

**Prison Rape Elimination Act (PREA) Audit Report
Juvenile Facilities**

Interim Final

Date of Report March 19, 2020

Auditor Information

Name: Karen Murray	Email: karen@preaauditing.com
Company Name: PREA Auditors of America	
Mailing Address: 14506 Lakeside View Way	City, State, Zip: Cypress, TX 77429
Telephone: 720-402-1580	Date of Facility Visit: February 24-25, 2020

Agency Information

Name of Agency Office of Youth Services		Governing Authority or Parent Agency (If Applicable) Department of Human Services	
Physical Address: 1010 Richards Street, STE 314		City, State, Zip: Honolulu, HI 96813	
Mailing Address: same		City, State, Zip: Click or tap here to enter text.	
The Agency Is:	<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
Agency Website with PREA Information: Click or tap here to enter text.			

Agency Chief Executive Officer

Name: Merton Chinen	Telephone: 808-587-5710
Email: mchinen@dhs.Hawai'i.gov	

Agency-Wide PREA Coordinator

Name: Richard Mello	Telephone: 808-683-6617
Email: rmello@dhs.Hawai'i.gov	
PREA Coordinator Reports to: Mark Patterson	Number of Compliance Managers who report to the PREA Coordinator: 0

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.](#)

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

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

Email: senos@dhs.Hawai'i.gov	Telephone: 808-266-9500
Facility Characteristics	
Designated Facility Capacity:	30
Current Population of Facility:	26 as of 1.28.2020
Average daily population for the past 12 months:	24
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	14-19
Average length of stay or time under supervision	12 months
Facility security levels/resident custody levels	Secured custody
Number of residents admitted to facility during the past 12 months	36
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i>:	36
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>10 days or more</i>:	36
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)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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):	<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: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	81

Number of staff hired by the facility during the past 12 months who may have contact with residents:	6
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	9
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	5
Number of volunteers who have contact with residents, currently authorized to enter the facility:	37

Physical Plant

<p>Number of buildings:</p> <p>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.</p>	15
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<p>Number of resident housing units:</p> <p>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</p>	3
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glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.

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

Medical and Mental Health Services and Forensic Medical Exams

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: Click or tap here to enter text.)

Investigations

Criminal Investigations

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:		0
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.		<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<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: Click or tap here to enter text.) <input type="checkbox"/> N/A	
Administrative Investigations		
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?		1
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		<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<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: Click or tap here to enter text.) <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.Hawai'i.gov/oys/Hawai'i-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
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

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

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
Youth Facility Administrator: Warden/Facility Head	1	1
Deputy Youth Facility Administrator: PREA Coordinator/Grievance Officer/Retaliation monitoring/conducts unannounced rounds.	1	1
Random Staff: All security staff are responsible for supervision of residents if segregated, first responders, searches and mandatory reporters	10	11
Specialized Staff		
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 though 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 LBGTQI. 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 pipped 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: 41

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: 0

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.311 (a)

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

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF Policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. State of Hawai'i, Department of Human Services Office of Youth Services Organizational Chart, dated 6.30.2019
4. Department Competitive Job Announcement, dated 4.14.2019, Vacancy Notice – (Corrections Program Specialist 1).
5. Facility aerial view of the Hawai'i Youth Correctional Facility

Interviews:

1. Random residents
2. Targeted residents
3. Random staff
4. Supervisory staff
5. PREA Coordinator
6. Facility Youth Administrator

Site Review Observation:

1. Zero tolerance postings

115.311

- (a) The Hawai'i Youth Correctional Facility (HYCF) PAQ states the agency written policy 12.12 Prison Rape Elimination Act, dated 9.23.2016, mandates zero tolerance toward all forms of sexual abuse and sexual harassment in the facility it operates and those directly under contract. Page 1, paragraphs one and two specifically speak to the facilities approach to preventing, detecting and responding to sexual abuse and harassment, while a youth offender is under the legal and physical custody of HYCF. HYCF will apply the PREA standards to prevent, reduce, eliminate, investigate, provide treatment to victims, discipline and refer for prosecution any violators who commit sexual abuse and/or sexual harassment or retaliates against those that report sexual abuse and or sexual harassment.

HYCF policy 12.12, page 5, Section 4.0, paragraph .1 a-c specifically speaks to the facility having a zero tolerance concerning all forms of sexual abuse and sexual harassment towards (1) resident by another resident, or (2) a staff member on a resident, in any HYCF facilities and any contracted facilities operating under direct control or under contract. All references to staff members will include contractors and volunteers. All reports of PREA incidents based on sexual abuse or sexual harassment, including retaliation against individuals for reporting, will be subject to the administrative disciplinary processes. The matter will be referred for investigation to the county law enforcement agency to conduct a criminal investigation, unless the allegation does not involve potentially criminal behavior.

- (b) Currently, the Deputy Youth Facility Administrator, Richard Mello, serves as the PREA Coordinator. Through interviews with the Facility Youth Administrator and Human Resource staff, each state the agency has been recruiting for a PREA Coordinator for the last 10 months. The facility provided an agency organizational chart with the position of Program Specialist 1, whose duties will include that of the PREA Coordinator and the Department Competitive Job Announcement for this position, dated April 14, 2019. In addition, the facility provided a Vacancy Notice in an attempt to hire a Corrections Program Specialist 1, (as is shown on the agency organizational chart.) The incumbent in this position is responsible for developing, implementing

and overseeing agency efforts to ensure compliance with PREA and serving as the HYCF PREA Coordinator. Until this position is filled, the Deputy Youth Facility Administrator will continue to serve as the PREA Coordinator. Through the pre and post audit processes, the Deputy Youth Facility Administrator stated and demonstrated he had sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards at HYCF.

- (c) The HYCF PAQ states the facility does not have a facility PREA Manager. Through interviews with the Facility Youth Administrator, HYCF is the only youth facility in the state, therefore they only need to employ a facility PREA Coordinator.
- (c) Due to the agency having only one youth facility, a designated PREA Manager is not applicable at HYSC.

Correction Was Action Needed:

During the tour of the facility, witness of Zero Tolerance postings, interviews with both residents and staff and review of resident and staff files, it was evident that this facility interweaves requirements for this provision in their daily protocol. Both residents and staff could speak to most of the facility PREA practices and protocols being used as is described in the facility's policy 12.12, Prison Rape Elimination Act. However, many staff reported they were unaware of the actual facility PREA policy, first responder and mandatory reporting responsibilities. On February 26, 2020, the PREA Coordinator notified and reminded all facility staff of their past trainings, where to find the policy on the agency website, his accessibility to the policy, direction to the trainer to ensure the policy is provided at every initial and booster training, directives to supervisors to retrain the policy to subordinates and attached the policy to the email notification.

At the time of the on-site phase of the audit, the auditor recommended staff be aware of how to access and be aware of Facility policy 12.12, Prison Rape Elimination Act. This recommendation was observed to have been addressed on the second day of the on-site phase of the audit.

Through such reviews, the facility meets this standards requirements.

Standard 115.312: Contracting with other entities for the confinement of residents

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

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement

of residents.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF Policy 12.12, Prison Rape Elimination Act, dated 9.23.2016

Interviews:

1. PREA Coordinator

115.312

- (a) The HYCF PAQ states HYCF does not contract with private agencies for confinement services of their youth.

Through such reviews, the facility meets this standards requirements.

Standard 115.313: Supervision and monitoring

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

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".)

Yes No NA

- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) Yes No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF Policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. HYCF Staffing Plan Review, dated, 2.12.2020
4. HYCF Secure Custody Facility YCO Work Schedule, dated 12.10 – 12.11, 2019
5. Deviation Staffing Plan worksheet, six entries, dated 6.16.2019 through 2.2.2020
6. HYCF-200, Completed Incident Report forms, dated 6.16.2019, 7.14.2019, 8.4.2019, 9.1.19 (0630am and 1400)
7. First, second and third shift DYFA/YFA Monthly Unannounced Round Logs
8. Weekly Unannounced Round Logs, from Shift 1, Shift 2 and Shift 3, for the entire year of 2019 and the months of January 2020.
9. 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.

Interviews:

1. PREA Coordinator
2. Facility Youth Administrator
3. Random residents
4. Targeted resident
5. Random staff
6. Supervisor staff

Site review observation:

1. Residential Modules

During the tour of the facility the Auditor observed unannounced rounds being completed. The protocol consisted of the supervisor entering the Module, announcing he was completing the round. The floor staff then provided the supervisor with a time and documented the round on a Unannounced Round Log. During interviews with facility supervisors, all could attest to completing rounds, unannounced, at random times throughout the week. Through interviews with residents and security staff, all could attest to unannounced rounds being completed 'a couple of times' each day, at different time intervals.

115.313

- (a) The HYCF PAQ states the agency requires the facility to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. HYCF policy 12.12, Prison Rape Elimination Act, page 7, Section .4 a. states The Department PREA Coordinator in conjunction with the Deputy Youth Facility Administrator (DYFA) shall ensure that [each] facility develops, implements, documents, and make its best efforts to comply with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration each of the 11 components required of the staffing plan.

At the time of initial document review, the facility had not yet completed the staffing plan. During the onsite phase of the audit, the facility had completed a comprehensive staffing plan, to include:

- a. An annual end of year review date, of the staffing plan to ensure adequate staffing patterns.
- b. Prevailing staffing plans.
- c. Review of the video monitoring system.
- d. Other monitoring technologies are available.
- e. The facility has the resources available to commit to ensure adherence to the staffing plan.
- f. Intermediate and higher level supervisors conduct and document unannounced rounds.
- g. Continuance of generally accepted juvenile detention and corrections/secure residential practices.
- h. Any judicial findings of inadequacy.
- i. Any judicial findings of inadequacy from Federal Investigative agencies.
- j. Any findings of inadequacy from internal or external oversight bodies.
- k. All components of the facility's physical plant.
- l. The composition of the resident population.
- m. The number and placement of supervisory staff.
- n. Institutional programs occurring on all shifts.
- o. Applicable State or local laws, regulations, or standards; and
- p. The prevalence of substantiated and unsubstantiated incidents of sexual abuse.

- (b) The HYCF PAQ states each time the staffing plan is not complied with, the facility documents and justifies deviations. HYCF policy 12.12, Prison Rape Elimination Act, page 8, Section 4, paragraphs b., 1-3, states: HYCF shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances by:
1. Notation in the Cottage/Unit Log of the discrepancy in staff to resident ratio with the period of time and how the discrepancy was handled (i.e., Staff ratio 1:9 at 1400 hours.)
 2. Notation in the Central Control Log of the discrepancy in staff to resident ratio with the period of time, with reason for discrepancy and how the discrepancy was handled (i.e., Module A, Staff ratio 1:9 at 1400 hours due to one staff being reassigned to 1:1 due to new intake and no response for overtime).
 3. Completing the HYCF 200 Incident Form for every instance of deviation to be submitted to the PREA Coordinator by the end of the shift in the PREA designated locked box at Central Control.

HYCF PAQ states the three most common reasons for deviating from the staffing plan, in the past 12 months, is staff not accepting overtime; the facility cannot hold staff longer than 16 hours and during times of staff training. Through review of unannounced logs and staff interviews, from all three shifts, the facility demonstrated ongoing use and documentation of unannounced rounds performed. While this auditor was interviewing 1st Shift, overnight staff, in all Modules, unannounced rounds were performed and an obvious protocol was in place.

- (c) The HYCF PAQ states the facility is mandated by regulation to maintain 1:8 waking hour and 1:16 sleeping hour ratios. HYCF policy 12.12, page 8, Section .4, paragraph c., states, "HYCF shall maintain staff ratios of a minimum of 1:8 staff to resident ratio during resident waking hours and 1:16 staff to resident ratio during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Control Room Officer(s), support staff or supervisors are not included in these ratios" In the past 12 months the facility has deviated from the staffing ratios six times. Of those six times, four were on shift two: 6:00 am to 2:00 pm, and twice on 3rd shift: 2:00 pm to 10:00 pm. Each time noted the facility did the following:

- Made overtime available to all staff;
- Attempted to hold any eligible staff back from previous shift;
- Granted extended overtime provisions for those staff who chose to work. (allowed to work 24 hours.)

Status during the six times of deviation noted, the facility did the following:

- Lock down;
- Only necessary movement made for medical appointments, etc.

The facility provided:

- A Deviation Staffing Plan worksheet, complete with dates of deviations, shift of deviation, description of attempts made to fill vacancies, and status during period of the division;
- Five HYCF-200, Incident Report forms for the dates the staffing plan was not met. Each form has an explanation that aligns with the Deviation Staffing Plan worksheet.
- HYCF Secure Custody Facility YCO Work Schedule which demonstrates sufficient staffing ratios for the resident population.

- (d) The HYCF PAQ states the staffing plan is reviewed annually, in collaboration with the PREA Coordinator. This past year, the Deputy Youth Facility Administrator has been the acting PREA Coordinator and has been responsible for the staffing plan revisions. Over the last 12 months the facility has deployed additional technology by updating analogue cameras to digital cameras and added an additional server with the capability so store 90 days of footage. During the pre-audit phase, the facility did not have a current staffing plan or could demonstrate the plan was reviewed annually.
- (e) The HYCF PAQ states unannounced rounds are conducted by intermediate or higher level staff to identify and deter staff sexual abuse and sexual harassment. The facility provided documentation of unannounced rounds over the past 12 months which covered first, second and overnight shift.

Corrective Action Was Needed:

During the pre-audit phase of the audit, the facility could not demonstrate they had a current staffing plan. During the on-site phase of the audit, the PREA Coordinator completed the staffing plan and reviewed the plan with the Facility Youth Administrator. Moving forward the Facility Youth Administrator and PREA Coordinator will calendar end of year, annual review of the staffing plan to ensure continual compliance. These reviews will take place in the month of January, of each subsequent year.

Through such reviews, the facility meets the standards requirements.

Standard 115.315: Limits to cross-gender viewing and searches

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

115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No

- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF Policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. 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

4. National PREA Resource Center Guidance in Cross-Gender and Transgender Pat Searches Curriculum, dated February 2015
5. Link to video used in the Cross Gender Search Training: <https://vimeo.com/183649668> - Guidance in Cross-Gender and Transgender Pat Searches

Interviews:

1. Random residents
2. Targeted resident
3. Random staff
4. Supervisory staff
5. Medical staff
6. Intake staff
7. PREA Coordinator

Interviews with a transgender resident, random residents, random staff, supervisory staff, medical staff, intake staff and the PREA Coordinator demonstrated cross gender searches were only conducted in exigent circumstances. In addition, all residents reported their initial and any subsequent searches were respectfully conducted.

Site Review Observation:

1. Intake area
2. Search area

During the tour of the facility the Auditor observed the Intake and search areas of the facility. Both areas were conducive to ensuring searches were conducted in a private, secured area, outside of camera view. Training files revealed 100% of staff had been trained in cross gender strip searches.

