



### Facility Information

**Name of Facility:** Hawai'i Youth Correctional Facility

**Physical Address:** 42-470 Kalaniana'ole Hwy **City, State, Zip:** Kailua, HI 96734

**Mailing Address (if different from above):** same **City, State, Zip:** Click or tap here to enter text.

<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

**Facility Website with PREA Information:** <https://humanservices.Hawai'i.gov/oys/Hawai'i-youth-correctional-facility/>

**Has the facility been accredited within the past 3 years?**  Yes  No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

- ACA
- NCCHC
- CALEA
- Other (please name or describe: Click or tap here to enter text.)
- N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**

1 PREA Audit, October of 2018

#### Facility Administrator/Superintendent/Director

**Name:** Mark Patterson

**Email:** mpatterson@dhs.Hawai'i.gov **Telephone:** 808-266-9500

#### Facility PREA Compliance Manager

**Name:** N/A

**Email:** N/A **Telephone:** N/A

#### Facility Health Service Administrator N/A

**Name:** Cindy Wachtler

<b>Email:</b> senos@dhs.Hawaii.gov	<b>Telephone:</b> 808-266-9500
<b>Facility Characteristics</b>	
<b>Designated Facility Capacity:</b>	30
<b>Current Population of Facility:</b>	26 as of 1.28.2020
<b>Average daily population for the past 12 months:</b>	24
<b>Has the facility been over capacity at any point in the past 12 months?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Which population(s) does the facility hold?</b>	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
<b>Age range of population:</b>	14-19
<b>Average length of stay or time under supervision</b>	12 months
<b>Facility security levels/resident custody levels</b>	Secured custody
<b>Number of residents admitted to facility during the past 12 months</b>	36
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>	36
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:</b>	36
<b>Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</b>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> N/A
<b>Number of staff currently employed by the facility who may have contact with residents:</b>	81

<b>Number of staff hired by the facility during the past 12 months who may have contact with residents:</b>	6
<b>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</b>	9
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	5
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	37
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p><b>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</b></p>	15
<p><b>Number of resident housing units:</b></p> <p><b>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way</b></p>	3

<p>glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	
Number of single resident cells, rooms, or other enclosures:	30
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	0
Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	2
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input checked="" type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )
<b>Investigations</b>	
<b>Criminal Investigations</b>	

<b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b>	0
<b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b>	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A
<b>Administrative Investigations</b>	
<b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b>	1
<b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b>	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A

### Audit Findings

#### Audit Narrative

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

#### Pre-Onsite Audit Phase

The Hawai'i Youth Correctional Facility (HYCF) is located at 42-477 Kalaniana'ole Highway, Kailua, HI 96734. In October of 2019, HYCF contracted to complete their second audit with PREA Auditors of America, established in 2014 to provide auditing services to state correctional, juvenile detention, community corrections and jail systems. PREA Auditors of America then contracted with probationary PREA Auditor, Karen Murray to conduct the facilities audit.

HYCF was not audited in Cycle 1 of the audit schedule. The facility was audited in Year 2 of Cycle 2 on April 23, 2018. Results from the facilities first audit resulted in corrective action from June 11, 2018 to December 10, 2018.

HYCF is the State of Hawai'i's only secured residential commitment facility for youthful residents. The Hawai'i Youth Correctional Facility (HYCF) works closely with the courts and the Office of Youth Services to ensure that any commitment to the HYCF is a "last resort" – after all community-based services have been exhausted. The average length of stay is 12 months.

To better coordinate the State's abilities and efforts to provide services, the HYCF continues building partnerships with various public agencies, including the DHS, DOE, DOH, Family Court, county agencies including law enforcement agencies, and non-profit agencies. A multi-disciplinary team, comprised of the DOE, DOH, HYCF, Contract Service Providers, youth and parents, is involved in development of the at-risk youths' Case/Reentry Plan and reintegration back into their community. HYCF continues to provide an Aftercare/Reentry Program through the Parole Section for youth transitioning out of the HYCF and returning to their families/communities. (reference HYCF website: <http://humanservices.Hawaii.gov/oys/Hawaii-youth-correctional-facility/>)

On November 13, 2019, the Auditor contacted Deputy Youth Facility Administrator/PREA Coordinator Richard Mello and introduced herself. This initial call was intended to set a date for the facilities initial call with the auditor to speak to first steps and the audit processes. On November 18, 2019, the Auditor conducted an audit processes introductory phone call with Richard Mello. Mr. Mello and the Auditor then discussed communications moving forward. The decision was made contacting of one another could be made to either parties, at any time, and or the use of email communications through the secure email provided through PREA Auditors of America. The facility was provided instruction on the following:

1. A choice of how documentation for the audit would be uploaded. Mr. Mello was made aware of the Online Audit System or uploading to a secure Google Docs folder. Mr. Mello chose to upload documentation to the secure Google Docs folder. The timeline of all documentation being uploaded before the onsite phase of the audit was then discussed and agreed upon.
2. The Auditor explained logistics to include unimpeded access to the facility, documents and staff once onsite.
3. The Auditors' role would be one of collaboration to achieve audit processes and purpose.
4. How collaboration would be accomplished to establish goals and expectations. The auditor would provide as many examples and or help, when possible, in order to help the facility reach compliance.
5. The Auditor informed Mr. Mello of the Issue Log for applicable areas of concern of uploaded documentation. The color process of the Issue Log; red highlighted items would indicate further information was required. Yellow highlighted items would indicate the uploaded document had questions or needed revision. Green highlighted items indicated the documents uploaded met pre audit standard requirements.
6. How discussion of corrective action could be accomplished during all phases of the audit.
7. The onsite audit phase would be scheduled for February 25, 26, 2020.
8. The notice of the audit posting needed to be posted by January 2, 2020. The posting was provided to Mr. Mello by the auditor in both English and Spanish. The notice provided included the auditor contact information and correct audit dates. The auditor requested pictures of the posting and areas where the notice was posted.
9. The PAQ and all supporting documentation was to be completed and uploaded by January 15, 2020.

