Petrel	0	Green Sea Turtle						
4	ITP Section J/ITL Section II.D	Calculation of annual lethal and non-lethal take using the methodology described in the HCP and with the discovery rate within the approved Participant Inclusion Plan									
		Nonlethal Take:									
		0	Newell's Shearwater	0	Band-rumped Storm Petrel						
		0	Hawaiian Petrel	0	Green Sea Turtle						
		Lethal Take:									
		0	Newell's Shearwater	0	Band-rumped Storm Petrel						
		0	Hawaiian Petrel	0	Green Sea Turtle						
5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize any proposed changes to the facility with the potential to affect the Covered Species.			None						
		Check here if additional space is needed and continue on Addendum Sheet.									
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any changes to facility management/ownership or other key personnel involved in the KSHCP.			None						
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.	Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change.			None						
		Check here if additional space is needed and continue on addendum sheet.									
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map or description of search route(s) used for conducting searches.									
		Check here if map(s) attached or linked.			Link:						
		XXX	Check here if map(s) not attached and explain at right.			Explanation:	Samples Provided				
9	KSHCP Section 6.6.1.2.e.ii, ITP Section M.v.2 (N.v.2), ITL Section II.I.5.b.	Describe the frequency and timing of searches conducted at this facility:			During Fledgling Season: Daily. Prior to start of employee shifts in morning. Approximately 0630. During Non-Fledgling Season: If report received, weekly. Prior to start of employee shifts in morning. Approximately 0630.						
10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe the personnel involved in search efforts at this facility:			Parks Maintenance staff conducted daily search and monitoring.						
		Check here if additional space is needed and continue on addendum sheet.									
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.	On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found.			None.					N/A	
12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.			None.						

		<input type="checkbox"/> Check here if any reports are attached or linked.	Link:				
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.				
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable				N/A
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	46 of 60																
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.																
Item #	Relevant Requirement	Information Required to be Reported																									
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Hanapepe Fire Station Category 3 Facility 1-9-05-047		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																		
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A																			
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal) <table border="1"> <tr> <td>0</td> <td>Newell's Shearwater</td> <td>0</td> <td>Band-rumped Storm Petrel</td> </tr> <tr> <td>0</td> <td>Hawaiian Petrel</td> <td>0</td> <td>Green Sea Turtle</td> </tr> </table>									0	Newell's Shearwater	0	Band-rumped Storm Petrel	0	Hawaiian Petrel	0	Green Sea Turtle									
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6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any changes to facility management/ownership or other key personnel involved in the KSHCP. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																							
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12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.																							

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17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
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18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
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25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	47 of 60															
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.															
Item #	Relevant Requirement	Information Required to be Reported																								
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Hanapepe Baseyard Office Category 3 Facility 1-8-8-79		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																	
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A																		
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11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.	On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found.		None.				N/A																		
12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.																						

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13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
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14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.				
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15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.				
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.				
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17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
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18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
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19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
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24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable				N/A
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	48 of 60															
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.															
Item #	Relevant Requirement	Information Required to be Reported																								
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Hanalei Fire Station Category 3 Facility 5-4-24-24		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																	
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A																		
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal) <table border="1"> <tr> <td>0</td> <td>Newell's Shearwater</td> <td>0</td> <td>Band-rumped Storm Petrel</td> </tr> <tr> <td>0</td> <td>Hawaiian Petrel</td> <td>0</td> <td>Green Sea Turtle</td> </tr> </table>									0	Newell's Shearwater	0	Band-rumped Storm Petrel	0	Hawaiian Petrel	0	Green Sea Turtle								
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KSHCP Participant Annual Report - Base Form										Base Form #:	50 of 60															
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5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize any proposed changes to the facility with the potential to affect the Covered Species. <input type="checkbox"/> Check here if additional space is needed and continue on Addendum Sheet.		None																						
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7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.	Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																						
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11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.	On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found.		None.				N/A																		
12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.																						