115.315

- (a) HYCF PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of their residents. HYCF policy, Prison Rape Elimination Act 12.12, page 8-9, Section 5. a., states, "HYCF staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening), except in exigent circumstances or when performed by medical practitioners." In the past 12 months, the facility has conducted zero cross-gender searches by security and or medical staff.
- (b) HYCF PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches absent exigent circumstances. HYCF policy, Prison Rape Elimination Act 12.12, page 8-9, Section 5. b., states, "HYCF staff shall not conduct cross-gender pat-down searches of either male or female residents, absent exigent circumstances." In the past 12 months, the facility has conducted zero cross-gender pat-down searches that involved exigent circumstances. In addition, the facility has 24/7 medical staff, of both genders on shift, should exigent circumstances exist.
- (c) HYCF PAQ states the facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified. HYCF policy, Prison Rape Elimination Act 12.12, page 8-9, Section 5., b.1-2., states, (1) "Whenever a cross-gender strip search, cross-gender visual body cavity search, and cross-gender pat-down search occurs, staff shall document the incident in the Cottage log with date, time, name of resident, name of staff conducting search and justification for the cross-gender

search. The Cottage YCS or AYCS shall complete a HYCF 200 Incident Report form with the same information recorded in the cottage log book and submit through the proper channels with a copy to the PREA Coordinator through the PREA box located at Central Control by the end of the shift.” (2) HYCF staff shall not restrict resident access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. Should a resident be restricted by staff due to exigent circumstance, the Cottage YCS or Acting YCS shall complete a HYCF 200 Incident Report form documenting the exigent circumstance and note the date, time, description of exigent circumstance, activities restricted and length of time restricted. The incident shall also be recorded in the Cottage log book and the incident report submitted through the proper channels with a copy to the PREA Coordinator through the PREA box located at Central Control by the end of the shift.”

- (d) HYCF PAQ states the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). HYCF policy 12.12, Prison Rape Elimination Act, page 9, Section .5 d., states, “Residents will be allowed to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.” There have not been any exigent circumstances in the last 12 months or since the last audit.
- (e) The HYCF PAQ states facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. HYCF policy, 12.12 Prison Rape Elimination Act, page 9, Section .5, f. (f.1)., states, “HYCF staff shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the residents’ genital status.” F.1.,” In situations where the residents’ genital status is unknown, staff shall seek to determine the status by conversing with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.”
- (f) The HYCF PAQ states 100% of security staff receive training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, HYCG policy 12.12 Prison Rape Elimination Act, page 9, Section .5, g., states, “HYCF staff are to ensure that cross-gender pat-down searches and searches of transgender and intersex offenders are conducted in a professional, respectful, and in the least intrusive manner possible, while maintaining security needs.”

Through such reviews, the facility meets this standards requirements.

Standard 115.316: Residents with disabilities and residents who are limited English proficient

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

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF Policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. Helping Hands Hawai'i flyer for bilingual services. (no date; however, attached to an instructional email for facility staff, dated March 14 ,2019.
4. Helping Hands Hawai'i confirmation email, dated 3.14 2019
5. Department of Human Services Language Assistance Resource List, not dated
6. Department of Human Services Internal Communication Form – Subject: Language Assistance Services, dated 06.27.2019
7. Language Link Instruction guide, dated 6.29.2019
8. Language Services Hawai'i, LLC information flyer, dated January 2018.
9. Linguistica International Sustainable Language Services application
10. State of Hawai'i State Procurement Office contract with NASPO Telephone based services interpreter services, dated 5.6.2019

Interviews:

1. Random residents
2. Targeted resident
3. Random staff
4. Supervisory staff
5. PREA Coordinator

During interviews with random residents, random staff and supervisory staff, all stated residents were not used for translation services, outside of resident to resident mentoring. Although language barriers are not common at HYCF, random and supervisory staff could speak to Language Link services used in the past.

115.316

- (a) The HYCF PAQ states the agency has established procedures to provide disabled residents equal opportunities to be provided with and learn about the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. HYCF policy 12.12, Prison Rape Elimination Act, page 10, section .6 paragraph a., and a.1., states, "HYCF staff shall ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the HYCF's efforts to prevent, detect, and respond to sexual abuse and sexual harassment." The policy goes on to speak to established procedures and free services for all types of hearing, vision impaired and those who may need interpreters.
- (b) The HYCF PAQ states the agency has established procedures to provide residents with limited English equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. HYCF policy 12.12, Prison Rape Elimination Act, page 10, section .6 paragraph 3.b., 3.b.1, states, "HYCF shall take reasonable steps to ensure meaningful access to all aspects of the HYCF's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are Limited English Proficient (LEP), including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Upon identifying a resident with special needs under this section, the assigned social worker shall solicit and procure, free of charge, appropriate services, to interpret any speech, pamphlet, poster, video, etc., to ensure the LEP resident is orientated to PREA.
- (c) The HYCF PAQ states the agency prohibits the use of resident interpreters. In the last 12 months the facility has had zero instances where residents were used for interpreters. HYCF policy, 12.12 Prison Rape Elimination Act, page 10, Section .6, paragraph c, states, "HYCF shall not rely on resident interpreters, resident readers, or other types of resident/youth assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise a resident's safety, the performance of first-response duties under §4.25 of this policy, or the investigation of the residents' allegations."

The facility provided:

- A "Helping Hands Hawai'i" flyer which provides a fee schedule and contact information to schedule an appointment for a bilingual access line. In addition, a confirmation email was provided by the bilingual access line program explaining information needed to conduct an in person or telecommunication visit.

- Department of Human Services Language Assistance Resource spreadsheet. This spreadsheet includes services for Limited English Proficiency (LEP) resources and American Sign Language (ASL) resources;
- An internal communication from the Department of Human Services explaining the procedures and contact information for access for people with limitations to speak, read, write and understand English.
- Instruction for the use of Language Link for languages in Spanish, Russian, Vietnamese, Somali and several other languages, if needed.
- Language Service Hawai'i, LLC., an additional option for translation and interpretations services for 41 languages.
- Linguistica International Sustainable Language Services – NASPO ValuePoint Purchasing Program Account Set-up Contact Information Form option that provides services for 350 languages. The State of Hawai'i State Procurement Office contract with NASPO Telephone based services interpreter services contract that is in effect until March 4, 2020.

Due to the many ethnicities on the Hawai'i and surrounding islands, HYSF exceeds this standard where insuring over 100 languages can be translated through their translation service contracts.

Through such reviews, the facility exceeds this standards requirements.

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (b)

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

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

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

115.317 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF Policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. 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

4. State of Hawai'i Department of Human Services, Personnel Office applicant PREA 115.317 Eligibility Questionnaire
5. State of Hawai'i Career Opportunity – Youth Corrections Officer – Entry Level Recruitment Information Announcement, dated 12.31.2016

Interviews:

1. PREA Coordinator
2. Facility Youth Administrator
3. Human Resource Manager
4. Human Resource Recruitment and Examination Staff

Interviews with the Human Resource Manager and Recruitment and Examination staff demonstrated applicants determined to have been convicted of sexual abuse or sexual harassment charges were screened out during the application review process. Additionally, applicants who were terminated in past institutions for sexual abuse and or sexual harassment were not considered for employment or promotion.

Site Review Observation:

Review of staff files demonstrated that all employees hired or promoted after the initiation of PREA at HYCF underwent institutional reference checks. During the onset of institutional reference questions, the Human Resource Department did not retain proof of institutional checks. However, the Human Resource Department corrected this error during the year of 2019 and were able to demonstrate institutional checks are now maintained in personnel files.

The personal file review demonstrated 100% facility employees and the agency investigator had institutional reference checks, where applicable, criminal and applicable background checks conducted upon hire and within five years of hire date, thereafter. Additionally, the same practice of background checks exists for all contractors and volunteers who have contact with residents.

115.317

- (a) The HYCG PAQ states the agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents who has engaged in or been convicted in or administratively adjudicated in sexual activity described in paragraph (a)(2) of this standard. HYCG policy 12.12, page 11, Section .7, paragraph a.1-3, states, "HYCF shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, if that person:
 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997), for example the Hawai'i State Hospital or other State skilled nursing, intermediate, long-term care, custodial, or residential care institution:
 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or;
 3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraphs above (a) (1 & 2) of this provision.
- (b) The HYCF PAQ states agency policy requires the consideration of any incidents of sexual harassment when determining to hire and or promote anyone, or to enlist services of any

contractor, who may have contact with residents. HYCF policy 12.12, Prison Rape Elimination Act, page 11, Section .7, paragraph b., states, "HYCF shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents."

- (c) The HYCF PAQ states Agency policy requires background checks are conducted with all new hires who have contact with residents, consults child abuse registries and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. HYCF policy 12.12, Prison Rape Elimination Act, page 11, Section .7, paragraph c 1-3 states, "Before hiring new employees, contractors, or volunteers, who may have contact with residents, the HYCF shall:
1. Perform a criminal background records check, consistent with Federal, State, and local law;
 2. Make "best effort" to consult any child abuse registry maintained by the State or locality in which the employee would work; and,
 3. Consistent with Federal, State, and local law, make its "best efforts" to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

During the past 12 months, eight staff have been hired, who have contact with residents who have completed criminal background record checks.

- (d) The HYCF PAQ states the agency policy requires that a criminal background records check be completed and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents. In the past 12 months there were no contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents.
- (e) The HYCF PAQ states the agency requires background checks to be completed every five years. HYCF policy 12.12, Prison Rape Elimination Act, page 11, Section .7 d, states, "HYCF will make its best efforts to conduct criminal background records checks yearly but shall conduct criminal background records checks at least every five years of current employees, contractors and volunteers who may have contact with residents."
- (f) HYCF policy 12.12, Prison Rape Elimination Act, page 11, Section .7, paragraph e., states, "HYCF shall ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in: written applications; interviews for hiring; in any promotional interviews; or as part of an annual performance evaluation review."
- (g) The HYCF PAQ states that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. HYCF policy 12.12, Prison Rape Elimination Act, page 12, Section .7, paragraph f. states. "Any HYCF staff, who materially omits reporting such misconduct or provides materially false information shall be subject to discipline based on the just and proper cause standard, up to and including discharge. See Department of Human Resources, Policy 702.003, Separation

from Service.”

- (h) HYCF policy 12.12, Prison Rape Elimination Act, page 12, Section .7, paragraph i., states, “Unless prohibited by law, HYCF shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a current or former employee, upon receiving a request from an institutional employer conducting a background check on the employee with a signed consent to release information form. See Department of Human Resources, Policy 701.002, Employee Related Personnel Files. If the Department Personnel Officer receives such a request from an institutional employer, the request will be forwarded to the Department PREA Coordinator Office for review and drafting of a response.”

The facility provided an agency form letter that instructs a background check in the form of processing a CAN and APS check pursuant to PREA (Subsection 115.317 Hiring and promotion decisions). In addition, the Department of Human Services Personnel Office has new applicants answer each question in provision (a)(1-2), certify and sign that the answers to the questions are true and accurate. Lastly, the facility provided a State of Hawai'i Career Opportunity Youth Corrections Officer – entry level job announcement which validates all applicants are aware of Prison Rape Elimination Act requirements as is stated in this provision of standard 115.317.

Through such reviews, the facility meets this standards requirements.

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

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

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF Policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. HYCF Staffing Plan, dated 2.28.2020

Interviews:

1. Control staff
2. PREA Coordinator
3. Maintenance Supervisor
4. Agency Investigator

Site Review Observation:

1. Control area
2. Camera server rooms

During a tour of the facility, the Auditor witnessed all cameras being operable. Additionally, the Auditor was given access to the new server room with an explanation that the server was newly purchased to as a recommendation from an investigation and to ensure 90 days of footage could be retrieved.

Interviews with facility maintenance staff and the PREA Coordinator demonstrated that only the facility maintenance supervisor has a key to the server room and only the agency investigator has access to download or otherwise review camera footage.

115.318

- (a) The HYCF PAQ states the facility has not acquired a new facility or made substantial expansions or modifications to existing facilities since the last PREA audit. HYCF policy 12.12, Prison Rape Elimination Act, page 12, Section .8, paragraph a. states, "When designing or acquiring any new facility, and in planning any substantial expansion or modification of existing facilities, HYCF shall consider the impact that the design, acquisition, expansion, or modification will have on HYCF's ability to protect residents from sexual abuse." During the time before the last PREA audit, the complex reduced their number of buildings being used by HYCF residents due to low resident numbers. Since, the program is using extra buildings for other community resources. Currently, the facility uses three (3) of the 15 (fifteen) buildings on facility grounds, for youth residents.
- (b) The HYCF PAQ states the facility has installed electronic surveillance system since the last PREA audit. During the year 2018, the facility upgraded analogue cameras with digital cameras, and added a server that maintains 90 days of footage. These additions were recommended after an allegation of sexual abuse was substantiated, internally, by the agency investigator. HYCF policy 12.12, Prison Rape Elimination Act, page 12, Section .8, paragraph b., states, "When installing or

updating a video monitoring system, electronic surveillance system, close circuit television (CCTV), or other monitoring technology, HYCF shall consider how such technology may enhance the HYCF's ability to protect residents from sexual abuse.”

Through such reviews, the facility meets this standards requirements.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF Policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. Instruction posting explaining "What is the Office of the Ombudsman" "What Can the Ombudsman Do" and "What is the Ombudsman's Jurisdiction", not dated
4. Zero Tolerance for Sexual Abuse and Sexual Harassment poster, not dated.
5. 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>
6. 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
7. Letter to the Honorable Chief of Police, Susan Ballard, dated 1.30.2020, requesting an MOU agreement.

Interviews:

1. Random residents
2. Targeted resident
3. Random staff
4. Supervisory staff
5. Facility Nurse
6. PREA Coordinator
7. Facility Youth Administrator
8. Agency Investigator

As is stated in standard 115.311, a percentage of staff demonstrated they were unaware of policy requirements, to include who represented as the outside advocate for HYCF. (*Corrective action was initiated and addressed for 115.311.*) Interviews with random residents demonstrated none had needed to use an outside advocate; however, residents could speak to postings throughout the facility and having access to and feeling comfortable reporting internally, awareness of the hotline and third party reporting. All staff reported basic knowledge of first reporter duties. Interviews with supervisors, facility nurse, agency investigator, PREA Coordinator and the Facility Youth Administrator demonstrated HYCF followed evidence protocol for forensic medical examinations. Of the one criminal sexual abuse investigation at the facility since the last PREA audit, due to the time lapse of the reporting of the allegation, the resident received only a forensic interview, at the Children's Judicial Center.

Site Review Observation:

1. Administration building
2. Modules A, B, and C
3. Criminal Investigation

Documentation of this forensic interview was reviewed by the Auditor. Due to the report of the allegation being past 30 days, the youth did not receive a forensic examination.

115.321

- (a) The HYCF PAQ states the facility is responsible for conducting Administrative sexual abuse investigations. The Honolulu Police Department is responsible for conducting criminal sexual

abuse investigations. Each entity uses a uniform evidence protocol. HYCF policy 12.12, Prison Rape Elimination Act, page 12, Section .9, a-c. states, "HYCF is responsible for conducting all administrative sexual abuse investigations. All criminal sexual abuse investigations shall be referred to the appropriate county law enforcement (LE) agency (Honolulu Police Department, Hawai'i Police Department, Maui Police Department, and Kauai Police Department). If county LE declines to investigate the initial report related to a criminal case, then a referral shall be made to the State of Hawai'i, Department of the Attorney General (AG) to investigate the criminal case. HYCF staff are required to cooperate with the county LE's or AG's criminal investigation. HYCF staff shall be afforded protections based on Garity Warnings in the administrative investigation, if the facts warrant a criminal investigation. HYCF utilizes evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and preserves the crime scene for county law enforcement's criminal prosecutions. HYCF utilizes 42 U.S.C. 14043g – US Code – Unannotated Title 42. The Public Health and Welfare 14043g. Sexual assault services program."