10. As described above, identification of issues with PAQ information provided through the Issue Log.

The auditor emailed Mr. Mello the paper pre-audit questionnaire, (PAQ) a blank version, example, of an issue log and a draft schedule of on the onsite audit schedule. The auditor also reminded Mr. Mello that this audit would cover a three-year period and all information uploaded would need to sustain this auditing period; however, documentation uploaded would need to be from the prior 12 months.

Due to Mr. Mello going on an extensive vacation from December 15, 2019 to January 15, 2020, most documentation to include the PAQ was uploaded by December 15, 2020. On January 12, 2020, the Auditor emailed Mr. Mello the Issue Log and the facility and agency staff worked on corrections until the time of the onsite phase of the audit.

***Document Review:***

Throughout the course of the next two months the Auditor completed a review of 82 documents uploaded onto the secure google drive and provided feedback to Mr. Mello via the issue log and email communications. The following issues were noted on the issue log during the pre-onsite audit phase.

1. 115.312 – Could not ascertain if facility contracted for confinement with other agencies. Facility was misunderstanding this standard and we learned HYCF did not contract for confinement with other agencies.
2. 115.313 – Facility did not have a current staffing plan. Staffing plan was completed during the onsite phase of the audit. This standard required corrective action.
3. 115.322 – PAQ numbers not completed for referrals of allegations for investigations. Due to communication issues with the agency investigator, numbers were not provided until the onsite phase of the audit.
4. 115.335 – Training certificates needed for medical and mental health staff. Trainings were completed during the pre-audit phase.
5. 115.352 – Areas of the PAQ left blank. Needed documentation of residents being aware of Third Party Reporting. PAQ completed and resident handbook information uploaded before onsite phase of audit.
6. 115.353 - Needed documentation of residents being aware of reporting confidentially and monitoring of those phone calls. Resident handbook information uploaded before onsite phase of audit.
7. 115.371 – Did not have templates and or actual investigations. Investigations made available during the onsite phase of the audit. This standard required corrective action.
8. 115.373 – Areas of the PAQ not completed. Did not have templates or actual notification to residents regarding investigations. This standard required corrective action.
9. 115.381 – Did not have samples of secondary materials. The auditor was able to provide a sample document. This standard required corrective action.
10. 115.382 – Did not have documentation of access to emergency medical and mental health services. This information was uploaded before the onsite phase of the audit.
11. 115.386 – Needed sample documentation of sexual abuse incident review. This information was uploaded before the onsite phase of the audit.
12. 115.389 – Needed explanation of how data storage was secured. This information was discussed before the onsite phase of the audit.

During the onsite phase of the audit the following issues were noted.

1. 115.311 – Not all staff could speak to the awareness of facility policy 12.12 Prison Rape Elimination Act. This standard required corrective action.

The following 82 documents and or resources provided, were reviewed.

1. 2018 Agency/Facility Annual Report
2. Access to 42 U.S.C. 14043g(b)(2)(c) Sexual assault services program:  
<https://codes.findlaw.com/us/title-42-the-public-health-and-welfare/42-usc-sect-14043g.html>
3. Administrative Investigation information, dated 5.6.2019
4. Agency investigator retaliation monitoring spreadsheet.
5. Aggregate data provided for 2018/2019, documenting two incidents in 2019.
6. Chapter 350-1.1(c), Hawai'i Revised Statutes, (Serves as the Coordinated Response for the facility.)
7. Criminal Investigation information, final date of 4.1.2019
8. Critical Incident Review, for Administrative Investigation, dated 5.8.2019
9. Department Competitive Job Announcement, dated 4.14.2019, Vacancy Notice – (Corrections Program Specialist 1).
10. Department of Human Services HYCF Internal Promotional Hire – requiring CAN and APS check per PREA request on letterhead from Ann Sueoka, Department of Human Services Personnel Office, Recruitment and Examination Staff
11. Department of Human Services Internal Communication Form – Subject: Language Assistance Services, dated 06.27.2019
12. Department of Human Services Language Assistance Resource List, not dated
13. Deviation Staffing Plan worksheet, six entries, dated 6.16.2019 through 2.2.2020
14. Facility aerial view of the Hawai'i Youth Correctional Facility
15. Family Court Liaison Branch phone, address and website information.
16. First, second and third shift DYFA/YFA Monthly Unannounced Round Logs
17. Guide for Mandated Reporters, Child Welfare Services, dated 6.28.2018
18. Guidelines for Critical Incident Reviews
19. Hawai'i Youth Correctional Facility MDT, sample of disciplinary action, dated 6.4.2019, 1.20.2020, 2.5.2020, and 2.6.2020,
20. Hawai'i Youth Correctional Facility Training: Ethics and Professionalism, Civil right Awareness, PREA: Cross-Gender and Transgender Pat Search training logs, Dated July 3, 2018, July 10, 2018, July 17, 2018, July 31, 2018, June 26, 2019, July 24, 2019, at HYCF Canoe House 6:00 am-2:00pm
21. Helping Hands Hawai'i confirmation email, dated 3.14 2019
22. Helping Hands Hawai'i flyer for bilingual services. (no date; however, attached to an instructional email for facility staff, dated March 14 ,2019.
23. [http://humanservices.Hawai'i.gov/?s=investigation&type=network&searchblogs=1,2,3,4,](http://humanservices.Hawai'i.gov/?s=investigation&type=network&searchblogs=1,2,3,4)
24. <http://humanservices.Hawai'i.gov/bessd?s=prea&type=usa>
25. [https://humanservices.Hawai'i.gov/wp-content/uploads/2018/11/Investigation-of-sexual-Abuse-Allegations\\_final-11-20-18.pdf](https://humanservices.Hawai'i.gov/wp-content/uploads/2018/11/Investigation-of-sexual-Abuse-Allegations_final-11-20-18.pdf)
26. HYCF 200 Incident Reporting Form, dated 6.25.2018
27. HYCF 400-Housing Assessment Form, dated 11.5.2018
28. HYCF 401 Incident Response Checklist, dated 11.5.2018
29. HYCF 401-PREA Incident Response Checklist, dated 11.5.2018
30. HYCF 403-Prison Rape Elimination Act (PREA) Training and Education Packet for Volunteers and Contractors, not dated
31. HYCF Administrative Critical Incident Review Report, not dated