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13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
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14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.				
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15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.				
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.				
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17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
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18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
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24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable				N/A
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	51 of 60																
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.																
Item #	Relevant Requirement	Information Required to be Reported																									
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Arzadon Industrial Pump Station & Generator Building Category 3 Facility 4-3-9-09		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																		
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A																			
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal) <table border="1"> <tr> <td>0</td> <td>Newell's Shearwater</td> <td>0</td> <td>Band-rumped Storm Petrel</td> </tr> <tr> <td>0</td> <td>Hawaiian Petrel</td> <td>0</td> <td>Green Sea Turtle</td> </tr> </table>									0	Newell's Shearwater	0	Band-rumped Storm Petrel	0	Hawaiian Petrel	0	Green Sea Turtle									
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KSHCP Participant Annual Report - Base Form										Base Form #:	52 of 60																
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.																
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1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Kalawai Park Category 5 Facility 2-4-05-13		Facility Owner:	County of Kauai			Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																	
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29			N/A																		
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12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.																						

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18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
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23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable				
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25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form																										
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.				Base Form #:	54 of 60																
Item #	Relevant Requirement	Information Required to be Reported																								
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Koloa Park Category 5 Park 2-8-05-04		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																	
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29				N/A																
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal) <table border="1"> <tr> <td>0</td> <td>Newell's Shearwater</td> <td>0</td> <td>Band-rumped Storm Petrel</td> </tr> <tr> <td>0</td> <td>Hawaiian Petrel</td> <td>0</td> <td>Green Sea Turtle</td> </tr> </table>								0	Newell's Shearwater	0	Band-rumped Storm Petrel	0	Hawaiian Petrel	0	Green Sea Turtle									
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KSHCP Participant Annual Report - Base Form							Base Form #:	55 of 60																	
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.			Multiple Base Forms are included for this item.																	
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1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Bryan J. Baptiste Sports Complex Category 5 Park 4-5-15-32		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																
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1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Peter Rayno Sr. Park Category 5 Park 3-7-03-09		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																	
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29				N/A																
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal) <table border="1"> <tr> <td>0</td> <td>Newell's Shearwater</td> <td>0</td> <td>Band-rumped Storm Petrel</td> </tr> <tr> <td>0</td> <td>Hawaiian Petrel</td> <td>0</td> <td>Green Sea Turtle</td> </tr> </table>								0	Newell's Shearwater	0	Band-rumped Storm Petrel	0	Hawaiian Petrel	0	Green Sea Turtle									
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5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize any proposed changes to the facility with the potential to affect the Covered Species. <input type="checkbox"/> Check here if additional space is needed and continue on Addendum Sheet.		None																						
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any changes to facility management/ownership or other key personnel involved in the KSHCP. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																						
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.	Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																						
8	KSHCP Section 6.6.1.2e.i, ITP Section M.v.1 (N.v.1), ITL Section II.I.5.a	Provide map or description of search route(s) used for conducting searches. <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Check here if map(s) attached or linked.</td> <td>Link:</td> <td colspan="2"></td> </tr> <tr> <td>XXX</td> <td>Check here if map(s) not attached and explain at right.</td> <td>Explanation:</td> <td colspan="2">Samples Provided</td> </tr> </table>								<input type="checkbox"/>	Check here if map(s) attached or linked.	Link:			XXX	Check here if map(s) not attached and explain at right.	Explanation:	Samples Provided								
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10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe the personnel involved in search efforts at this facility: <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		Parks Maintenance staff conducted daily search and monitoring.																						
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.	On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found.		None.				N/A																		
12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.																						