- (b) The HYCF PAQ states the protocol is developmentally appropriate for youth. The protocol was adapted from the most recent edition of the DOJ's Office on Violence Against Women publication. HYCF policy, 12.12 Prison Rape Elimination Act, page 12, Section .9, d., (1-2) states, "HYCF does not perform Sexual Assault Medical Forensic Evaluations. Upon receiving a report alleging sexual abuse and/or assault, HYCF Medical First Responders shall stabilize the victim while using "best efforts" to preserve forensic evidence and use developmentally appropriate protocols while assisting the victim. Health Care Staff shall make the determination for transport to a hospital emergency unit and method of transportation. Emergency personnel will make the determination for transport directly to the Sex Abuse Treatment Center at the Kapi'olani Medical Center for Women & Children Emergency room for a rape analysis, (rape kit) or any other health care facility."

The facility provided an effective MOU upon execution between HYCF and Sex Abuse Treatment Center Kapi'olani Medical Center for Women and Children, also referred to as SATC, dated 9.2.2016. This MOU speaks to compliance with all applicable provisions in standard 115.321. This MOU remains in effect until amended or terminated.

The facility mental health staff are contracted staff and serve as the first point of contact when students request an outside advocate. Residents are made aware outside advocate request phone calls are not monitored by staff or the facility, in any way.

When an outside entity investigates a report from a resident, local law enforcement will arrive with the advocate to question the resident. Law enforcement will then write a case number on business card, which is then attached to the initial incident report.

- (c) The HYCF PAQ states the facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic examinations are offered at no cost to the victim. Where possible, all examinations are conducted by SAFE or SANE examiners. There have been zero medical exams, SAFE/SANE exams performed in the last 12 months. HYCF policy 12.12 Prison Rape Elimination Act, page 13, Section .9, c and d.3., states, "The use of Sexual Assault Forensic Examiners ("SAFEs") or Sexual Assault Nurse Examiners ("SANEs") shall be utilized at the SATC. If a SAFE or SANE is not available, the examination may be performed by other qualified medical practitioners. SATC utilizes victim advocates and HYCF Health Care and FCLB Mental Health practitioners shall follow-up on the prescribed treatment plan or develop a treatment plan.

HYCF shall offer all residents who experience sexual abuse access to forensic medical examinations, without financial cost, where evidentiary or medically appropriate.”

- (d) The HYCF PAQ states the facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. All efforts are documented. If a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff or community member. The HYCF policy, 12.12 Prison Rape Elimination Act, page 13, Section .9 d 4-7, states, “HYCF shall attempt to make available to the victim a victim advocate from the SATC. If the SATC is not available to provide victim advocate services, HYCF shall make available to provide these services a qualified staff member from a community-based organization or a qualified FCLB staff member. HYCF shall document efforts to secure services from the rape crisis center. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. Health Care Services Staff shall inform the Youth Facility Youth Administrator, (YFA) and the Executive Director, (EDIR) of the allegation of sexual abuse and/or assault before sending the resident(s) to the Emergency Room or Kapi’olani Medical Center for Women & Children Emergency room for a rape analysis, (rape kit) or any other Health care. Health Care Services Staff shall contact the Sex Abuse Treatment Center (SATC), to inform them of the possible pending arrival of a resident who has reported being the victim of a sexual assault.

The facility provided the following documentation to ensure residents are aware of reporting procedures:

- Instruction posting explaining “What is the Office of the Ombudsman” “What Can the Ombudsman Do” and “What is the Ombudsman’s Jurisdiction”. Contact information is available on the instruction posting.
- Zero Tolerance for Sexual Abuse and Sexual Harassment poster. This poster includes telephone and address information for the Ombudsman.

Despite repeated attempts by the Auditor to contact Patricia Nelson, Acting Crisis Program Supervisor for the crisis team at the SANE/SAFE designated facility, I was unable to interview her regarding the forensic examination protocol. The facility does maintain a MOU with the Kapi’olani Medical Center for Women & Children, dated 9.2.2016.

- (e) The HYCF PAQ states a qualified staff or community member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. HYCF policy, 12.12 Prison Rape Elimination Act, page 13, Section .9 f. states, “At the request and approval of the victim, a victim advocate from SATC will support the victim through the forensic medical examination process and investigatory interviews to provide emotional support, crisis intervention, information, and referrals.”
- (f, h) The HYCF PAQ states the agency is responsible for Administrative investigations and relies on another agency to conduct criminal investigations. The agency does request provision a-e of this standard are considered when conducting all investigations. HYCF policy 12.12, Prison Rape Elimination Act, page 13, Section .9 g. and g.1., states, “Upon conducting an administrative investigation and/or referral to an appropriate agency for investigating allegations of sexual abuse, HYCF shall request that the investigating agency follow the requirements of paragraphs (a)

through (e) and any subparagraphs of this section. The PREA Coordinator shall be responsible for quality assurance and adherence to protocols of paragraphs (a) through (f) of this section.” On 2.3.2020, the facility sent a request to the Honorable Chief of Police Susan Ballard, requesting the Hawai'i Police Department enter into a Memorandum of Understanding related to sex crime offenses impacting offenders committed to the Executive Director of the Office of Youth Services and investigated by the Honolulu Police Department.

Through such reviews, the facility meets this standards requirements.

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

115.322 (a)

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

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).) Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF Policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. HYCF 401-PREA Incident Response Checklist, dated 11.5.2018
4. HYCF policy 1.15, Administrative Investigations, dated 2.12 2008.
5. [http://humanservices.Hawaii.gov/?s=investigation&type=network&searchblogs=1,2,3,4,](http://humanservices.Hawaii.gov/?s=investigation&type=network&searchblogs=1,2,3,4)
6. <http://humanservices.Hawaii.gov/bessd?s=prea&type=usa>
7. https://humanservices.Hawaii.gov/wp-content/uploads/2018/11/Investigation-of-sexual-Abuse-Allegations_final-11-20-18.pdf

Interviews:

1. Random residents
2. Targeted resident
3. Random staff
4. Supervisory staff
5. Agency Investigator

Resident and staff interviews demonstrated each can report incidents of sexual abuse and sexual harassment through the grievance process, placing a note in the PREA or grievance boxes available, reporting to staff or utilizing the hotline. Each stated being comfortable reporting incidents of sexual harassment and assault.

Site Review Observation:

1. Administrative building
2. School
3. Investigation (*referred for criminal investigation*)

During the tour of the facility, the Auditor witnessed PREA reporting boxes in the school and Control areas of the facility. The one criminal investigation reported remains under investigation with the Honolulu Police Department. The Auditor made several email and voicemail attempts to contact Honolulu Police Department Detective Lee at 808.723.3688 in regard to Case #:19-084-509; however, the auditor did not receive a response. Through an interview with the agency investigator, the Auditor was told he checks in on this investigation every 30 days; however, to date he has not received an outcome.

115.322

- (a) The HYCF PAQ states the agency insures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. In the past 12 months the facility has had two allegations of sexual abuse and sexual harassment that were received. In the past 12 months one allegation resulted in an administrative investigation and one allegation was referred for criminal investigation. Of those investigations referred, and according to the agency investigator, the allegation referred for criminal investigation has not yet been completed. During the interview with the investigator, he stated he checks in with the Hawai'i Police Department every 30 days for the investigation status. The investigator also stated that the Hawai'i Police Department makes him aware of criminal investigation outcomes.

HYCF policy 12.12, Prison Rape Elimination Act, page 14, Section .10, paragraph a-b, states, "HYCF ensures that an administrative investigation and a referral for criminal investigation are completed for all allegations of sexual abuse and sexual harassment with the limitation that any criminal referral for sexual harassment must meet a criminal standard. In the event of allegations of sexual abuse and/or sexual harassment, HYCF staff shall complete the HYCF-200 Incident Report form and the HYCF PREA Incident Response Checklist (HYCF 401) for all allegations of sexual abuse and sexual harassment and contact the YFA and/or the EDIR. These forms shall be completed and submitted to the PREA Coordinator either directly or via the PREA Box at Central Control before the end of the shift."

The facility provided HYCF-200 Incident Report, HYCF PREA Incident Response Checklist and HYCF policy 1.15, Administrative Investigations. HYCF policy 1.15 establishes a process to initiate, conduct, document, and track administrative investigations of any incidents, practices, or behavior that requires review by the Office of Youth Services. All Administrative investigations are completed by the Office of Youth Services Administrative Investigator.

- (b) The HYCF PAQ states the agency has policy that requires allegations of sexual abuse or harassment to be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the HCYF, when completing Administrative investigations. HYCF policy 12.12, Prison Rape Elimination Act, page 14, Section .10, paragraph c-e, states, "If an allegation of sexual abuse or sexual harassment involves potentially criminal behavior, the allegation shall be immediately referred to a county law enforcement agency. OYS will publish HYCF policy 12.12; Prison Rape Elimination Act on the official department website. YFA shall make an official request for investigation of any allegation of sexual abuse or potentially serious incident of sexual harassment to the EDIR. The administrative investigation may be completed by an investigator assigned by OYS, referred to the Attorney General's Office or at the facility level pursuant to the EDIR's or his/her designee's instructions. Of the one criminal investigation reviewed, protocol in the agency policy was followed as is prescribed.

The agency website

<http://humanservices.Hawai'i.gov/?s=investigation&type=network&searchblogs=1,2,3,4,5> has links posted resources for Reporting Child Care Complaints and Investigations and Reporting Complaints and Investigations. Each link provides resources and reporting instructions for any type of abuse, to children and adults. In addition, the website

<http://humanservices.Hawai'i.gov/bessd?s=prea&type=usa> provides information to all agency PREA policies and investigative procedures.. The facility website

https://humanservices.Hawai'i.gov/wp-content/uploads/2018/11/Investigation-of-sexual-Abuse-Allegations_final-11-20-18.pdf_posts_policy_12.12, Prison Rape Elimination Act, page 14, Section .10, paragraph a-e procedures, as is stated above in provisions a and b of this standard.

- (c) The facility website https://humanservices.Hawaii.gov/wp-content/uploads/2018/11/PREA-Policy_final-signed-11-30-18.pdf has HYCF policy 12.12, Prison Rape Elimination Act, dated 11.30.2018, published in its entirety. Page 14, Section .10, paragraphs a through g, describes investigative responsibilities of both the agency and either local law enforcement or the Attorney General will conduct criminal investigations for the agency.

Through such reviews, the facility meets this standards requirements.

TRAINING AND EDUCATION

Standard 115.331: Employee training

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

115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Yes No
- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?
 Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.331 (c)

- Have all current employees who may have contact with residents received such training?
 Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.331 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ

2. HYCF Policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. PREA and Sexual Safety in Hawai'i's Juvenile Facilities curriculum, dated 10.2018.
4. HYCF Post Training Test, not dated
5. HYCF Post Training Test answer key, not dated
6. HYCF 401-PREA Incident Response Checklist, dated 11.5.2018
7. HYCF Training sign in sheet, signed by training participants: PREA, Code of Ethics & Professionalism, dated Monday, November 18, 2019, 7:45 am-12:00pm.

Interviews:

1. Random staff
2. Target staff
3. Staff trainer

Interviews with random and targeted staff demonstrated all were aware of and received initial and booster training annually or bi-annual booster training. During the interview with the staff trainer the auditor was advised that monthly booster training and postings of 'standards of the month' are posted and trained to all staff through supervisor monthly trainings.

Site Observation:

Review of training files demonstrated 100% compliance with all facility staff, contractors and volunteers. The staff trainer was able to produce monthly postings of trainings. Due to the extended efforts of staff awareness through monthly postings and initiation of monthly trainings, the facility exceeded this standard

115.331

(a) The HYCF PAQ states the agency trains all employees who may have contact with residents in all required provisions of this standard. HYCF policy 12.12, Prison Rape Elimination Act, page 14-15, Section .11, 11(a) (1-11) states, " HYCF provides a comprehensive training module for all employee's emphasizing HYCF's zero-tolerance policy and the importance of preventing sexual assault and sexual harassment toward residents. HYCF educates staff about the serious impact of youth sexual victimization within an institutional setting.

- a. All HYCF employees, who may have contact with youth, are trained on: [§115.331a]
 1. HYCF's zero-tolerance policy for offender sexual abuse and sexual harassment;
 2. How to fulfill their responsibility under HYCF sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
 3. Residents rights to be free from sexual abuse and sexual harassment;
 4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
 5. The dynamics of sexual abuse and sexual harassment in juvenile facilities;
 6. The common reactions of juvenile victims of sexual abuse and sexual harassment;
 7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
 8. How to avoid inappropriate relationships with residents based on staff over familiarity and fraternization;
 9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;

10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and

11. Relevant laws regarding the applicable age of consent.

The facility provided their curriculum; PREA and Sexual Safety in Hawai'i's Juvenile Facilities. This curriculum encompasses all 11 components prescribed in this provision. In addition, the curriculum includes a facilitator guide, information and objective breakdowns, references, additional resources and lesson plans.

- (b) The HYCF PAQ states training is tailored to the unique needs and attributes and gender of residents at the facility. HYCF policy 12.12, Prison Rape Elimination Act, page 15, Section .11, paragraph b, states, "HYCF training shall be tailored to the unique needs and attributes of juveniles' and to the gender of the residents at the facility. All HYCF employees shall be trained universally to facilitate assignments supervising male or female residents."
- (c) The HYCF PAQ states 100% staff currently employed by the facility, who may have contact with residents, who were trained or retrained on the PREA requirements enumerated above. Employees who have contact with residents receive annual refresher training. HYCF policy 12.12, Prison Rape Elimination Act, page 15, Section .11, paragraph c-d state, "HYCF shall train all current employees who have not received such training and shall provide each employee with refresher training at least every two years. HYCF shall provide refresher information on current sexual abuse and sexual harassment policies annually for all employees who work directly with residents." The facility provided a sample of employee refresher PREA training sign in sheets, signed by trainees, dated 11.18.2019.
- (d) The HYCF PAQ states the agency documents that employees who may have contact with residents, understand the training they have received through employee signature or electronic verification. HYCF policy 12.12, Prison Rape Elimination Act, page 15, Section .11, paragraph e. (1-3), state, "HYCF training sign-in sheets shall verify that the employees received and understood the PREA training."
 - 1. HYCF Training Unit shall maintain documentation to substantiate that employees have completed the required training;
 - 2. Documentation shall be noted in the employee's official personnel file at OHS; and
 - 3. A copy shall be provided to the PREA Coordinator within three (3) working days of completion of training."

In addition to training sign in logs, the facility provided a PREA post training test and answer key. Comprehension tests are completed by all employees trained on PREA.

Through such reviews, the facility exceeds this standards requirements.

Standard 115.332: Volunteer and contractor training

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

115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.332 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF Policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. Professional Boundaries and Reasons Staff May Cross the Line training, not dated
4. HYCF 403-Prison Rape Elimination Act (PREA) Training and Education Packet for Volunteers and Contractors, not dated
5. Training roster of Volunteer and Contractor PREA Basics refresher training, dated 11.19.2019.
6. PREA training roster of all educational contractors, dated 7.31.2019.
7. NIC specialized training certificates for all Mental Health staff.

Interviews:

1. Education Lead
2. Contracted Psychologist

During an interview with the Education Lead, the auditor was told that all education staff are trained on PREA before having access to residents. The Education Lead produced the Training and Education

Packet for Volunteers and Contractors. During an interview with facility contracted Psychologist, she stated all mental health staff had completed specialized medical/mental health training through the National Institute of Corrections portal.