32. HYCF Consent to Treatment and Medication Terms and Conditions of Service form, not dated.
33. HYCF Housing Assessment, not dated
34. HYCF Intake: Health/Mental Health & Suicide Risk Screening, dated March 2019
35. HYCF PAQ
36. HYCF Policy 1.15, Administrative Investigations, dated 2.12.2008
37. HYCF Policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
38. HYCF policy, 12.10, Youth Grievance, dated 2.11.2009
39. HYCF Secure Custody Facility YCO Work Schedule, dated 12.10 – 12.11, 2019
40. HYCF Staffing Plan Review, dated, 2.12.2020
41. HYCF Third Party Waiver Form (HYCF-408), dated 11.20.2019
42. HYCF Youth Handbook, dated 5.26.2010.
43. HYCF-200 Incident Report and instructions for completing the report.
44. HYCF-200, Completed Incident Report forms, dated 6.16.2019, 7.14.2019, 8.4.2019, 9.1.19 (0630am and 1400)
45. Instruction posting explaining “What is the Office of the Ombudsman” “What Can the Ombudsman Do” and “What is the Ombudsman’s Jurisdiction”, not dated
46. Internal Communication Form – Department of Human Services – Subject: Unannounced Rounds memo dated 11.9.2018. Memo speaks to the 115.313e requirements to be completed by supervisory staff on all shift.
47. Internal Communication Form, Department of Human Services, Notification of Status to Victim, form, dated 4.1.2019.
48. Inter-Office Communication Form (OHS - 0615), dated, 07.87
49. Language Link Instruction guide, dated 6.29.2019
50. Language Services Hawai’i, LLC information flyer, dated January 2018.
51. Letter to the Honorable Chief of Police, Susan Ballard, dated 1.30.2020, requesting an MOU agreement.
52. Linguistica International Sustainable Language Services application
53. Link to video used in the Cross Gender Search Training: <https://vimeo.com/183649668> - Guidance in Cross-Gender and Transgender Pat Searches
54. Memorandum of Understanding between Hawai’i Youth Correctional Facility and Sex Abuse Treatment Center Kapi’olani Medical Center for Women and Children, dated 9.2.2016
55. MOU - Sex Abuse Treatment Center Kapi’olani Medical Center for Women and Children, dated 9.2.2016
56. National PREA Resource Center Guidance in Cross-Gender and Transgender Pat Searches Curriculum, dated February 2015
57. NIC specialized training certificates for all Mental Health staff.
58. OHS 1516, Mandated Reporter Checklist for Suspected Child Abuse and Neglect Form, dated 3.29.2019
59. OHS 1685, Mandated Reporter Checklist for Suspected Human Trafficking from the Department of Human Services, Child Welfare Services (CWS) Intake Unit, dated 06.2018.
60. Ombudsman duty and contact instruction guidelines, not dated. (Link to Ombudsman website: <http://ombudsman.Hawai'i.gov/>. Link to Ombudsman Statute: <https://ombudsman.Hawai'i.gov/about-us/chapter-96/>.)
61. PREA Grant Project Sexual Assault Investigation Training Program Outline - Instructor and Participant Manual
62. PREA Grant Project, Sexual Assault Investigation Training Certificate Joseph Laurel, dated 2.24.2017.
63. PREA Resource Center Modules 1-6, Specialized Training for Medical and Mental Health Staff
64. PREA training roster of all educational contractors, dated 7.31.2019.
65. Professional Boundaries and Reasons Staff May Cross the Line training, not dated