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13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.				
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15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.				
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable				
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21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable				
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22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable				N/A
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form							Base Form #:	57 of 60																
Reporting Year:	2022	Participant Name:	County of Kauai	For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.				Multiple Base Forms are included for this item.																
Item #	Relevant Requirement	Information Required to be Reported																						
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Vidinha Stadium Complex Category 5 Parks 3-6-02-16	Facility Owner:	County of Kauai	Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																	
2	ITP Section M (N)/ITL Section II.J	ITP Number:		ITL Number:	ITL-29	N/A																		
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal) <table border="1"> <tr> <td>0</td> <td>Newell's Shearwater</td> <td>0</td> <td>Band-rumped Storm Petrel</td> </tr> <tr> <td>0</td> <td>Hawaiian Petrel</td> <td>0</td> <td>Green Sea Turtle</td> </tr> </table>							0	Newell's Shearwater	0	Band-rumped Storm Petrel	0	Hawaiian Petrel	0	Green Sea Turtle								
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12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.																				

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13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
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		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
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		<input type="checkbox"/> Check here if photos are attached or linked.	Link:				
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
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19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable				
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable				
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21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable				
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22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable				
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23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable				
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24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable				N/A
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	58 of 60
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.
Item #	Relevant Requirement	Information Required to be Reported									
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Wailua Golf Course Category 5 Park 3-9-02-04		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov		
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A			
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal)									
		0	Newell's Shearwater	0	Band-rumped Storm Petrel						
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4	ITP Section J/ITL Section II.D	Calculation of annual lethal and non-lethal take using the methodology described in the HCP and with the discovery rate within the approved Participant Inclusion Plan									
		Nonlethal Take:									
		0	Newell's Shearwater	0	Band-rumped Storm Petrel						
		0	Hawaiian Petrel	0	Green Sea Turtle						
		Lethal Take:									
		0	Newell's Shearwater	0	Band-rumped Storm Petrel						
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5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize any proposed changes to the facility with the potential to affect the Covered Species.			None						
		Check here if additional space is needed and continue on Addendum Sheet.									
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any changes to facility management/ownership or other key personnel involved in the KSHCP.			None						
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.	Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change.			None						
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11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.	On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found.			None.					N/A	
12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.			None.						

		<input type="checkbox"/> Check here if any reports are attached or linked.	Link:				
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.				
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18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable				
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KSHCP Participant Annual Report - Base Form							Base Form #:	59 of 60																	
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1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Wailua Homesteads Park Category 5 Park 4-2-03-18		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A																	
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5	KSHCP Section 6.6.1.2b, ITP Section M.ii. (N.ii), ITL Section II.I.2.	Summarize any proposed changes to the facility with the potential to affect the Covered Species. <input type="checkbox"/> Check here if additional space is needed and continue on Addendum Sheet.		None																					
6	KSHCP Section 6.6.1.2c, ITP Section M.iii (N.iii), ITL Section II.I.3.	Identify any changes to facility management/ownership or other key personnel involved in the KSHCP. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																					
7	KSHCP Section 6.6.1.2d, ITP Section M.iv (N.iv), ITL Section II.I.4.	Describe any requested changes to minimization efforts conducted at the facility and the reasons for the requested change. <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		None																					
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10	KSHCP Section 6.6.1.2.e.iii, ITP Section M.v.3 (N.v.3), ITL Section II.I.5.c.	Describe the personnel involved in search efforts at this facility: <input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.		Parks Maintenance staff conducted daily search and monitoring.																					
11	KSHCP Section 6.6.1.2.e.iv, ITP Section M.v.4 (N.v.4), ITL Section II.I.5.d.	On the worksheet provided, complete the Summary Table of search efforts for all downed birds and honu nests found.		None.			N/A																		
12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.																					