115.332

- (a) The HYCF PAQ states all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and harassment prevention, detection, and response. HYCF policy 12.12, Prison Rape Elimination Act, page 15, Section .12 a., states, "All volunteers and contractors who have contact with residents will be trained on their responsibilities under HYCF's PREA policy regarding the prevention, detection, and response to offender sexual abuse and sexual harassment." The facility supplied training rosters of volunteer and contractor trainings completed on 7.31.2019 and 11.19.2019. It is important to note that education and mental health staff are contracted with HYCF through the Office of Youth Services or the local school district. Of those contractors interviewed all could articulate PREA requirements and their reporting responsibilities.
- (b) The HYCF PAQ states all volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. HYCF policy 12.12, Prison Rape Elimination Act, page 16, Section .12 b.-c., state, "The level and type of training provided to volunteers and contractors will be tailored to the level of contact and services provided to resident offenders. All current and future volunteers and contractors shall be informed of HYCF's zero- tolerance policy regarding residents sexual abuse and sexual harassment, as well as how to report such incidents."
- (c) The HYCF PAQ states the agency maintains documentation confirming that the volunteers and contractors understand the training they have received. HYCF policy 12.12, Prison Rape Elimination Act, page 15, Section .12 d. (1-2), e., states, "HYCF will maintain documentation confirming that volunteers and contractors received an appropriate level of training and they understood the information provided. A copy of this documentation shall be maintained with the HYCF Training Unit, and the HYCF PREA Coordinator. A copy shall be provided to the PREA Coordinator within three (3) working days of completion of training. The HYCF PREA Coordinator shall coordinate with the HYCF Training Unit to ensure that all volunteers and contractors are trained on HYCF's zero-tolerance policy regarding residents sexual abuse and sexual harassment and are trained on how to report such incidents."

The facility provided Professional Boundaries and HYCF 403-Prison Rape Elimination Act (PREA) Training and Education Packet for Volunteers and Contractors. This packet includes a signed acknowledgement of receipt.

Through such reviews, the facility meets this standards requirements. **Standard 115.333: Resident education**

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

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No

- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)?
 Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?
 Yes No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?
 Yes No

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF Policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. Hawai'i Youth Correctional facility – PREA Orientation Form, not dated.
4. How to stay safe posting, not dated.
5. Postings on 'How do you stay safe.'
6. End the Silence, Zero Tolerance for Sexual Abuse and Sexual Harassment brochure, not dated. This brochure does have a contact number for both a PREA Coordinator and *PREA Manager*.
7. Script for staff introducing residents to PREA, upon admission, titled, PREA Orientation for Newly Committed Juveniles to HYCF, dated October 2017.
8. An End to Silence brochures,' (series of comics through The Washington College of Law).

Interviews:

1. Random residents
2. Targeted resident
3. Random staff
4. Social Worker
5. PREA Coordinator

Interviews with the eleven (11) residents, each reported their knowledge on PREA, reporting options to staff, the PREA boxes, telling a friend, notifying a parent and the hotline numbers posted on Zero Tolerance Posters throughout the facility.

Site Observation:

A review of resident files demonstrated that each resident file reviewed evidenced residents had PREA education within 72 hours of intake. Of the 11 (eleven) resident files reviewed nine (9) residents received PREA education on the day of intake. Two (2) residents received education within 72 hours due to being admitted to the facility after business hours on Fridays. Zero Tolerance posters with outside reporting contact numbers observed throughout the facility.

115.333

1. (a) The HYCF PAQ states Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. 100% of residents admitted in the past 12 months were given information at intake. HYCF policy 12.12, Prison Rape Elimination Act, page 16, Section .13 a., states, "During the intake process, residents shall receive information explaining, in an age appropriate fashion, the HYCF's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment." The facility provided the following educational aides for youth:
 - a. Two separate formats of a Hawai'i Youth Correctional Facility – PREA Orientation formats. Both forms serve as a check and balance to ensure youth retain PREA education received upon admission.
 - b. Postings on 'How do you stay safe.'
 - c. End the Silence, Zero Tolerance for Sexual Abuse and Sexual Harassment brochure, not dated. This brochure does have a contact number for both a PREA Coordinator and PREA Manager. *(It is the recommendation of this auditor the PREA Manager language be removed as HYCF does not employ a PREA Manager.)*
 - d. Script for staff introducing residents to PREA, upon admission, titled, PREA Orientation for Newly Committed Juveniles to HYCF.
 - e. Additional 'comic' brochures speaking to scenarios of 'speaking out and reporting abuse.' (series of comics through The Washington College of Law).
- (b) The HYCF PAQ states within the past 12 months, 26 residents received age appropriate PREA education within 10 days of intake. HYCF policy 12.12, Prison Rape Elimination Act, page 16, Section .13 b., (1-3) states, "Within 10 days of intake, HYCF shall provide comprehensive age-appropriate education to residents either in person or through video regarding:
 1. Their rights to be free from sexual abuse and sexual harassment;
 2. To be free from retaliation for reporting such incidents; and
 3. Regarding HYCF policies and procedures for responding to such incidents."

During interviews with the facility Social Worker and the PREA Coordinator, each realized resident PREA education was provided at intake with no follow up education in 10 days. Upon this determination, on 3.2.2020, the PREA Coordinator sent an email notification directing facility social workers and supervisors to insure the Internal Communication Form and PREA Education Checklist be reviewed and acknowledged by staff and residents, after intake, but within 10 days of intake.

- (c) The HYCF PAQ states 100% residents were educated within 10 days of intake. Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights. HYCF policy 12.12, Prison Rape Elimination Act, page 16, Section .13 c., states, "HYCF shall make "best efforts" to educate all current residents within one year of the effective date of the PREA standards, and residents shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility."

- (d) The HYCF PAQ states Resident PREA education is available in accessible formats for all residents including those who are limited English proficient, deaf, visually impaired, otherwise disabled or have limited reading skills HYCF policy 12.12, Prison Rape Elimination Act, page 16-17, Section .13 d. (1-3), states, “HYCF shall provide education to residents in formats accessible to all residents, including those who are Limited English Proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.
1. HYCF shall make appropriate provisions, as necessary, for residents with Limited English Proficiency through the DHS Civil Rights Office that provides a listing of authorized interpreters.
 2. Accommodations shall be made for residents with disabilities (including residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) and residents with low literacy levels through services provided by DHS, another state or county agency, a contracted agency or free of charge from a private or non-profit organization.
 3. Whenever specialized services are offered, refused and/or provided to residents, the assigned social worker will document the offer made, refusal and/or services provided on the appropriate form and a copy shall be forwarded to the PREA Coordinator via the PREA box located at Central Control within three (3) days.”
- (e) The HYCF PAQ states the facility maintains documentation of resident participation in PREA education sessions. HYCF policy 12.12, Prison Rape Elimination Act, page 17, Section .13 e., states, “HYCF shall maintain documentation of residents’ participation in these education sessions. This documentation shall be forwarded to the PREA Coordinator via the PREA box located at Central Control within three (3) days and a copy placed in the residents institutional file.”
- (f) The HYCF PAQ states The agency ensures that key information about the agency’s PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. HYCF policy 12.12, Prison Rape Elimination Act, page 17, Section .13 f., states, “HYCF shall ensure that key information on HYCF's PREA policies are continuously and readily available or visible through posters, the resident handbooks, and other resources in other written formats (i.e., An End to Silence series of comics through The Washington College of Law).

Corrective Action Was Needed:

During interviews with the facility Social Worker and the PREA Coordinator, each realized resident PREA education was provided at intake with no follow up education in 10 days. Upon this determination, on 3.2.2020, the PREA Coordinator sent an email notification directing facility social workers and supervisors to insure the Internal Communication Form and PREA Education Checklist be reviewed and acknowledged by staff and residents, after intake, but within 10 days of intake.

Through such reviews, the facility meets this standards requirements.

Standard 115.334: Specialized training: Investigations

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

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
 Yes No NA

115.334 (b)

- Does this specialized training include techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
 Yes No NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
 Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF Policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. HYCF Policy 1.15, Administrative Investigations, dated 2.12.2008
4. PREA Grant Project, Sexual Assault Investigation Training Certificate Joseph Laurel, dated 2.24.2017.
5. PREA Grant Project Sexual Assault Investigation Training Program Outline
 - a. Instructor Manual
 - b. Participant Manual

Interviews:

1. Agency Investigator
2. PREA Coordinator

During the interview with the Agency Investigator, he was able to demonstrate he had completed Sexual Assault Specialized Training through the PREA Grant project on 2.24.2017. The investigator also attends yearly CJCC conferences where he attends PREA breakout sessions and maintains certificates from those trainings. The Auditor recommends the Investigator provide copies of the CJCC PREA trainings to the HYCF trainer in order to ensure his training file remains current. During discussion with the PREA Coordinator, he stated the investigator attended initial staff training in December of 2016.

115.334

- (a) The HYCF PAQ states the agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. HYCF policy 12.12, Prison Rape Elimination Act, page 17, Section .14 a., states, "The EDIR will assign an investigator to conduct an administrative investigation for allegations of sexual abuse and sexual harassment. In either case, in addition to the general training provided to all employees under §4.11 of this policy, OYS investigators shall receive specialized training on conducting sexual abuse investigations in confinement settings." In addition, HYCF policy, 1.15 Administrative Investigations, page 2, Section .2 a., states, "The Office of Youth Services Administrative Investigator shall conduct all administrative investigations." The facility provided the PREA Grant Project Sexual Assault Investigation Training Program curriculum for both the instructor and participant training.
- (b) The HYCF PAQ states the agency maintains documentation showing that investigators have completed the required training. HYCF policy 12.12, Prison Rape Elimination Act, page 17, Section .14 b., states, "HYCF's specialized training will include techniques for interviewing sexual abuse victims, proper use of Miranda (not applicable) and Garrity warnings, preserving sexual abuse evidence for collection in confinement settings, and an understanding of the criteria and evidence required to substantiate a case in an administrative proceeding or for a referral by a county LE agency for criminal prosecution. "The facility training program curriculum, specialized training, includes all techniques as is prescribed in the provisions of 115.334(b).

(c) The HYCF PAQ states the facility currently has one investigator currently employed who has completed specialized investigator training. HYCF policy 12.12, Prison Rape Elimination Act, page 17, Section .14 c., states, "HYCF will maintain documentation substantiating that OYS investigators have completed the required specialized training and it will be documented on the staff member's training record with HYCF and OHS. A copy will also be provided to the PREA Coordinator either directly or via email, fax, or placed in the PREA box located at Central Control within three (3) days." The facility provided the training certificate for the agency investigator.

Through such reviews, the facility meets this standards requirements.

Standard 115.335: Specialized training: Medical and mental health care

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

115.335 (a)

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

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)
 Yes No NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Document Review:

1. HYCF PAQ
2. HYCF Policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. PREA Resource Center Modules 1-6, Specialized Training for Medical and Mental Health Staff
4. Training documentation of 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

Interviews:

1. Facility Nurse
2. Contracted Psychologist
3. PREA Coordinator

During interviews with the facility nurse and contracted Psychologist, both were able to demonstrate they had completed specialized training for medical and mental health staff. In addition, each understood their first responder responsibilities. Due to the recent date of the specialized training, and medical and mental health staff being in their positions for more than one year, the Auditor recommended the facility ensure specialized training for medical and mental health staff be completed

within 90 days of employment. During an interview with the PREA Coordinator, he agreed specialized training would be completed within 90 days of employment.

Site Observation:

During file review of the medical and mental health staff training records, each had completed specialized training through PREA Resource Center Modules 1-6. All mental health staff completed training through the National Institute of Corrections portal.

115.335

- (a) The HYCF PAQ states agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. 100% of HYCF medical and mental health staff who work at the facility have received training required by agency policy. HYCF policy 12.12, Prison Rape Elimination Act, page 17, Section .15 a., (1-4) states, "All full-time, part-time and contract medical and mental health care practitioners, who work regularly in HYCF shall be trained in:
1. How to detect and assess signs of sexual abuse and sexual harassment;
 2. How to preserve physical evidence of sexual abuse;
 3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment."

The facility provided six module trainings from the following sources;

- a. Detecting and assessing signs of sexual abuse and harassment by the staff nurse;
- b. Training presented by a sexual assault nurse examiner;
- c. Training presented by a school psychologist who has managed health services as an administrator in jails and prisons;
- d. Training presented by a licensed clinical mental health counselor, and;
- e. Training presented by two Program Directors from Just Detention International.

- (b) The HYCF PAQ states their medical staff do not conduct forensic medical exams. HYCF policy 12.12, Prison Rape Elimination Act, page 18, Section .15 b., states, "HYCF medical and mental health staff and contract workers are not responsible for conducting forensic examinations."

- (c) The HYCF PAQ states the agency maintains documentation showing that medical and mental health practitioners have completed the required training. HYCF policy 12.12, Prison Rape Elimination Act, page 18, Section .15 c-d., states, "HYCF shall maintain documentation substantiating that medical and mental health practitioners have completed the required training and it will be documented on the staff member's training record with the HYCF Training Unit and OHS Personnel file if a state employee. A copy will also be provided to the PREA Coordinator via the PREA box located at Central Control within three (3) days. Medical and mental health care practitioners shall receive the training mandated for employees under § 4.11 or § 4.12 of this policy, based on the practitioner's status." The facility provided signed training affidavits, dated 12.13.2019, from medical staff attesting to the completion of the following training:

- PREA Specialized Training, Modules 1-4,
- PREA and Medical and Mental Health Care, A Trauma Informed Approach
- Why PREA Matters: Understanding Sexual Trauma in Custody

The facility provided signed training affidavits, dated between 1.21.20 through 2.3.2020, from mental health staff attesting to the completion of the following training:

- PREA Specialized Training, Modules 1-4,
- PREA and Medical and Mental Health Care, A Trauma Informed Approach

- Why PREA Matters: Understanding Sexual Trauma in Custody

Through such reviews, the facility meets this standards requirements.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? Yes No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained during classification assessments? Yes No
- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ

2. HYCF Policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. HYCF Housing Assessment, not dated

Interviews:

1. Social Worker
2. Supervisory staff

The interview with the Social Worker demonstrated that resident risk is determined through the Housing Assessment, at the time of intake, when admittance is during normal business hours. Social Workers at HYCF are the only staff who complete risk assessments. Interviews with the Social Worker and supervisory staff demonstrated the Housing Assessments are placed in the staff desk on each of the three resident Modules for staff awareness of risk level.

Site Observation:

Resident file review demonstrated eleven (11) of eleven residents had a completed Housing Assessment. Housing assessments placed in staff desks on each Module.

115.341

- (a) The HYCF PAQ states the facility has a policy that requires screening, upon admission or transfer, for risk of sexual abuse victimization or sexual abusiveness toward other residents. In the past 12 months 36 residents whose length of stay was longer than 72 hours, were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility.

HYCF policy, 12.12 Prison Rape Elimination Act, page 18, Section .16, a., states, "Within 72 hours of a residents' arrival at HYCF, HYCF staff conducting the intake/orientation shall assess each youth for risk of sexual victimization or sexual abusiveness toward other resident by obtaining and using information about each youth's personal history and behavior to reduce the risk of sexual abuse by or upon another resident." Page 19, Section .16 f., states, "HYCF shall periodically review each residents institutional record throughout the residents' confinement, consistent with the monthly continuing case plan review, or when a referral, request, incident of sexual abuse, or receipt of additional information that may impact the risk level of sexual abuse by or upon a resident."

- (b) The HYCF PAQ states the facility conducts risk assessments by using an objective screening instrument. HYCF policy, 12.12 Prison Rape Elimination Act, page 18, Section .17, b., states, "HYCF staff shall utilize an objective screening instrument to conduct the assessment." The facility provided the HYCF Housing Assessment which includes each provision of this standards requirements.
- (c) HYCF policy, 12.12 Prison Rape Elimination Act, page 18, Section .16 c. (1-11), states, "At a minimum, HYCF shall attempt to ascertain information about: [§115.341c]
1. Prior sexual victimization or abusiveness;
 2. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
 3. Current charges and offense history;
 4. Age;
 5. Level of emotional and cognitive development;
 6. Physical size and stature;
 7. Mental illness or mental disabilities;
 8. Intellectual or developmental disabilities;

9. Physical disabilities;
10. The residents own perception of vulnerability; and,
11. Any other specific information about individual resident that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.”