66. Proposed Compliant Resolution Form (HYCF 236), not dated
67. Resident Handbook and resident acknowledgment, dated 5.26.2010.
68. Resident Handbook, Grievance Procedures, page nine, dated 5.26.2010
69. Staff Training Files
70. State of Hawai'i Career Opportunity – Youth Corrections Officer – Entry Level Recruitment Information Announcement, dated 12.31.2016
71. State of Hawai'i Department of Human Services, Personnel Office applicant PREA 115.317 Eligibility Questionnaire
72. State of Hawai'i State Procurement Office contract with NASPO Telephone based services interpreter services, dated 5.6.2019
73. State of Hawai'i, Department of Human Services Office of Youth Services Organizational Chart, dated 6.30.2019
74. Training documentation in the form of training rosters or NIC certificates for all Medical and Mental Health staff, dated between 1.21.2020 and 2.3.2020
75. Training roster of Volunteer and Contractor PREA Basics refresher training, dated 11.19.2019.
76. Union Contract, Standards of Conduct of the Department of Corrections, State of Hawai'i, dated March 19, 1988.
77. Unit 10 Agreement, dated July 1, 2017 to June 30, 2021
78. Weekly Unannounced Round Logs, from Shift 1, Shift 2 and Shift 3, for the entire year of 2019 and the months of January 2020.
79. Youth Complaint/Grievance Form (HYCF 225), dated 3.1.2005
80. Youth Grievance/Compliant Resolution Form (HYCF 237), dated 6.3.2008
81. Youth Handbook, page 3, Discipline, dated 5.26.2010
82. Zero Tolerance for Sexual Abuse and Sexual Harassment poster, not dated.

***Resident Demographics:***

The auditor requested a current resident roster inclusive of:

1. Residents with disabilities;
2. Residents not fluent in English;
3. LGBTQI residents
4. Past residents housed in isolation or segregated from main population;
5. Residents who reported sexual abuse or who reported sexual victimization during risk screening.
6. All grievances and allegations made in the 12 months preceding the audit.
7. All incident reports from the 12 months preceding the audit.

***Reported Allegations – External Investigating Agencies:***

The Auditor was informed by the PREA Coordinator, of the categories requested, one resident was LGBTQI and two past residents met the criteria for reporting sexual abuse. Of those allegations, one Administrative Investigation was not complete; however, a sexual incident review and recommendations for the youth were completed. One criminal investigation remains with the Honolulu Police Department. The Auditor attempted to contact the Honolulu Police Department; however, emails and voicemails were unreturned.

***Facility Staff:***

The Auditor requested a complete staff roster to include names, position and years of service. Upon receiving the staff roster the auditor learned the facility had:

1. Several volunteers and contractors; to include mental health practitioners.
2. Random staff.
3. Health Service Supervisor – *(medical staff are on grounds 24/7)*.

4. Education staff who are unionized. The Union Agreement is pre implementation of PREA at HYCF; however, includes language to ensure all teaching staff abide by HYCF policies and procedures.
5. All employees serve as first responders and mandatory responders.
6. Social Workers complete intake documentation to include risk assessments.
7. Shift Supervisors, on all three shifts, serve as retaliation monitors and complete unannounced rounds.
8. Staff Trainer
9. Agency Investigator
10. Human Resource Manager
11. The Deputy Youth Facility Administrator serves as the PREA Coordinator, retaliation monitor, sexual abuse review team, Grievance Officer and assists in completing unannounced rounds. *(Due to the State of Hawai'i having one residential youth program, there is not a PREA Manager.)*
12. The Youth Facility Administrator.

**Outside Services:**

1. The Sex Abuse Treatment Center; Kapi'olani Medical Center for Women & Children, An Affiliate of Hawai'i Pacific Health, Harbor Court, 55 Merchant Street, 22nd Fl. Honolulu, Hawai'i 96813 - Phone: .808.524-7273 (RAPE) 24-hr hotline [www.SATCHawai'i.org](http://www.SATCHawai'i.org)

*After several attempts, through both email and voicemail messages, the Auditor was unable to connect with acting supervisor in charge, Patricia Nelson. The Auditor was able to confirm the facility has a current MOU, in good standing, with the Kapi'olani Medical Center.*

2. Prevent Child Abuse Hawai'i, P.O. Box 147, Honolulu, Hawai'i 96810 - Phone: 808.951.0200 – Fax: 808.235-3881 - [www.preventchildabuseHawai'i.org](http://www.preventchildabuseHawai'i.org)

*The Auditor was able to contact the Child Abuse Hotline. The hotline, upon calling, instructs all child abuse reports to hang up, dial 911 or the Department of Human Services at 808.832.5300. Department of Human Service hours are Monday through Friday 8:00 – 4:30 pm.*

3. The Sex Abuse Hotline at 808.524-7273. This call shall be facilitated by staff in a confidential manner and without reservation.

*The Auditor was able contact the Sex Abuse Hotline. The operator stated this was a correct number for the facility to report sexual abuse. Additionally, the Auditor was told office hours to this number is Monday through Friday, 8:00 to 4:30 pm; however, should a client call outside of those hours, calls are forwarded for 24/7 assistance.*

**Research:**

Through internet and the agency website research, the Auditor did not find any negative findings from newspapers, law suits, past audits or local oversights. Although the Auditor information was posted to prepare residents and staff of the upcoming audit, there was no confidential contact made before, during or after the audit.