		<input type="checkbox"/> Check here if any reports are attached or linked.	Link:		
13	KSHCP Section 6.6.1.2.e.v, ITP Section M.v.5 (N.v.5), ITL Section II.I.5.e.	Provide a discussion of the efficacy of the current self-monitoring protocols and adaptive management and whether adjustments need to be made. Describe any proposed adjustments	None.		
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.			
14	KSHCP Section 6.6.1.2.f, ITP Section M.vi (N.vi), ITL Section II.I.6.	Provide a summary discussion of the results and efficacy of on-site animal control efforts and adaptive management.	None.		
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.			
15	KSHCP Section 6.6.1.2.g, ITP Section M.vii (N.vii), ITL Section II.I.7.	On the worksheets provided, provide a summary of worker training efforts and outreach efforts.	Provided in summary.		
16	KSHCP Section 6.6.1.2.h, ITP Section M.viii (N.viii), ITL Section II.I.8.	Describe any other relevant information that the wildlife agencies may require to verify compliance with the permit issued.	None.		
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.			
17	ITP Section M.v.6 (N.v.6), ITP Section II.I.5.f.	Provide nighttime photos of covered properties or operations during non-seabird season and during seabird season.	Samples Provided		
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:		
18	KSHCP 6.6.1.2	Provide photographs illustrating any proposed changes to lighting, facility predator control programs, outreach and training or downed bird recovery protocols.	Not Applicable		
		<input type="checkbox"/> Check here if photos are attached or linked.	Link:		
19	ITP Section M (N)/ITL Section II.I	If applicable, describe any circumstances that triggered adaptive management and how the adaptive management was implemented.	Not Applicable		
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.			
20	ITP Section M (N)/ITL Section II.I	If applicable, describe all occurrences of changed circumstances and how they were addressed.	Not Applicable		
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.			
21	ITP Section M (N)/ITL Section II.I	If applicable, describe any unforeseen circumstances.	Not Applicable		
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.			
22	ITP Section M (N)/ITL Section II.I	If applicable, describe progress made in achieving biological goals and objectives.	Not Applicable		
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23	ITP Section M (N)/ITL Section II.I	If applicable, identify any problems that occurred and how they were handled.	Not Applicable		
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24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable		
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.			
25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.			

N/A

N/A

KSHCP Participant Annual Report - Base Form										Base Form #:	60 of 60																
Reporting Year:	2022	Participant Name:	County of Kauai		For participants with multiple facilities, indicate here the number of facilities for which additional Base Forms are attached. Complete information at left for each Base Form. Place an "X" in the column at right for any item being addressed on multiple Base Forms.						Multiple Base Forms are included for this item.																
Item #	Relevant Requirement	Information Required to be Reported																									
1	KSHCP Section 6.6.1.2a, ITP Section M.i. (N.i), ITL Section II.I.1	Facility Name, Facility Type and Location:	Waimea Athletic Field Category 5 Park 1-2-06-38		Facility Owner:	County of Kauai		Facility Contact Information: (name, phone, email)	Kathryn Leonard 808-241-1987 kleonard@kauai.gov																		
2	ITP Section M (N)/ITL Section II.J	ITP Number:			ITL Number:	ITL-29		N/A																			
3	KSHCP Section 6.6.2.2(1)	List permitted incidental take by species for this facility. For birds, list as follows: Fledglings (lethal/non-lethal) <table border="1"> <tr> <td>0</td> <td>Newell's Shearwater</td> <td>0</td> <td>Band-rumped Storm Petrel</td> </tr> <tr> <td>0</td> <td>Hawaiian Petrel</td> <td>0</td> <td>Green Sea Turtle</td> </tr> </table>									0	Newell's Shearwater	0	Band-rumped Storm Petrel	0	Hawaiian Petrel	0	Green Sea Turtle									
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12	KSHCP Section 6.6.1.1	Provide a copy each Downed Wildlife Incident Documentation and Reporting Form submitted for this facility.		None.																							