The facility provided the HYCF Housing Assessment (Risk Assessment) which includes each provision of this standards requirements.

- (d) HYCF policy, 12.12 Prison Rape Elimination Act, page 18-19, Section .16 d. (1-3), states, “This information shall be ascertained through conversations with the resident:
1. during the intake process and medical and mental health screenings;
 2. during classification assessments; and
 3. by reviewing court records, case files, facility behavioral records, and other relevant documentation from the residents file(s).”
- (e) HYCF policy, 12.12 Prison Rape Elimination Act, page 19, Section .16 g., states, “HYCF shall control the dissemination of the information obtained from the screening instrument. Professional and ethical rules will be enforced to avoid any negative impact to the resident. The information should not be exploited to the residents’ detriment by staff or other residents.”

Through such reviews, the facility meets this standards requirements.

Standard 115.342: Use of screening information

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

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? Yes No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive? Yes No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No

- When making housing or other program assignments for transgender or intersex residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? Yes No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.342 (g)

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

115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. HYCF 400-Housing Assessment Form, dated 11.5.2018

Interviews:

1. Targeted resident
2. Random residents
3. Random staff
4. Supervisory staff
5. Social Worker

Through an interview with a transgender youth, who was a male identifying as a female, stated she was searched by staff of her choice and placed in the female module, again of her choice. Random resident interviews conducted demonstrated that residents had not nor had they heard of a resident being placed in isolation during their residency. Interviews with random, supervisory and social worker staff demonstrated that the isolation rooms were never used when determining resident gender or housing assignments.

Site Observation:

Although the facility 12.12, Prison Rape Elimination Act policy speaks to isolation protocols, the facility does not use seclusion due to the outcomes of risk assessments. During the tour, the Auditor observed two (2) isolation rooms. One appeared to be used for infirmary purposes and the other did not have evidence of recent use by residents. Of the resident files reviewed, each demonstrated once orientation was complete, residents were placed in Module A or B for males or Module C for females and one transgender youth.

115.342

- (a) The HYCF PAQ states the facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. HYCF policy 12.12, Prison Rape Elimination Act, page 19, Section a., states, "HYCF shall use all information obtained pursuant to § 4.16 to make housing, bed, program, education, and work assignments for youth with the goal of keeping all youth safe and free from sexual abuse." The facility provided a Housing Assessment used for risk screening, bed and all other programmatic assignments. In addition, the assessment ensures residents are safe and free from sexual abuse from one another.
- (b) The HYCF PAQ states the residents may only be placed in isolation as a last resort to keep them safe from other residents, until other arrangements can be made. The facility requires residents in isolation continue to have access to the same programming offerings as all other residents outside

of isolation. In the last 12 months there have zero residents placed in isolation at risk of sexual victimization or who were in need of protection from sexual victimization.

HYCF policy 12.12, Prison Rape Elimination Act, page 19, Section b (1) (2. A-C)., states, "Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe.

1. Isolation shall be in accordance with the Administrative Respite and Transition (ART) Program;
2. Length in the ART program shall only be until an alternative means of keeping all residents safe can be arranged.
 - A. While in ART program or another form of isolation, residents shall not be denied daily large-muscle exercise, legally required educational programming, special education services or religious rights (these services may be provided separate from the general population).
 - B. Medical or mental health care staff shall visit and assess the resident daily.
 - C. Residents shall also have access to other programs and work opportunities to the extent possible while maintaining a safe environment for all residents."

- (c) The HYCG PAQ states the facility prohibits placing and considering lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. HYCF policy 12.12, Prison Rape Elimination Act, page 19, Section c, states, "Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall their identification or status be used as an indicator of likelihood of being sexually abusive."
- (d) The HYCF PAQ states the facility makes housing and program assignments for transgender or intersex residents in a facility on a case-by case basis. HYCF policy 12.12, Prison Rape Elimination Act, page 20, Section d., states, "Housing and programming assignments for lesbian, gay, bisexual, transgender, or intersex residents shall be on a case-by-case basis to ensure the residents health and safety, while considering facility management and/or security concerns."
- (e) HYCF policy 12.12, Prison Rape Elimination Act, page 20, Section e. (1), states, "Placement and programming assignments for each transgender or intersex resident shall be reassessed monthly or at least twice each year to review any threats to safety experienced by the resident.
 1. The Treatment Team shall discuss and document on the residents Continuous Case Plan (CCP) or equivalent document, the status and any changes."
- (f) HYCF policy 12.12, Prison Rape Elimination Act, page 20, Section f., states, "Staff shall respect the opinion and views of a transgender or intersex residents in regard to his or her own safety and shall give serious consideration to their requests while ensuring their health and safety and the good management and orderly running of the facility."
- (g) HYCF policy 12.12, Prison Rape Elimination Act, page 20, Section g., states, "HYCF staff shall provide the opportunity for transgender and intersex residents to shower separately from other residents in dorm shower situations, if so requested."
- (h) The HYCF PAQ states in the last 12 months, there were zero residents at risk of sexual victimization who were held in isolation. HYCF policy 12.12, Prison Rape Elimination Act, page 20, Section h. (1-2) (A-B), states, "Whenever a resident is segregated pursuant to paragraph (b) of this section, HYCF shall clearly document:
 1. The basis for the concern for the resident's safety; and

2. The reason why no alternative means of separation can be arranged.
 - A. At least every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.
 - B. This review shall be conducted at the scheduled monthly Treatment Team meeting and shall be documented on the continuous case plan or other appropriate document with a copy provided to the resident.”
- (i) The HYCF PAQ states if residents were held in isolation, such resident would be afforded a review every 30 days to determine whether the continuation for separation was needed. HYCF policy 12.12, Prison Rape Elimination Act, page 20, Section h. speaks to the provision of this standard.

Through such reviews, the facility meets this standards requirements.

REPORTING

Standard 115.351: Resident reporting

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

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) Yes No NA

115.351 (c)

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

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. HYCF policy, 12.10, Youth Grievance, dated 2.11.2009
4. Youth Complaint/Grievance Form (HYCF 225), dated 3.1.2005
5. Proposed Compliant Resolution Form (HYCF 236), not dated
6. Youth Grievance/Compliant Resolution Form (HYCF 237), dated 6.3.2008
- 5 HYCF Youth Handbook, dated 5.26.2010.
- 6 Instruction posting explaining "What is the Office of the Ombudsman" "What Can the Ombudsman Do" and "What is the Ombudsman's Jurisdiction", not dated
- 7 Zero Tolerance for Sexual Abuse and Sexual Harassment poster, not dated.
8. Staff Training Files – 100% compliance for initial and booster trainings.
9. HYCF 200 Incident Reporting Form, dated 6.25.2018
10. HYCF 401-PREA Incident Response Checklist, dated 11.5.2018
11. Ombudsman duty and contact instruction guidelines, not dated. (Link to Ombudsman website: <http://ombudsman.Hawaii.gov/>. Link to Ombudsman Statute: <https://ombudsman.Hawaii.gov/about-us/chapter-96/>.)

Interviews:

1. Random staff
2. Social worker
3. Random residents
4. Targeted resident

Random staff interviewed demonstrated they were comfortable reporting sexual harassment or sexual abuse without fear of retaliation. Although not all staff interviewed were aware of available external reporting protocols. (*Note correction action for Standard 115.311.*) The Social Worker interview demonstrated she educated residents on reporting requirements at the time of intake, or within 72 hours of admission. Residents interviewed demonstrated their reporting knowledge internally and externally to include verbally reporting to staff, submitting a written complaint to staff, calling the hotline or telling a trusted adult at the program or in the community. Every resident interviewed stated they felt safe in the program and comfortable reporting sexual harassment or abuse.

Site Observations:

Resident files reviewed demonstrated each had been educated on reporting requirements at the time of intake.

115.351

(a) The HYCF PAQ states The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual harassment, abuse, retaliation and or any type of neglect. HYCF policy, Prison Rape Elimination Act, page 21, Section .18 a. (1-3), states, "HYCF provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents:

1. Residents may report non-consensual sexual acts, abusive sexual contacts, staff sexual misconduct, or staff sexual harassment to any HYCF employee, DOE employee, FCLB employee, contract employee or volunteer using available methods of communication, including but not limited to verbal or written reports.
2. Youth may write a note, letter, memo gram, etc. on any form of writing material and submit it to the PREA Coordinator confidentially by placing it in the box designated as PREA fronting the Central Control in SCF or in a sealed envelope addressed to "PREA" and placed in the grievance box located throughout the facility.
3. Residents may also utilize the Grievance procedure."

The facility provided HYCF policy 12.10, Youth Grievance, dated 2.11.2009, page 21, Section 3.0, which states, "Consistent with Policy No, 12.01, Basic Youth rights, HYCF shall provide a fairly and prompt system for a youth, the youth's parents, or other persons to voice grievances about a youth's care and treatment. HYCF staff shall respond to all grievances promptly and thoroughly with corrective measures or information that aids understanding and shall achieve the foregoing purposes in a manner that contributes positively to the cognitive restructuring process and results in in on-going improvement in programs and services. HYCF staff shall ensure that youth are not retaliated against for filing grievances. "

The facility provided the following documentation to ensure residents are aware of reporting procedures:

- HYCF Youth Handbook, page 9, Grievance Procedures.
- Instruction posting explaining "What is the Office of the Ombudsman" "What Can the Ombudsman Do" and "What is the Ombudsman's Jurisdiction". Contact information is available on the instruction posting.
- Zero Tolerance for Sexual Abuse and Sexual Harassment poster. This poster includes telephone and address information for the Ombudsman.

(b) The HYCF PAQ states facility provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency has a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

HYCF policy, 12.12 Prison Rape Elimination Act, page 21, Section .18 b. (1) (2. A-F), states, "HYCF provides education to residents on how to report abuse or harassment to a public entity, private entity, or an external agency, who is able to receive and immediately forward residents

reports of sexual abuse and sexual harassment to agency officials, allowing offenders to remain anonymous upon request.”

(1) Should a resident be detained at HYCF solely for civil immigration purposes, he or she shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. (2) Residents, staff, and others may report incidents of sexual abuse, sexual harassment, and retaliation for reporting by:

- A. Contacting the Ombudsman at 808-587-0770 or at 465 South King Street 4th Floor, Honolulu, HI 96813; a Legislative or Political Representative (at their office address), or the Department of the Attorney General at 808-586-1500 or at 425 Queen Street, Honolulu, HI 9613;
- B. Writing a note, letter, memo gram, etc. on any form of writing material and mailing it to the PREA Coordinator at HYCF or submitting it to the PREA Coordinator confidentially by placing it in the box designated as PREA fronting the Central Control in SCF or in a sealed envelope addressed to "PREA" and placed in the grievance box located throughout the facility;
- C. Contacting the EDIR, YFA, Deputy YFA, or the Facility Investigator at 42-470 Kalaniana'ole Hwy, Kailua, HI 96734;
- D. Notifying a family member who can initiate a telephone call or a letter to Key Staff indicated above;
- E. Filing an Emergency Youth Grievance Complaint, or;
- F. Contacting the Sex Abuse Hotline at 524-7273 or at 55 Merchant Street, 22nd Floor, Honolulu, HI 96813. This call shall be facilitated by staff in a confidential manner and without reservation.
- G. Posting of Ombudsman contact information are posted throughout the facility and in the living unit and program areas.”

- (c) The HYCF PAQ states the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties.

HYCF policy, 12.12 Prison Rape Elimination Act, page 21, Section .18 c. (1-2), states, “HYCF mandates that all staff accept reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties. All Staff shall immediately document all verbal reports of sexual assault or sexual harassment and notify superiors through the chain of command.

- 1. Initial documentation shall be on the HYCF-200 Incident Reporting form.
- 2. The HYCF PREA Incident Response Checklist (Form HYCF 401) shall also be completed and copies of both forms shall be forwarded to the PREA Coordinator either directly or via the PREA box located at Central Control by the end of the shift.”

- (d) The HYCF PAQ states the facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. HYCF policy, 12.12 Prison Rape Elimination Act, page 21-22, Section .18 d. (1) (A-B), state, “Staff shall provide residents with access to tools necessary to make a written report and provide assistance if requested.

- 5. Residents may request to have staff transcribe his or her verbal report;
 - A. Staff shall assist youth ensuring confidentiality and anonymity to the best of their ability.
 - B. Residents with LEP or disabilities shall be afforded appropriate services, free of cost, to assist in transcribing his or her report. (Refer to 12.12., Section .4.6 above).”

- (e) The HYCF PAQ states the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff have been informed of these procedures through initial and annual training as is described in provision 115.331(a) (1-11). HYCF policy, 12.12 Prison Rape Elimination Act, page 22, Section .18 e., states, "Staff may privately report sexual abuse and sexual harassment of residents as is indicated in provision b.2 of this standard."

Through such reviews, the facility meets this standards requirements.

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA

- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which

immediate corrective action may be taken? (N/A if agency is exempt from this standard.)

Yes No NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. HYCF policy, 12.10, Youth Grievance, dated 2.11.2009
4. Youth Complaint/Grievance Form (HYCF 225), dated 3.1.2005

5. Proposed Compliant Resolution Form (HYCF 236), not dated
6. Youth Grievance/Compliant Resolution Form (HYCF 237), dated 6.3.2008
7. Resident Handbook, Grievance Procedures, page nine, dated 5.26.2010
8. HYCF 200 Incident Reporting Form, dated 6.25.2018
9. HYCF 401 Incident Response Checklist, dated 11.5.2018
10. HYCF Third Party Waiver Form (HYCF-408), dated 11.20.2019
11. Ombudsman duty and contact instruction guidelines, not dated. (Link to Ombudsman website: <http://ombudsman.Hawaii.gov/>. Link to Ombudsman Statute: <https://ombudsman.Hawaii.gov/about-us/chapter-96/>)

Interviews:

1. Random residents
2. Targeted resident
3. PREA Coordinator

Interviews with random residents demonstrated each was aware of the grievance process and none reported filing a grievance for purposes of grieving sexual harassment or sexual abuse. During the interview with the transgender resident, she reported she had completed three grievances regarding sexual harassment by her female peers. Upon verifying this information with the PREA Coordinator, the Auditor determined the grievances were not related to sexual harassment or sexual abuse. In fact, the grievances were not related to children rights. Regardless, the Auditor recommended the PREA Coordinator follow up with the youth regarding her grievance submittals. Interviews with random and supervisory staff demonstrated all were aware of grievance protocols and none remembered any grievances being filed for sexual abuse or sexual harassment in the recent past.

Site Observation:

Grievance boxes, third party postings and third party reporting forms were available in highly trafficked areas by residents and visitors.

115.352

- (a) The HYCF PAQ states the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. HYCF policy, 12.12 Prison Rape Elimination Act, page 22, Section .19 a., states, "The grievance process outlines the administrative procedure available to residents for reporting incidents of sexual abuse, sexual harassment, or retaliation."
- (b) The HYCF PAQ states the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. Agency policy and procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. HYCF policy, 12.12 Prison Rape Elimination Act, page 22, Section .19 b-e., states:
 - b. "there shall be no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse;
 - c. HYCF may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse in accordance with grievance procedures;
 - d. Staff shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse;
 - e. The relevant legal provisions applicable to the statute of limitations shall supersede this section as it relates to the administrative filing requirements for a civil action in any court proceeding."