Approximately two weeks before the onsite this auditor supplied the facility with a final on site schedule which consisted of day one beginning at 9:00 am through 11:00 pm to complete a site review, resident and security interviews and begin file audits. Day two was to begin 8:00 am to 5:00 pm, to complete administrative interviews, finish file reviews and have time to close out with staff and explain next steps.

## Onsite Audit Phase

On February 25, 2020, at 9:00 am, the Auditor arrived at the HYCF and met with Deputy Youth Facility Administrator/PREA Coordinator Richard Mello to discuss final HYCF documents needing revision. The Auditor was then introduced to Youth Facility Administrator, Mark Patterson. The Deputy Youth Facility Administrator and the Auditor then discussed the upcoming days schedule, how interviews and files would be chosen.

### *Tour:*

The tour of the 'main building' took place directly after the person to person introductions of facility administrative staff. The Auditor was granted access to all areas of each building where residents frequented for programming and where staff conducted day to day business. Due to second shift leaving at 2:00 pm and the Auditor requesting to see school programming, some interviews were conducted in the school building, during school hours, during the tour. Once second shift interviews were completed the Auditor was shown the farm and vocational building. (*Reference specific facility information in the facility characteristics section below for a thorough walk through explanation.*)

### *Processes:*

After the tour of the main building interviews with Shift two staff began, as second shift ended at 2:00 pm. On day one the Auditor was able to interview the Lead Teacher, Shift Supervisors on each shift, Health Services Supervisor/Nurse, Social Worker, 10 random staff and 11 residents; 10 random, one LBGTQI. In between interviews the Auditor reviewed resident case files. The day ended at 11:30 pm.

Day two the Auditor traveled to the downtown area where Human Resource staff were interviewed and personnel files were reviewed. Next, the Auditor traveled to the Department of Health where the Agency Investigator was interviewed and investigations were reviewed. Late morning the Auditor returned to the facility to interview the staff trainer, Psychologist, PREA Coordinator and Youth Facility Administrator. At 5:00 pm the Auditor reviewed findings individually with the Youth Facility Administrator and the PREA Coordinator.

The Auditor was allowed access to all areas of each building and access to all requested records. All interviews were successful except one resident who chose not to speak to anyone at the facility; however, the Auditor did make an attempt.

The staff and residents were helpful, kind and made the Auditor to feel quite welcome during the entire onsite process.

### *Other processes:*

1. Residents were able to request an official grievance or write their issues on any type of document and place in the locked PREA boxes situated in administrative area near Control, school area and Modules.
2. Cross gender announcements were apparent and used by staff each time the Auditor was on a Module.
3. Phones were available in each Module. Phone calls to advocates are made with the mental health staff, in the mental health staff building. Contact numbers to advocates and hotlines were posted in every Module and on Zero Tolerance signs throughout the facility.
4. The auditor was allowed to speak with staff and residents during the site review. Questions asked during the review included:
  - a. Was the current staff to resident ratio typical? Of those questioned each replied yes.

- b. Could residents call legal counsel or outside advocacy services at any time? Of those questioned each replied yes.
  - c. Did they feel safe and respected in this environment? Of those questioned each replied yes.
5. Interpreter services were completed by language line services and two staff stated they were used as translators; however, not often needed.

**Interviews:**

The auditor requested a current position control roster showing staff name, title, tenure, shift and position assignment. Random names were highlighted on the roster provided based on the above criteria. Of those random staff chosen, those same staff files were chosen for review. (Before each interview with staff and residents, the Auditor introduced herself, explained the audit process, ensured those being interviewed were comfortable being interviewed and understood the process. All interviews were conducted in a private conference room in the administrative area.)

Staff Interview Category	Minimum Required	Completed
<b>Youth Facility Administrator:</b> Warden/Facility Head	1	1
<b>Deputy Youth Facility Administrator:</b> PREA Coordinator/Grievance Officer/Retaliation monitoring/conducts unannounced rounds.	1	1
<b>Random Staff:</b> All security staff are responsible for supervision of residents if segregated, first responders, searches and mandatory reporters	10	11
<b>Specialized Staff</b>		
Intermediate or higher-level staff responsible for conducting and documenting unannounced rounds – Supervisors from all three shifts	1	3
Education staff	1	1
Program staff who work with youthful inmates – same as random staff in this review	1	Random staff
Medical staff – Medical Health Supervisor-Nurse	1	1
Mental health staff – Psychologist	1	1
Non-medical staff involved in cross-gender searches – same as random staff in this facility	1	Random staff
Human Resource staff – Human Resource Manager, Hiring Examiner	1	2
Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) staff – Kapi’olani Medical Center	1	Could not contact
Volunteers – <i>facility unable to schedule</i>	1	0
Investigative staff at agency level – agency investigator	1	1
Investigative staff at facility level – none at this facility	1	n/a
Staff who perform screening for risk of victimization and abusiveness – Social Worker	1	1
Staff who supervise inmates in segregated housed – same as random staff at this facility	1	All staff
Staff on the sexual abuse incident review team – Deputy Youth Facility Administrator	1	Reference DYFA interview
Designated staff member charged with monitoring retaliation – same as Deputy Youth Facility Administrator, Agency Investigator, Shift Supervisors at this facility. All interviewed.	1	Reference individual interviews
First responders, security staff – all staff serve as first responders	1	All staff
First responders, non-security staff – all staff serve as first responders	1	All staff
Intake staff – Social Worker	1	Reference Social