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24	ITP Section M (N)/ITL Section II.I	If applicable, provide a description of cost expenditures and other information related to funding assurances (e.g., summary of KSHCP financial status, including any KSHCP mitigation fees owed).	Not Applicable				N/A
		<input type="checkbox"/> Check here if additional space is needed and continue on addendum sheet.					
25	KSHCP Section 6.6.1.4	Certification I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information is true, accurate, and complete.					N/A

KSHCP Participant Annual Report - Addendum Sheet to Base Form(s)

Reporting Year:	2022	Participant Name:	County of Kauai
Use the spaces below to provide additional information pertaining to any item on the Base Form worksheet for which additional space is needed. For each entry, enter the corresponding Item Number and Relevant Requirement from the Base Form. Additional rows may be added to this form as needed.			
Form # (Cover Sheet or Page #)	Item #	Relevant Requirement	Additional Information
	14		From 11/16-12/31, conducted Predator Control measures. Hired Private Contractor to survey area and catch predators if necessary. Worked two locations at a time and covered (Hanapepe Stadium, Hanapepe Baseyard, Lihue Transportation Baseyard & Lydgate Park). These sites were chosen based on previous predator sightings including public feeding of colonies. During entire operation: 190 cats removed from County Properties, 1356.5 total cat trapping nights, 0 seabird predations observed, 0 hours of response work, 2 cameras stolen/damaged beyond repair, 3 traps stolen/damaged beyond repair. Improvements: Tripled monitoring efforts from 2021, running monitoring cameras for longer durations, Tripled new baits and lures which resulted in more captures for fewer trap nights, Increased the number of sites with predator control from 9 to 13 with a proposal in place for a total of 35 sites for 2023/2024 (pending budget approval)

Summary of Results of Self Monitoring of Take of Covered Seabirds and Monitoring of Honu Nests

Reporting Year: 2022

Participant Name: County of Kauai

For each downed seabird or honu nest found, make an entry in the table below.

Complete these columns for each bird or honu nest found.						Complete these columns for each downed seabird found.			Complete these columns for any honu nest found.		
Date Found	Time Found	Property or Facility	Describe Exact Location Where Found	GPS Latitude (decimal degrees, N), if available	GPS Longitude (decimal degrees, W), if available	Species (NESH HAPE BNAP)	File Number or Bird Identification, if available	Disposition of Bird (Identify SOS Aid Station or other disposition bird was dead. Note whether bird was released by SOS, if known.)	Honu Nest Found? (Yes or No)	Describe Any Honu Nest Protection Efforts Implemented	Disposition of Nest (if known)

Summary of Training Efforts

Reporting Year:	2022	Participant Name:	County of Kauai			
Date of Training	Training Topic	Property or Facility	Training Group	Number of Attendees	Method of Training Delivery (e.g., video, in-person, educational materials)	Printed Materials or Other Media Provided
1/1/2022 - 12/31/2022	COK-Kauai Shearwater Training	All COK Properties	All County Employees	98	On Line (PowerDMS)	Policies & Training Video Online
1/1/2022-12/31/2022	COK-Kauai Shearwater Training	All COK Properties	All County Employees	21	Policy (Paper) & Training (Online Video)	Printed Policies & Training Video
1/1/2022 - 12/31/2022	COK-Kauai Shearwater Training	All COK Properties	All County Employees	23	Awareness & Response Training (Online Video)	Monitor Policies & Training Video Online
1/1/2022-12/31/2022	COK-Kauai Shearwater Training	All COK Properties	All County Employees	21	Monitor Information Handbook	Printed Informational Booklet
1/1/2022 - 12/31/2022	COK-Kauai Shearwater Training	All COK Properties	All County Employees	21	Rescue Kits	Bird Carrier, Towels & Other Supplies

Summary of Outreach Efforts

Reporting Year:

2022

Participant Name:

County of Kauai

Date(s) of Outreach Effort	Description of Outreach Effort (including method of delivery)	Property or Facility	Outreach Target Audience	Printed Materials or Other Media Produced
1/1/2022-12/31/2022	County of Kauai - Seabird Informational Webpage www.kauai.gov/Government/Departments-Agencies/Parks-Recreation/Seabirds	All	General Community	Webpage on Kauai.gov Website