The facility provided a resident handbook. Page nine, clearly explains and mirrors the procedures outlined in the HCYF policy 12.12, Prison Rape Elimination Act.

- (c) The HYCF PAQ states the agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. HYCF policy, 12.12 Prison Rape Elimination Act, page 22, Section .19 f. (1-2), g. (1-2), states,
- f. "HYCF shall ensure that provisions are made for a resident to submit a grievance without submitting it to the staff member who is the subject of the complaint. [§115.352c(1)]
1. Residents shall be permitted to submit a grievance through any HYCF staff member who shall then process the grievance.
 2. Residents shall be permitted to submit a grievance anonymously by placing the grievance in a secured grievance box at various locations throughout the facility.
- g. HYCF shall ensure that a grievance shall not be referred to the staff member who is the subject of the complaint. [§115.352c (2)]
1. The grievance officer/staff member assigned to retrieve grievances from the secured grievance boxes shall ensure that a grievance regarding an allegation of sexual abuse is forwarded directly to the YFA or designee for proper action.
 2. At no time shall the grievance be referred to the staff member, who is the subject of the grievance complaint."

(d) The HYCF PAQ states the agency's policy and procedures that require a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. In the past 12 months:

 - there have been zero grievances filed alleging sexual abuse;
 - zero grievances alleging sexual abuse that reached final decision within 90 days, after being filed;
 - zero grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days, and;
 - zero cases where the agency requested an extension of the 90-day period to respond to a grievance, and that had reached final decisions by the time of the PREA audit, some grievances took longer than a 70-day extension period to resolve.

The agency always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made. HYCF policy, 12.12 Prison Rape Elimination Act, page 22-23, Section .19 h. (h.1), (i), and (j), states:

- h. "HYCF shall ensure that a final decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the initial filing of the grievance.
1. The 90-day time period shall not include time consumed by residents in preparing any administrative appeal.
- i. HYCF may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. HYCF shall notify the resident in writing of any such extension and provide a date by which a decision will be made.
- j. At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level."

- (e) The HYCF PAQ states facility policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. Facility policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the facility documents the resident's decision to decline. Facility policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf. In the last 12 months, there were zero grievances alleging sexual abuse filed by residents, in which the resident declined third-party assistance, containing documentation of the resident's decision to decline.

HYCF policy, 12.12 Prison Rape Elimination Act, page 23-24, Section .19 k., l., m., n. (n.1), states"

- k. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.
- l. If a third party, other than a parent or legal guardian, files a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.
- m. If the resident declines to have the request processed on his or her behalf, HYCF shall document the residents' decision on the HYCF Third Party Waiver form, which shall be forwarded to the PREA Coordinator via email, fax, or placed in the PREA box located at Central Control within three (3) days.
- n. A parent or legal guardian of a resident shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such resident.
 - 1. There shall be no conditions placed on the resident agreeing to have the request filed on his or her behalf."

- (f) The HYCF PAQ states the facility has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The facilities policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The facilities policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days. No grievances were received alleging substantial risk of imminent sexual abuse, that were filed in the past 12 months, reached final decisions within five days.

HYCF policy, 12.12 Prison Rape Elimination Act, page 24, Section .19, o. (1-3), states:

- o. "Residents shall be able to file an Emergency Youth Grievance Complaint (expedited grievance) whenever the resident is subject to a substantial risk of imminent sexual abuse.
 - 1. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, staff shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the Youth Facility Administrator or designee, where immediate corrective action may be taken.
 - 2. The YFA shall provide an initial response within 48 hours of receipt of the grievance or verbal notification, and shall issue a final decision within 5 calendar days.
 - 3. The initial response and final decision shall document the HYCF's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in

response to the emergency grievance.”

- (g) The HYCF PAQ states the facility has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 month, there have been zero grievances alleging sexual abuse to occasions where the agency demonstrated that the resident filed the grievance in bad faith. HYCF policy, 12.12 Prison Rape Elimination Act, page 24, Section .19, p., states, “HYCF may discipline a resident for filing a grievance related to alleged sexual abuse or sexual harassment, when HYCF demonstrates that the resident filed the grievance in bad faith.”

Through such reviews, the facility meets this standards requirements.

Standard 115.353: Resident access to outside confidential support services and legal representation

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

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. HYCF policy 12.10, Youth Grievance, dated 2.11.2009
4. Youth Complaint/Grievance Form (HYCF 225), dated 3.1.2005
5. Proposed Compliant Resolution Form (HYCF 236), not dated
6. Family Court Liaison Branch phone, address and website information.
7. Youth Grievance/Compliant Resolution Form (HYCF 237), dated 6.3.2008
8. MOU - Sex Abuse Treatment Center Kapi'olani Medical Center for Women and Children, dated 9.2.2016
9. HYCF Third Party Waiver Form (HYCF-408), dated 11.20.2019
10. Resident Handbook and resident acknowledgment, dated 5.26.2010.

Interviews:

1. Random residents
2. Targeted resident
3. Mental Health staff

Residents interviewed demonstrated their reporting knowledge externally to include calling the hotline or telling a trusted adult at the program or in the community. Each resident interviewed stated they felt safe in the program and comfortable reporting sexual harassment or abuse.

Site Observation:

Resident files reviewed demonstrated each had been educated on reporting requirements at the time of intake. The Family Court Liaison Branch contracts mental health staff with HYCF. Mental Health staff office in a separate building on HYCF grounds. When residents request to report externally, mental

health staff are contacted who then assist residents with reporting. Residents calls are not monitored; however, residents reported if they were to report externally they would want their mental health worker with them.

115.353

(a) The HYCF PAQ states the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by doing the following:

- Gives residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations.
- Does not give immigrant residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of immigrant service agencies for persons detained solely for civil immigration purposes.
- Enables reasonable communication between residents and these organizations, in as confidential manner as possible.

HYCF policy 12.12, Prison Rape Elimination Act, page 24, Section .20 a. (1-3), states:

a. "HYCF shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by:

1. Providing residents with mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations.
2. Providing residents with mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for person detained solely for civil immigration purposes.
3. Enabling reasonable communication between residents and these organizations in as confidential a manner as is possible while balancing the good government and orderly running of the facility." CAMHD provides mental health assessments and treatment services for youth at the Hawai'i Youth Correctional Facility. To access these services, residents are asked to contact the following:

Family Court Liaison Branch
Dayna Mortensen, Branch Chief
42-470 Kalaniana'ole Hwy – Building 03
Kailua, Hawai'i 96734
Main line: 808.266.9922
Fax: 808.266.9933
Website: <https://health.Hawai'i.gov/camhd/home/family-guidance-centers/family-court-liaison-branch/>

(b) The HYCF PAQ states the facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

HYCF policy 12.12, Prison Rape Elimination Act, page 24, Section .20 b. (b.1.), states, “HYCF staff and/or medical or mental health staff shall inform residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored.

1. HYCF shall inform residents of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.”

The facility mental health staff are contracted staff and serve as the first point of contact when students request an outside advocate. Residents are made aware outside advocate request phone calls are not monitored by staff or the facility, in any way.

- (c) The HYCF PAQ states the facility maintains memoranda of understanding with community service providers that are able to provide residents with emotional support services related to sexual abuse. HYCF policy 12.12, Prison Rape Elimination Act, page 24, Section .20 c. (c. 1.), states, “HYCF shall maintain or attempt to enter into a memorandum of understanding (MOU) or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse.

1. HYCF shall maintain copies of agreements or documentation showing attempts to enter into such agreements.”

The facility provided a signed 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. The effective date is upon execution, which shall remain in full force and effect until amended or terminated.

- (d) The HYCF PAQ states the facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians. HYCF policy 12.12, Prison Rape Elimination Act, page 24, Section .20 d., states, “HYCF shall provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.”

Through such reviews, the facility meets this standards requirements.

Standard 115.354: Third-party reporting

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

115.354 (a)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. HYCF Third Party Waiver Form (HYCF-408), dated 11.20.2019
4. Instruction posting explaining “What is the Office of the Ombudsman” “What Can the Ombudsman Do” and “What is the Ombudsman’s Jurisdiction”, not dated.
5. Resident Handbook and resident acknowledgment, dated 5.26.2010

Interviews:

1. Random residents
2. Targeted residents
3. Random staff
4. Supervisory staff

Residents and staff interviewed demonstrated their reporting knowledge of third party reporting.

Site Observations:

Third party waiver and reporting information in the lobby of HYCF.

115.354

- (a) The HYCF PAQ states the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. The HYCF policy 12.12, Prison Rape Elimination Act, page 24-25, Section .21 a. (a. 1-2; A. B. B.1) (3., 3. A-L), state:
- a. OYS/HYCF may receive sexual abuse and sexual harassment reports from third- party sources such as resident’s family members or the public. [§115.354]
 1. Any receipt of third-party reports of resident’s sexual abuse and sexual harassment shall be forwarded to the YFA or designee.
 2. HYCF shall publically distribute information on how to report sexual abuse or sexual harassment on behalf of residents by: [§115.354]
 - A. Providing the information as an attachment to the parent letter sent to all parents or legal guardians upon the intake of a resident, and;
 - B. Making this information available on the Department of Human Services Website.
 1. <http://humanservices.Hawai'i.gov/>

3. Third-party reports may also be submitted anonymously directly to:
 - A. The Office of Youth Services Executive Director;
Princess Victoria Kamamalu Building
1010 Richards Street, Suite 314, Honolulu, Hawai'i 96813
Phone: (808) 587-5710
Email: mchinen@dhs.Hawai'i.gov
 - B. The Youth Facility Administrator;
Office: 42-470 Kalaniana'ole Hwy, Kailua, Hawai'i 96734
Phone: (808) 266-9500 - Cell: (808) 228-8295
Email: mpatterson@dhs.Hawai'i.gov
 - C. The Attorney General's Office;
Department of the Attorney General
425 Queen Street, Honolulu, HI 96813
Telephone: (808) 586-1500 - Fax: (808) 586-1239
Email: <http://ag.Hawai'i.gov/contact-us/email-the-department-of-ag/>
 - D. The OYS/HYCF Investigator: Princess Victoria Kamamalu Building
1010 Richards Street, Suite 314, Honolulu, Hawai'i 96813
Phone: (808) 587-5700
 - E. The Deputy Youth Facility Administrator;
Office: 42-470 Kalaniana'ole Hwy., Kailua, Hawai'i 96734
Phone: (808) 266-9531 - Cell: (808) 683-6617
Email: rmello@dhs.Hawai'i.gov
 - F. The Ombudsman;
Office of the Ombudsman
465 South King Street, 4th Floor Honolulu, Hawai'i 96813
Telephone: (808) 587-0770 - Facsimile: (808) 587-0773 - TTY: (808) 587-0774
e-mail: complaints@ombudsman.Hawai'i.gov
Neighbor island residents may call us using the following toll-free numbers:
Hawai'i: 974-4000
Maui: 984-2400
Kauai: 274-3141
Molokai/Lanai: 1-800-468-4644
Upon dialing the appropriate number for your island, you will be asked to enter the extension number. Our telephone extension is 7-0770, our fax extension is 7-0773, and our TTY extension is 7-0774
 - G. The Honolulu Police Department, phone: 911;
 - H. 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 to 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.

- I. Hawai'i State Coalition Against Domestic Violence;
810 Richards St., Suite 960, Honolulu, HI 96813
Phone: 808-832-9316 - Fax: 808-841-6028
- J. The Hawai'i Coalition Against Sexual Assault; or PO Box 10596, Honolulu, HI 96816
Phone: 808-533-1637 - Fax: 808-733-9032
- K. 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.SATCHawaii.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 facility has a current MOU, in good standing, with the Kapi'olani Medical Center.

- L. Prevent Child Abuse Hawai'i
P.O. Box 147, Honolulu, Hawai'i 96810
Phone: (808) 951-0200 - Fax: (808) 235-3881
www.preventchildabuseHawaii.org

The hotline, upon calling, instructs all child abuse reports to hang up, dial 911 or the Department of Human Services at 808.832.5300.

Through such reviews, the facility meets this standards requirements.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? Yes No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?
 Yes No
- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? Yes No
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. OHS 1685, Mandated Reporter Checklist for Suspected Human Trafficking from the Department of Human Services, Child Welfare Services (CWS) Intake Unit, dated 06.2018.
4. OHS 1516, Mandated Reporter Checklist for Suspected Child Abuse and Neglect Form, dated 3.29.2019
5. Chapter 350-1.1(c), Hawai'i Revised Statutes, (Serves as the Coordinated Response for the facility.)
6. HYCF Consent to Treatment and Medication Terms and Conditions of Service form, not dated.
7. HYCF-200 Incident Report and instructions for completing the report.
8. Guide for Mandated Reporters, Child Welfare Services, dated 6.28.2018

Interviews:

1. Youth Facility Administrator
2. PREA Coordinator
3. Supervisory staff
4. Nurse
5. Psychologist
6. Random staff
7. Agency Investigator

Interviews with the Youth Facility Administrator, PREA Coordinator, Supervisors, Medical and Mental Health and Random staff and residents determined each understood the importance of immediately reporting all incidents of sexual abuse and sexual harassment.

Site Observation:

Documentation of the two investigations reported, demonstrated staff had immediately reported and properly documented sexual abuse at the time of discovery. Resident files reviewed determined disclosure statements from mental health staff were present. Although the facility has not had an instance where a 19 year required disclosure consent, the Auditor recommended the mental health staff retain an applicable disclosure statement.

115.361

- (a) The HYCF PAQ states the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

HYCF policy 12.12, Prison Rape Elimination Act, page 26, Section .22 a. (a.1.-3), states, "HYCF requires that all staff immediately report as dictated by policy and State statute any knowledge, suspicion, or information, they receive regarding:

1. an incident of sexual abuse or sexual harassment that occurred in the facility, on the facility grounds, or any other area that is not part of HYCF;
2. retaliation against a resident or staff who reported such an incident;
3. and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation."

- (b) The HYCF PAQ states the agency requires all staff to comply with any applicable mandatory child abuse reporting laws. HYCF policy 12.12, Prison Rape Elimination Act, page 27, Section .22, b., (b.1., 2, 2/A., 2.B.), state, "HYCF staff is mandated to report any child abuse or neglect.

1. §350, Hawai'i Revised Statutes, Child Abuse , states, notwithstanding any other state law concerning confidentiality to the contrary, the following persons ((4) Employees or officers of any law enforcement agency, including but not limited to the courts, police departments, department of public safety, correctional institutions, and parole or probation offices) who, in their professional or official capacity, have reason to believe that child abuse or neglect has occurred or that there exists a substantial risk that child abuse or neglect may occur in the reasonably foreseeable future, shall immediately report the matter orally to the department or

to the police department.

2. Staff is required to complete form OHS 1516, Mandated Reporter Checklist for Suspected Child Abuse and Neglect or form OHS 1685, Mandated Reporter Checklist for Suspected Human Trafficking from the Department of Human Services, Child Welfare Services (CWS) Intake Unit and follow the instructions on the form.
 - A. In addition to form OHS 1516 or form OHS 1685, staff shall immediately call the CWS Intake Reporting Line at (808) 832-5300 or toll free for neighbor islands at 1-800-494-3991 to report your findings. Be sure to obtain the name of the intake social worker to document receipt and disposition of your referral.
 - B. FAX or Mail this document with comments to CWS immediately after verbally reporting to the intake worker. Doing so fulfills your statutory obligation under Chapter 350-1.1(c), Hawai'i Revised Statutes, which requires a report in writing as well as the oral report."