		Worker Interview
	Total Specialized staff	11

**Targeted Staff:**

Targeted interviews included:

1. *Administration* - The Youth Facility Administrator was able to validate policy and practices of investigations, first responder, mandatory reporters, grievances, community member support of the facility and residents, resident level-point system, the nonuse of isolation, female residents programming with female staff, multi-disciplinary team process, wrapping residents with mental health care, issues with filling the PREA Coordinator position and expectations of staff to ensure general respect and kindness for the residents in his care.
2. *Administration* – The Deputy Youth Facility Administrator (DYFA) serves as the PREA Coordinator, Grievance Officer, a member of the sexual abuse team, and conducts unannounced rounds. Knowing the DYFA was the oversight of the facilities previous PREA audit, and realizing that the facility was in corrective action for six months, the Auditor can attest to the DYFA making the time for implementation and substantial positive improvements in PREA implementation, at HYCF. The DYFA has the autonomy to revise related PREA policies and systems to ensure continued compliance in all areas related to PREA.
3. *Medical* – Health Services Supervisor/Facility Nurse: During the pre-audit, this auditor noted that the medical staff had not completed specialized training for medical and mental staff. Before the onsite audit phase, the medical staff completed required specialized training. The nurse was able to articulate responsibilities and knowledge of forensic exams, first responder and mandatory reporting responsibilities. The medical department has a plethora of medical related pamphlets for residents. When the Auditor inquired as to secondary materials for disclosures made after intake, the nurse stated disclosures had been made to her, which she immediately reported to mental health staff; however, these disclosures were not documented. After the audit, the Auditor supplied the medical department with a sample log. Implementation of this log began on March 1, 2020.
4. *Mental Health* – Psychologist: Mental Health staff are contracted through the Family Court Liaison Branch of the City of Honolulu. During the pre-audit phase the Auditor found the mental health staff had not completed specialized training. All trainings were completed between November 2019 and February 2020. Moving forward, the Psychologist will ensure specialized training for new staff is complete during the first month of employment. The Psychologist was able to demonstrate her understanding as a first responder, mandatory reporter, third party reporting, assisting residents with advocate reporting, and mental health follow up regarding unreported disclosures. The Psychologist stated she had received disclosures from the medical department and reported meeting with residents within 14 days of referral. The Psychologist was unaware of the need for a log to document unreported disclosures. The Auditor shared the idea of the sample log referenced with the medical staff. Currently and during the Psychologist’s assignment at HYCF, the mental health staff did not have a need for disclosure statements after a resident turned 18. After the Auditor explained the need for the 18 year olds’ permission on reporting, the Psychologist affirmed she would ensure mental health disclosure statements were implemented.
5. *Human Resource*: The Human Resource Manager and Hiring and Examination staff met with the Auditor together. Both could speak to their central offices preparing for PREA in 2012-13. At that time the department implemented the required institutional pre-employment and promotion questions. Although the department had implemented this practice such questions were not being saved in personnel files until mid-year 2019. This system is now sound and clearly in place. The Human Resource staff were quite kind in assisting the auditor with the review of the personnel files, which demonstrated 100% of staff reviewed had appropriate initial and five year FBI and child abuse background checks. In addition to background checks, the State of Hawai’i conducts an Adult Services background check on each staff member, as well.

6. *Education*– the Lead teacher contracted through union agreement. The Lead teacher was able to produce a roster of PREA initial and ongoing trainings for all educators at HYCF. All training certificates were completed through the NIC website. The last refresher training for education staff was completed July 12, 2020, via a PREA Resource Center PowerPoint presentation. The Lead Teacher has a goal to ensure educators are trained on PREA the first day of employment, before having access to residents.
7. *Shift Supervisors* - Shift Supervisors from all three shifts. Shift Supervisors interviewed knew and understood PREA requirements for their work assignments. Each stated they completed unannounced rounds, were privy to outside investigation entities, served as first responders, intake staff, and completed searches. Although records and interviews demonstrated these staff had been trained repeatedly on PREA, supervisors reported they were unaware of where the facility PREA policy 12.12 was housed. The Auditor made staff aware of the policy location and the PREA Coordinator followed up with an email to all staff, attaching the policy in the email, for staff reference. The PREA Coordinator also instructed the site trainer to hand out the policy during every refresher training.
8. *Site Trainer* – The site trainer had maintained impeccable staff training records. Each training had current PREA Resource Center or Moss group PowerPoint trainings. The site trainer was versed in all aspects of PREA and was excited to report he had devised monthly PREA visual learning aides he had posted throughout the facility.
9. *Agency Investigator* – The agency investigator was able to demonstrate his PREA investigative and retaliation monitoring knowledge. As a former HYCF employee, the investigator had been initially educated with facility staff through the PREA grant program. The investigator shared he attended CJCC conferences twice annually and attended PREA breakout sessions at those conferences as a way to stay current with refresher trainings. The auditor recommended the Investigator copy the staff trainer on CJCC conference/PREA training attendance to ensure his training file remain current. Although the investigator spoke to understanding the Administrative Investigation process, the one Administrative investigation the facility reported was incomplete. Through conversations with the PREA Coordinator and the Investigator, the investigator could not clearly articulate why the investigation was incomplete. Through this finding, the agency has directed the investigator to complete all Administrative investigations, in full, moving forward.
10. *Risk Assessment/Intake staff* – The social worker is responsible for all intakes and completing risk assessment, (housing assessments) for all youth. The social worker was able to articulate the intake process, further explaining that all residents were screened for risk using the housing assessment. Housing assessments were then forwarded to the Shift Supervisor who placed assessments in the Modules for staff awareness of resident risk level. The social worker educated all residents on PREA upon intake; however, through conversation the Auditor learned residents were not receiving refresher training within 10 days of intake. Through sharing of this conversation with the PREA Coordinator, he immediately split the intake PREA education in parcels and directed the social worker staff to educate residents on the second half, within 10 days of intake.