(c) HYCF PAQ states apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. HYCF policy 12.12, Prison Rape Elimination Act, page 27, Section .22, c., states, "HYCF staff shall not reveal any information related to a sexual abuse report to anyone other than and to the extent necessary, as specified in policy, to manage, make treatment, investigation, and other security decisions, inclusive of reporting to the designated supervisors or officials and designated state or local service agencies."

(d) HYCF policy 12.12, Prison Rape Elimination Act, page 27, Section .22, d., e., (e.1.) state,
d. "Medical and mental health practitioners shall report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws."

e. Medical and mental health practitioners are required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

1. The HYCF Consent to Treatment and Medication Terms and Conditions of Service form is utilized."

(e) HYCF policy 12.12, Prison Rape Elimination Act, page 27-28, Section .22, f-h, states, "

f. Upon receiving any allegation of sexual abuse, the YFA or his or her designee shall promptly report the allegation to HPD and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified.

g. If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.

h. If a juvenile court retains jurisdiction over the alleged victim, the YFA or designee shall also report the allegation to the residents' attorney or other legal representative of record within 14 days of receiving the allegation."

(f) HYCF policy 12.12, Prison Rape Elimination Act, page 28, Section .22, i., states, "HYCF staff shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports (on the HYCF-200), through the chain of command and a copy shall be forwarded to the PREA Coordinator either directly or via email, fax, or placed in the PREA box located at Central Control within three (3) days."

Through such reviews, the facility meets this standards requirements.

Standard 115.362: Agency protection duties

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

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. HYCF-200 Incident Report and instructions for completing the report.

Interviews:

1. Facility Administrator
2. PREA Coordinator
3. Agency Investigator

Interviews with the Youth Facility Administrator, PREA Coordinator and agency investigator demonstrated the facility staff acted promptly and responded properly at the discovery of the incident.

Site Observation:

Review of the two facility investigations demonstrate the facility acted promptly and reported the incidents as is prescribed by policy 12.12 Prison Rape Elimination Act policy protocol.

115.362

- (a) The HYCF PAQ states when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. In the past 12

months, the facility reports one resident was subject to substantial risk of imminent sexual abuse. Upon discovery of resident being subject to substantial risk, the facility immediately separated the victim from the perpetrator, made notification and completed incident reporting requirements.

HYCF policy 12.12, Prison Rape Elimination Act, page 28, Section .23, a. (a.1.), state,

- a. "When HYCF staff learns that a resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the resident (i.e. action to assess appropriate protective measures) without unreasonable delay.
 1. The immediate action taken shall be of significance to ensure the residents safety until such time the YFA or designee or the Treatment Team process can determine a long term resolution."

Through such reviews, the facility meets this standards requirements.

Standard 115.363: Reporting to other confinement facilities

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

115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. HYCF-200 Incident Report and instructions for completing the report.
4. Inter-Office Communication Form (OHS - 0615), dated, 07.87

Interviews:

1. Facility Administrator

The interview with the Youth Facility Administrator demonstrated that he was aware that upon receiving an allegation that a resident was sexually abused while confined at another facility, he had the responsibility to notify the head of the facility where the allegation occurred. The Youth Facility Administrator noted he had made such a notification in past years; however, not since the last PREA audit.

115.363

- (a) The HYCF PAQ states the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency. In the past 12 months, the facility has received zero allegations that a resident was abused while in confinement at another facility.

HYCF policy 12.12, Prison Rape Elimination Act, page 28, Section .24, a., states, "Upon receiving an allegation that a resident was sexually abused while confined at another facility, the YFA or designee that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency."

- (b) The HYCF PAQ states agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. HYCF policy 12.12, Prison Rape Elimination Act, page 28, Section .24, a.1, states, "The YFA or designee shall provide such notification as soon as possible, but no later than 72 hours after receiving the allegation."
- (c) The HYCF PAQ states the facility documents that it has provided such notification within 72 hours of receiving the allegation. HYCF policy 12.12, Prison Rape Elimination Act, page 28, Section .24, a.2., states, "HYCF shall document that it has provided such notification by submitting an Inter-Office Communication Form (OHS - 0615) or correspondence on facility letterhead with the Agency contacted, Name and Title of person contacted, Date and Time contacted, method of contact, name of the resident or residents involved and a brief description of allegation. A copy shall be forwarded to the PREA Coordinator either directly or via email, fax, or placed in the PREA

box located at Central Control within three (3) days of notification.” The facility provided a sample of the HYCF-200 Incident Report and an Inter-Office Communication Form (OHS-0615) form.

- (d) The HYCF PAQ states facility policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards. In the last 12 months, there have been zero allegations of sexual abuse the facility received from other facilities. HYCF policy 12.12, Prison Rape Elimination Act, page 28, Section .24, b., states, “The YFA or agency office that receives such notification shall require and advise the other facility that the allegation must be investigated as required by the PREA Standards.”

Through such reviews, the facility meets this standards requirements.

Standard 115.364: Staff first responder duties

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

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

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

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. HYCF-200 Incident Report and instructions for completing the report.

Interviews:

1. Random staff
2. Supervisory staff
3. Agency Investigator

Interviews with random and supervisory staff demonstrated each were aware of their first responder responsibilities.

Site Observation:

Documentation review of the two allegations of sexual abuse reported, both demonstrate staff responded accurately and promptly.

115.364

- (a) The HYCF PAQ states the facility has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate, preserve, protect, collect physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In the past 12 months, one allegation occurred where a resident was sexually abused. During this allegation, the security staff member immediately responded, separated and reported the alleged victim and abuser. In the past 12 months, there were zero allegations where staff were not notified within a time period that still allowed or the collection of evidence.

HYCF policy 12.12, Prison Rape Elimination Act, page 29, Section .25, a., (a. 1-4), states:

- a. "HYCF's protocol for allegations of sexual abuse dictates that, upon learning of an allegation that a resident was sexually abused, the first staff member, who ideally would be a security staff member, to respond to the reported incident is required to:
1. Separate the alleged victim and abuser;
 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any

evidence by law enforcement;

3. If the abuse occurred within a time period (72 hours) that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
4. If the abuse occurred within a time period (72 hours) that still allows for the collection of physical evidence, then staff shall ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.”

(b) The HYCF PAQ states the facility’s policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. HYCF policy 12.12, Prison Rape Elimination Act, page 29, Section .25, b., states, “HYCF requires that if the first responder is not a security staff member, the staff responder shall separate the victim and abuser, if feasible, request that the alleged victim not take any actions that could destroy physical evidence, and then immediately notify security staff.”

Through such reviews, the facility meets this standards requirements.

Standard 115.365: Coordinated response

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

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ

2. HYCF policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. HYCF 401-PREA Incident Response Checklist, dated 11.5.2018

Interviews:

1. Facility Administrator
2. PREA Coordinator
3. Supervisory staff
4. Random staff

Interviews with the Youth Facility Administrator, PREA Coordinator, supervisory and random staff demonstrated the institutional plan is written to coordinate actions taken in response to sexual abuse and sexual harassment incidents.

Site Observation:

Review of the institutional plan demonstrates clear direction to staff to insure first responder duties are fulfilled.

115.365

- (a) The HYCF PAQ states the facility developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. HYCF policy 12.12, Prison Rape Elimination Act, page 29, Section .26, a., states, "HYCF shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership." The facility provided HYCF 401-PREA Incident Response Checklist, dated 11.5.2018, which serves as the written institutional plan for HYCF.

Through such reviews, the facility meets this standards requirements.

Standard 115.366: Preservation of ability to protect residents from contact with abusers

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

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. Union Contract, Standards of Conduct of the Department of Corrections, State of Hawai'i, dated March 19, 1988.
4. Unit 10 Agreement, dated July 1, 2017 to June 30, 2021

Interviews:

1. Facility Administrator
2. PREA Coordinator
3. Random staff

Interviews with the Youth Facility Administrator and the PREA Coordinator determined that all though the security staff are partnered with the Union, this does not prohibit the facility from disciplining and or removing staff from the program, if necessary. While at the facility, a random staff member disclosed he was under investigation, outside of PREA. The staff stated he had been removed from the residents until further notice.

Site Observation:

Due to the Union agreement commencing prior to the facility implementation of PREA, Union employees are not bound to adhere to PREA standards; however, Union employees are bound to following facility policies and procedures. Any union employee who may be involved in a sexual harassment or abuse allegation is separated from the living modules and or placed on suspension.

115.366

- (a) The HYCF PAQ states the agency has entered into or renewed any collective bargaining agreements since the last PREA audit. HYCF policy 12.12, Prison Rape Elimination Act, page 29, Section .27, a. states, "HYCF or any other governmental entity responsible for collective bargaining on HYCF's behalf shall not enter into or renew any collective bargaining agreement or other agreement that limits the HYCF's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted." The agency Union Contract, Standards of Conduct of the Department of Corrections, State of Hawai'i, has not been renewed since March 19, 1988. In addition, the Unit 10 Agreement, dated July 1, 2017 to June 30, 2021, sections 11 Discipline and Section 11A Investigations, allows HYCF the autonomy to remove staff during investigations and to be disciplined accordingly.
- (b) HYCF policy 12.12, Prison Rape Elimination Act, page 29, Section .27 b. (b. 1-2), states,

- b. “Nothing in this policy shall restrict the entering into or renewal of agreements that govern:
1. The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of § 4.31 and § 4.33; or
 2. Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.”

Through such reviews, the facility meets this standards requirements.

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations,? Yes No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

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

115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. Agency investigator retaliation monitoring spreadsheet.

Interviews:

1. Facility Administrator
2. PREA Coordinator
3. Agency Investigator
4. Supervisory staff

Interviews with the Youth Facility Administrator, PREA Coordinator, supervisors and agency investigator demonstrated each would and have completed retaliation monitoring; however, all completed monitoring in a different format, at different intervals.

Site Observation:

Although interviews and documentation demonstrated compliance, the Auditor recommended the staff meet and agree on a single format for monitoring retaliation, at least weekly.

115.367

- (a) The HYCF PAQ states the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The facility designates Richard Mello, PREA Coordinator and Youth Facility Administrator of HYCF, as the retaliation monitor. HYCF policy 12.12, Prison Rape Elimination Act, page 30, Section .28 a. states, "HYCF shall protect all residents and staff who report sexual abuse or sexual harassment or cooperates with a sexual abuse or sexual harassment investigation, from retaliation by other residents, staff or others. The YFA, DYFA and Correctional Supervisors are charged with monitoring any issues related to retaliation."
- (b) HYCF policy 12.12, Prison Rape Elimination Act, page 30, Section .28 b., states, "HYCF shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff; when the individual fears or experiences retaliation for reporting sexual abuse or sexual harassment or for cooperating with a PREA investigation."
- (c) The HYCF PAQ states the facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The facility will monitor conduct or treatment for 90 days or longer if necessary. The facility acts promptly to remedy any such retaliation. In the past 12 months, the facility has had zero incidents of retaliation.

HYCF policy 12.12, Prison Rape Elimination Act, page 30, Section .28 c., (c.1-3), state:

- b. "For at least 90 days following a report of sexual abuse, the YFA or designee shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who

were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. The YFA or designee shall at a minimum:

1. Act promptly to remedy any such retaliation;
2. Monitor any resident incident reports, housing, or program changes, or negative performance reviews or reassignments of staff;
3. continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.”

- (d) HYCF policy 12.12, Prison Rape Elimination Act, page 30, Section .28 d., states, “In the case of residents, monitoring by the Correctional Supervisor shall include periodic status checks, conducted weekly with a report submitted to the YFA or designee.” When applicable, facility supervisors reported retaliation monitoring would be documented, weekly, on ‘Ward’ file information sheets, located at the front of each resident file or on a HC-200, facility Incident Report. The agency investigator demonstrated where he has documented 30-day retaliation checks on a retaliation/incident related spreadsheet, kept for his personal files.
- (e) HYCF policy 12.12, Prison Rape Elimination Act, page 30, Section .28 e., states, “If any other individual who cooperates with an investigation expresses a fear of retaliation, HYCF shall take appropriate measures to protect that individual against retaliation.”
- (f) HYCF policy 12.12, Prison Rape Elimination Act, page 30, Section .28 f., states, “The obligation for the YFA or designee to monitor shall terminate, if the investigation concludes that the allegation is unfounded.”

Through such reviews, the facility meets this standards requirements.

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the

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

Document Review:

1. HYCF PAQ
2. HYCF policy 12.12, Prison Rape Elimination Act, dated 9.23.2016

Interviews:

1. PREA Coordinator
2. Random staff
3. Social Worker
4. Supervisory staff
5. Random residents
6. Targeted residents

Random and targeted resident interviews conducted demonstrated that residents had not nor had they heard of a resident being placed in isolation during their residency. Interviews with the PREA Coordinator, random, supervisory and social worker staff demonstrated that the isolation rooms were used when residents were sick or needing a 'cool down' to maintain composure and return to programming. Of the resident files reviewed, none had seclusion room documentation.

Site Observation:

Although the facility policy, 12.12, Prison Rape Elimination Act, speaks to isolation protocols, the facility has not utilized seclusion for reasons pertaining to restrictive measures since the last PREA audit. During the tour, the Auditor observed two (2) isolation rooms. One appeared to be used for infirmary purposes and the other did not have evidence of recent use by residents.

115.368

- (a) The HYCF PAQ states the facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise." In the last 12 months there have been zero residents who allege to have suffered sexual abuse, who were placed in isolation.

HYCF policy 12.12, Prison Rape Elimination Act, page 30, Section .29 a., states, "Any use of segregated housing to protect residents who is alleged to have suffered sexual abuse shall be subject to the requirements of § 4.17 of this policy." The requirements of § 4.17 of policy 12.12, is clearly in compliance with all provisions of this standard.

Through such reviews, the facility meets this standards requirements.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

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

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (c)

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

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.371 (i)

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

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?
 Yes No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside agency investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF Policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. HYCF Policy 1.15, Administrative Investigations
4. PREA Grant Project, Sexual Assault Investigation Training Certificate Joseph Laurel, dated 2.24.2017.
5. PREA Grant Project Sexual Assault Investigation Training Program Outline
 - a. Instructor Manual
 - b. Participant Manual
6. Administrative Investigation information, dated 5.6.2019
7. Criminal Investigation information, final date of 4.1.2019

Interviews:

1. PREA Coordinator
2. Agency Investigator

During the interview with the Deputy Youth Facility Administrator, this auditor asked why the investigation was returned to the facility. The Deputy Youth Facility Administrator stated the investigator reported the facility requested the investigation be returned. The Deputy Youth Facility Administrator stated the facility did not request the investigation be returned; however, due to concerning behaviors of the resident, one on one supervision was assigned.

Site Observation:

Review of the investigation demonstrated the investigation was incomplete and the residents in question were released from the facility approximately three weeks after the investigator interviews.

Due to the confusion of this investigation, corrective action is necessary to ensure future Administrative Investigations are completed, in whole. Moving forward, the Agency Executive Director has directed the investigator to complete all Administrative Investigations, in full.