**Random Staff:**

Of the 10 random staff interviewed, four were females and six were males. three staff were from day shift who were assigned in each of the three modules; four were from second shift, each assigned to different modules and three were from night shift, one from each module. Employee tenure ranged from five years to 27 years of service. HYCF has many staff employed for 20+ years.

Random staff interviewed were able to describe:

1. Most first responder and mandatory reporting responsibilities.
2. Two random staff interviewed stated they had assisted as translator for Spanish speaking residents. Other random staff interviewed could speak to the translation procedures of using language line vendors and all knew translation services could not include the use of resident interpreting.

3. Staff were able to articulate several internal and external ways for residents to report sexual harassment or sexual abuse for residents and themselves, if necessary.
4. Of those staff interviewed, each reported they would immediately report sexual harassment or sexual abuse to their supervisor. Most reported they would ensure the Shift Supervisor made the hotline call for them.
5. Most staff were aware of the outside advocates role for advocacy.
6. All staff interviewed stated residents were allowed to have unmonitored phone calls to legal representatives and or make hotline calls with the help of the mental health staff, when reporting abuse.
7. All staff interviewed in regard to first responder duties were able to describe the procedure well enough to ensure residents were separated, safe and how to preserve the room/evidence.
8. Staff interviewed knew the agency employed an investigator to conduct Administrative Investigations and local law enforcement for criminal investigations.
9. Staff interviewed stated they announced their gender when entering the Modules; and residents collaborated these announcements.
10. Staff interviewed described that they had initial and booster training on different PREA topics throughout the year.

**Staff training files:**

Staff training files (same as staff interviewed) was conducted by utilizing the PREA Audit – Juvenile Facilities Documentation Review - Employee\* Files Records template. Review of staff training files demonstrated staff had refresher training exceeding the requirement of every two years. Each staff file reviewed had completed all PREA training topics through the PREA grant program. All staff had been trained on transgender or intersex pat down searches. Staff training files were impeccably organized and easy to navigate,

**Personnel files:**

Staff personal files (same as staff interviewed) was conducted by utilizing the PREA Audit – Juvenile Facilities Documentation Review - Employee\* Files Records template. All required components for staff files were reviewed for compliance from August 2018 through January 2020. Personal files reviewed were 100% compliant with initial and five year requirements, where applicable. Staff hired before and after early 2019 did not have institutional reference questions; however, the process was in place, documentation nonetheless was not being maintained until mid-year 2019.

**Resident Interviews:**

On the first day of the on-site review, the auditor requested a current resident roster detailing gender, length of stay and Module assignment. The auditor highlighted resident names based on Module, length of stay, and gender. There were eleven total resident interviews, two females and one transgender from Module A, four males from Module B and four males from Module C. There was one targeted resident in the facility who identified as LBGQTQI. Through review of resident risk assessments and collateral information in resident files and interviews the auditor determined there were no other targeted residents at the time of the review.

Total population during on-site review 24	Total bed capacity 30
Overall minimum number of resident interviews 10	Numbered required 10
Minimum number of random resident interviews 5	Number interviewed 10
Minimum number of targeted resident interviews 5	Numbered interviewed 1
Breakdown of required targeted resident interviews	
Residents with a physical disability - 1	Number interviewed 0 – no targeted residents at this facility
Residents who are blind, deaf, or hard of hearing - 1	Number interviewed 0 – no targeted residents at this facility

Residents who are LEP - 1	Number interviewed 0 – no targeted residents at this facility
Residents with a cognitive disability – 1	Number interviewed 0 – no targeted residents at this facility
Residents who identify as lesbian, gay, or bisexual - 1	Number interviewed 0 – no targeted residents at this facility
Residents who identify as transgender or intersex – 1	Number interviewed 1
Residents in isolation – 1	Number interviewed 0 – no targeted residents at this facility
Residents who reported sexual abuse – 1	Number interviewed 0 – no targeted residents at this facility
Residents who reported sexual victimization during risk screening - 1	Numbered interviewed 0 – no targeted residents at this facility

Of the eleven residents interviewed:

1. All residents interviewed felt safe and comfortable reporting to facility.
2. All residents reported the initial and subsequent searches were done respectfully.
3. All residents stated they were educated on PREA at intake.
4. No residents were educated within the 10-day requirement, after intake.
5. Each resident interviewed was aware of several ways to report abuse internally and externally – mimicking facility documentation reviewed during the pre-audit phase.
6. Residents interviewed were in unison when describing policy to only change clothes in the bathroom, one resident showered at a time, and staff knocked on doors before looking into cell to ensure residents were dressed.
7. Residents interviewed were aware family members, friends or legal representatives could make third party reports if they were not comfortable reporting on their own.
8. Residents interviewed stated telephone procedures for legal and or PREA calls could be made in private, without monitoring or recording, immediately upon request. Such phone calls were made with the aid of mental health staff. All residents stated they would want the assistance of mental health staff if they had to make a phone call to an advocate.
9. Residents interviewed spoke to the outside hotline advocate phone number being posted on the posters in the facility.
10. Each resident interviewed was aware of his/her right to report anonymously.
11. Of the random residents chosen for interviews, one refused, although the Auditor made an attempt. This youth had been refusing to leave his room and or speak to any staff, for some time.
12. The transgender resident interviewed stated her initial search was chosen by staff gender of her choice; the search and subsequent searches were respectful. This resident state she requested to be housed with females and that request was honored at admission. The transgender reported she had submitted grievances regarding PREA that were not answered. The Auditor reviewed the grievances and none met the requirement of PREA standards. The Auditor requested the Grievance Officer follow up with the youth on the grievances she submitted.

Resident files reviewed were of those residents interviewed. The auditor utilized the PREA Audit Juvenile Facilities Documentation Review Resident Files/Records template. Every resident file reviewed was 100% compliant for all areas required except booster 10-day education. All resident files reviewed had intake documentation for risk assessments and PREA initial education, provided by facility Social Worker.

***Other documents and information requested or reviewed:***

Inmates with disabilities	None at the facility
Inmates who are LEP	None at the facility
LGBTQI inmates	One
Residents in isolation	Not utilized at this facility

Residents who reported sexual abuse	None at the facility
Grievances made in the last 12 months preceding the audit	None reported at this facility
Incident reports from the 12 months preceding the audit	Two, one Administrative and one Criminal investigation. Both for sexual abuse allegations.
All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit	Two, one Administrative and one Criminal investigation. Both for sexual abuse allegations.
All hotline calls made during the 12 months preceding the audit	None reported from facility or hotline

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

**Facility Characteristics:**

HYCF is secured program on a large complex with 15 buildings on 550 acres of land in Kailua Hawai'i. On the days of the onsite phase of the audit, the population was 23. Of those residents four were female, one transgender that identified as a female and 18 male residents.

HYCF currently has 87 of their 104 positions filled Those staff consist of:

- Administrative staff – 2                      Supervisory staff – 6                      Lines Supervisors – 8
- Line staff – 41 (6 vacant)                      Mental Health – 10                      Medical – 6 (1 vacant)
- Education – 13                      Food Support – 2 (1 vacant)                      Maintenance – 1 (1 vacant)

HYCF uses only three of the 15 buildings for their residents. The main building where residents are primarily programmed is one large building consisting of:

- On the eastern side of the building is Administration; allowing for access to the mailroom, medical department, Control, two segregation cells, board room and administrative offices.
- There is a total of 52 cameras. The Control booth is manned 24/7 where all monitors are maintained. All cameras were operable, clear and did not have access to the interior of resident sleeping or showering rooms. Cameras are placed in Module (housing units), Module laundry rooms, recreation yard, and kitchen. An independent camera system has been installed in the workshops and surrounding area of the Maintenance yard. All cameras are operational. Random camera reviews have been performed by superiors routinely. Cameras have recently been installed in the kitchen areas due to youth occasionally being assigned work duties in the kitchen. (ref: facility staffing plan).
- Also on the eastern side, resides a school where all residents are educated by their 'Modules', office space for the Lead teacher, a library, computer room and classrooms.
- On the northwest side of the building resides three residential modules; Modules A, B, and C. Each module house 10 youth each. Each Module mirroring the other. Modules B and C house males and Module C houses females. Each module has 10 single occupancy wet cells with commodes out of line of sight of voyeurism opportunities. Modules had one restroom/shower, laundry room, maintenance closet, a sitting area for residents, small kitchenette and a security staff desk placed near the center of the Module for complete line of sight of all rooms and activities. Each Module had three cameras covering the entire Module. Due to camera coverage, no blind spots were noted in Modules outside of the interior of maintenance closet and shower/restrooms.
- On the southern side of the building is a kitchen. All meals are prepared for delivery to each Module. Adjacent to the kitchen is a staff eating and break area. On the opposite side of the kitchen is a very large outdoor sally port that doubles as the visitation area.

- In the center of the entire area described above, is a recreation/yard area. This area is naturally fenced in by the building structure.
- On the exterior of the building is the updated server room for all facility cameras.

**Farm:**

- The farm is an open area on the north side of the campus and currently home to one horse. The facility is currently rebuilding a self-sustaining osmoses horticulture center where fish are raised and the water from the fish is piped to water the plants. A very unique and impressive area for residents to learn.

**Vocational Tech:**

- The vocational area is in a building complex on the northwest area of the acreage. The complex is comprised of the vocation room, maintenance, training and the facility fleet. The vocational area is used to teach residents woodworking. Camera placement is on two corners, across from one another, in the large room.

Other buildings on the facility grounds are used for mental health services, housing homeless youth, trafficked youth and community programs. These programs do not interact with or program with residents of HYCF.

**Summary of Audit Findings**

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

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

**Standards Exceeded**

**Number of Standards Exceeded:** 2  
**List of Standards Exceeded:** 115.316, 115.331

**Standards Met**

**Number of Standards Met:** 36

**Standards Not Met**

**Number of Standards Not Met:** 5  
**List of Standards Not Met:** 115.311, 115.333, 115.371, 115.373, 115.381