115.371

- (a) The HYCF PAQ states the agency/facility has a policy related to criminal and administrative agency investigations. HYCF policy 12.12, Prison Rape Elimination Act, page 30, Section .30 a., states, "When HYCF conducts an administrative investigation into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Since the last audit and in the las 12 months, the facility had one Administrative and one Criminal Investigation.
- (b) Joseph Laurel, agency investigator, completed Sexual Assault Investigation Training through the PREA Grant Project on 2.24.2017. Mr. Laurel continues to be the sole investigator for HYCF.
- (c) HYCF policy 12.12, Prison Rape Elimination Act, page 30, Section .30 c. (c.1-3), state:
 - c. OYS/HYCF Investigators shall gather and preserve direct and circumstantial evidence, including:
 - 1. any available physical and DNA evidence and any available electronic monitoring data;
 - 2. shall interview alleged victims, suspected perpetrators, and witnesses; and
 - 3. shall review prior complaints and reports of sexual abuse involving the suspected perpetrator."
- (d) The HYCF PAQ states the agency does not terminate an investigation solely because the source of the allegation recants the allegation. HYCF policy 12.12, Prison Rape Elimination Act, page 31, Section .30 d., states, "OYS/HYCF shall not terminate an investigation solely because the source of the allegation recants the allegation."
- (e) HYCF policy 12.12, Prison Rape Elimination Act, page 31, Section .30 e., states, "When the quality of evidence appears to support criminal prosecution, OYS/HYCF shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution."
- (f) HYCF policy 12.12, Prison Rape Elimination Act, page 31, Section .30 f. and g., state:
 - f. "The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined merely by the person's status as a resident or staff member.
 - g. OYS/HYCF does not require a resident who alleges sexual abuse to submit to a polygraph examination, computer voice stress analysis (CVSA) or other truth-telling device as a condition for proceeding with the investigation of such an allegation. OYS/HYCF staff may offer the victim or non-staff witnesses the option to participate in this type of technological process (polygraph, CVSA or other truth-telling device)."
- (g) HYCF policy 12.12, Prison Rape Elimination Act, page 31, Section .30 (h.1.) (h.2.), state:
 - h. "Administrative investigations:
 - 1. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
 - 2. Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings."

- (h) *For reasons unknown, the investigator partially completed the Administrative Investigation to include:*
- Internal Communication form, from facility staff with date and time of incident notification and the residents' account of events.
 - Resident statements of events, corroborating the complaint of sexual harassment and sexual assault behaviors from a specific 'Ward' on 'other wards' not identified, in Charlie Module.
 - A completed incident report, HC-200, dated 5.6.2019.
 - Office of Youth Referral for Investigation, completed by the Deputy Youth Facility Administrator, on 5.7.2019.
 - Investigator interview of Wards involved in the investigation.

The investigation was then subsequently returned to the facility, by the investigator, unfinished. Due to the facilities concerns of this perpetrators' current and collateral behaviors, the facility sexual assault incident review team met and collaborated to place the perpetrating youth on one on one supervision for three weeks, until the youths' date of discharge.

- (i) The HYCF PAQ states there has been one sustained allegation of conduct that appears to be criminal that was referred for prosecution, since the last audit date. HYCF policy 12.12, Prison Rape Elimination Act, page 31, Section .30 i., states, "The procedures for criminal investigations conducted by county LE shall be dictated by their policies. In practice, the county LE's procedures do require a written report that contains a thorough description of the physical, testimonial, and documentary evidence. The county LE shall refer substantiated allegations of conduct based on their investigative process that appears to be criminal for prosecution. The facility provided the following information:
- The criminal investigation was brought to the facilities attention via third party on 3.4.2019 of an allegation that may have occurred at the facility, in January of 2019.
 - A timely incident report was completed by facility staff and forwarded to the Deputy Youth Facility Administrator who then reported the incident to the agency investigator.
 - Due to information reviewed by the agency investigator, Attorney General Legal Counsel recommendation; victim testimony, and evidence collected during the Administrative Investigation, the agency Executive Director instructed the matter be referred for criminal Investigation to the Honolulu Police Department.
 - The investigator subsequently completed a Report of Investigation, dated 4.1.2019, based on the facility information received and victim interview reports from law enforcement. (Honolulu Police Department notified on 3.9.2019.)
 - Although this investigation was referred to the Honolulu Police Department for criminal investigation without resolution, the agency investigator subsequently substantiated the investigation, notified the victim of the internal findings and made recommendations to the facility, which were complied with by facility staff and administrators.
 - Recommendation included:
 - Maintain separation of youth;
 - upgrading of analogue cameras to digital cameras;
 - replacement server with capabilities to retain footage for a 90-day period;
 - retaliation monitoring for 90 days (completed by investigator);
 - heightened security in areas with blind spots and those areas that lack camera supervision.

During the tour of the facility, this auditor witnessed all cameras were functional. In addition, review of the updated server and secured server room were toured. During the tour, the Deputy Youth

Facility Administrator reported only one supervisory staff has a key to the server room and only the agency investigator has access to review camera footage.

- (j) The HYCF PAQ states the agency retains all written reports pertaining to administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. HYCF policy 12.12, Prison Rape Elimination Act, page 31, Section .30 j., states, "OYS/HYCF shall retain all written reports referenced in paragraph (h) and (i) of this section for as long as the alleged abuser is incarcerated or employed by HYCF, plus five years thereafter, unless the abuse was committed by a resident and applicable law requires a shorter period of retention."
- (k) HYCF policy 12.12, Prison Rape Elimination Act, page 31, Section .30 k., states, "The departure of the alleged abuser or victim from the employment or custody of the facility or HYCF shall not provide a basis for terminating an investigation. The investigator shall complete the investigation by formulating a conclusion that the allegation is substantiated, unsubstantiated, or unfounded."
- (m) HYCF policy 12.12, Prison Rape Elimination Act, page 32, Section .30 m., states, "When an outside agency is charged with investigating an incident of sexual abuse, the facility staff shall cooperate with the outside investigators and shall endeavor to remain informed about the progress of the outside agency investigation."

Corrective Was Action Needed:

As is described above, the Administrative Investigation reported to the facility on 5.6.2019 was not completed. At the time of this audit, the victim and perpetrator had been discharged from the facility, making completion of the investigation unattainable. Therefore, on 3.2.2020 the Agency Executive Director directed the agency investigator, moving forward, to complete all Administrative Investigations, in full.

Through such reviews, the facility meets standards requirements.

Standard 115.372: Evidentiary standard for administrative investigations

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

115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.372

- (a) The HYCF PAQ states the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. HYCF policy 12.12, Prison Rape Elimination Act, page 32, Section .31 a., states, "OYS/HYCF shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated."

Document Review:

1. HYCF PAQ
2. HYCF Policy 12.12, Prison Rape Elimination Act, dated 9.23.2016

The interview with the agency investigator demonstrated the agency imposes a standard of a preponderance of evidence. The investigator was able to articulate compliance with this standard through the 4.1.2019 criminal investigation documentation.

Through such reviews, the facility meets this standards requirements.

Standard 115.373: Reporting to residents

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

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF Policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. Department of Human Services, Internal Communication Form, with a dated revision date of 12.2.2019
4. Internal Communication Form, Department of Human Services, Notification of Status to Victim, form, dated 4.1.2019.

Interviews:

1. Agency Investigator
2. PREA Coordinator

Site Observation:

The interview with the agency investigator and documentation of the criminal investigation, did not demonstrate the victim was made aware of the perpetrator being removed from the residential module or the internal finding of the investigation. Although the victim notification was included in the investigation documentation, the notice was not signed. When the Auditor inquired as to why the notification was not signed, the Investigator commented that he had dropped it off at the facility with instruction that the resident sign two copies and leave one copy in the Investigators' mailbox. (The mailroom is a locked room, unavailable and off limits to residents.)

115.373

- (a) The HYCF PAQ states the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. There has been one criminal and one administrative investigation of alleged resident sexual abuse completed in the last 12 months. Of those investigations, in the last 12 months, the resident of the Administrative Investigation was notified in writing via an Internal Communication Form, Department of Human Services, Notification of Status to Victim, form. The criminal investigation has not yet been completed.

HYCF policy 12.12, Prison Rape Elimination Act, page 32, Section .32, a, states, "Upon completion of an investigation (administrative or criminal) into a residents' allegation that he/she suffered sexual abuse at HYCF, HYCF staff shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded." The facility provided a Department of Human Services, Internal Communication Form to communicate investigation outcomes to residents. The agency investigator provided an internal confidential letter, addressed to the victim with a substantiated finding. The document supplied is not signed by victim.

- (b) The HYCF PAQ states If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident as to the outcome of the investigation. In the past 12 months, there has been one investigations of alleged resident sexual abuse in the facility that were completed by an outside agency. As is stated in the above

provision of this standard, a confidential letter addressed to the victim exits; however, the notification is not signed.

HYCF policy 12.12, Prison Rape Elimination Act, page 32, Section .32, b., states, "If the OYS/HYCF did not conduct the investigation, OYS/HYCF shall request the relevant information from the investigative agency in order to inform the resident. Although the facility does not have a current MOU with Honolulu Police Department, the request for an MOU included a request that PREA Investigative standard 115.373 be considered in all criminal investigations.

- (c) The HYCF PAQ states following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever:
- The staff member is no longer posted within the resident's unit;
 - The staff member is no longer employed at the facility;
 - The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
 - The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility."

There has not been a substantiated or unsubstantiated complaint of sexual abuse committed by staff against a resident in the last 12 months.

HYCF policy 12.12, Prison Rape Elimination Act, page 32, Section .32, c. (1-4), state," Following a residents' allegation that a staff member has committed sexual abuse against the resident, HYCF shall subsequently inform the resident (unless determined that the allegation is unfounded) whenever:

1. The staff member is no longer posted within the resident's unit;
2. The staff member is no longer employed at the facility;
3. HYCF learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
4. HYCF learns that the staff member has been convicted on a charge related to sexual abuse within the facility."

The facility provided a Department of Human Services, Internal Communication Form, as sample documentation, to communicate investigation outcomes to residents. This form includes all required areas as is noted in policy required by this standards provision. The facility has not had any staff on resident allegations since the last audit.

- (d) The HYCF PAQ states following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

HYCF policy 12.12, Prison Rape Elimination Act, page 32, Section .32, d. (1-2), state: "Following a residents' allegation that he or she has been sexually abused by another resident, HYCF shall subsequently inform the alleged victim whenever:

1. HYCF learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

2. HYCF learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.”

The facility provided a Department of Human Services, Internal Communication Form, as sample documentation, to communicate investigation outcomes to residents. This form includes all required areas as is noted in policy required by this standards provision.

- (e) The HYCF PAQ states the agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months, there has been one notification to a resident, pursuant to this standard. Of those motivations, in the past 12 months, one was documented.

HYCF policy 12.12, Prison Rape Elimination Act, page 32, Section .32, e., states, “HYCF shall document all notifications or attempted notifications to the resident victim and a copy shall be forwarded to the PREA Coordinator either directly or via email, fax, or placed in the PREA box located at Central Control within three (3) days.”

Corrective Was Action Needed: On 3.13.2020, the Agency Executive Director notified the Agency Investigator, via Internal Office Communication, moving forward, he is to submit all resident PREA related notifications to the PREA Coordinator. The PREA Coordinator is to obtain resident signature for notifications; give one copy to the resident and place the original in the Agency Investigators mailbox. The Agency Investigator will then place the signed notification with the completed investigation.

Through such reviews, the facility meets this standards requirements.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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

115.376 (a)

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

115.376 (b)

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

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the

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

Document Review:

1. HYCF PAQ
2. HYCF Policy 12.12, Prison Rape Elimination Act, dated 9.23.2016

Interviews:

1. PREA Coordinator
2. Human Resource Manager
3. Human Resource Examination staff

Site Observation:

During the last audit cycle, the facility did not have any staff subject to disciplinary action due to violating sexual abuse or sexual harassment policies. Of the personnel files reviewed, none had disciplinary action for violations of sexual abuse or sexual harassment.

115.376

- (a) The HYCF PAQ states staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. HYCF policy 12.12, Prison Rape Elimination Act, page 33, Section .33 a., states, "Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies."
- (b) The HYCF PAQ states in the last 12 months, there have zero staff from the facility that have violated agency sexual abuse or sexual harassment policies. HYCF policy 12.12, Prison Rape Elimination Act, page 33, Section .33 b., states, "Termination shall be the presumptive disciplinary sanction for all staff, who, after an investigation and a pre-disciplinary due process hearing, have been found to have engaged in sexual abuse."
- (c) The HYCF PAQ states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months there have zero staff requiring discipline for sexual abuse or sexual harassment.

HYCF policy 12.12, Prison Rape Elimination Act, page 33, Section .33 c., states, "Disciplinary sanctions for violations of HYCF policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar employment histories."

- (d) The HYCF PAQ states all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, zero staff have been terminated for sexual abuse or harassment.

HYCF policy 12.12, Prison Rape Elimination Act, page 33, Section .33 d., states, "All terminations for violations of sexual abuse or sexual harassment within HYCF policies, or resignations by staff

who would have been terminated, if not for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, as well as to any relevant licensing bodies.”

Through such reviews, the facility met this standards requirements.

Standard 115.377: Corrective action for contractors and volunteers

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

115.377 (a)

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

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF Policy 12.12, Prison Rape Elimination Act, dated 9.23.2016

Interviews:

1. PREA Coordinator
2. Human Resource Manager
3. Human Resource Examination staff

Site Observation:

During the last audit cycle, the facility did not have any volunteers or contractors subject to disciplinary action due to violating sexual abuse or sexual harassment policies. Of the volunteer and contractor files reviewed, none had disciplinary action for violations of sexual abuse or sexual harassment.

115.377

- (a) The HYCF PAQ states agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, there have been zero contractors or volunteers reported to law enforcement or relevant licensing bodies for engaging in sexual abuse of residents.

HYCF policy 12.12, Prison Rape Elimination Act, page 33, Section .34 a., states, "HYCF shall require that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies."

HYCF has not experienced an incident where a volunteer or contractor has engaged in sexual abuse or harassment; however, removal from facility premises and restricting access and possible termination of access would be the remedial measures.

- (b) The HYCF PAQ states the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. HYCF policy 12.12, Prison Rape Elimination Act, page 33, Section .34 b., states, "HYCF shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of HYCF sexual abuse or sexual harassment policies by a contractor or volunteer."

Through such reviews, the facility meets this standards requirements.

Standard 115.378: Interventions and disciplinary sanctions for residents

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

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?
 Yes No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.378 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF Policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. Youth Handbook, page 3, Discipline, dated 5.26.2010
4. Hawai'i Youth Correctional Facility MDT, sample of disciplinary action, dated 6.4.2019, 1.20.2020, 2.5.2020, and 2.6.2020,

Interviews:

1. PREA Coordinator – Sexual Abuse Incident Team member

Site Observation:

Five facility Multi-Disciplinary Team (MDT) document examples were reviewed. Each MDT included the description of the behavior, team discussion, youth interview, discussion and a final disposition.

115.378

- (a) The HYCF PAQ states residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months there have been zero administrative findings of resident-on-resident sexual abuse have occurred at the facility. In the past 12 months there have no criminal findings of guilt for resident-on-resident sexual abuse, occurring at the facility.

HYCF policy 12.12, Prison Rape Elimination Act, page 33, Section .35 a., states, "A resident may be subject to disciplinary sanctions only pursuant to a formal due process hearing following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident- on-resident sexual abuse."

HYCF utilizes a point system for behavior. HYCF does not sanction youth to confinement as discipline. When a youth commits an incident, it is brought before the Multidisciplinary Team (MDT) comprised of staff and professionals involved in the residents' treatment plan. The sanctions include reduction in the level system, reduction in points, removing privileges, etc.

- (b) The HYCF PAQ states in the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible. In the past 12 months, zero residents were placed in isolation as a disciplinary sanction for resident on resident sexual abuse.

HYCF policy 12.12, Prison Rape Elimination Act, page 33, Section .35 b. (1) (1.A-D), state: "Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the residents' behavioral history, and the sanctions imposed for comparable offenses by other youth with similar histories.

1. In the event a due process hearing results in the isolation of a resident, the resident:
 - A. shall be afforded daily large-muscle exercise;
 - B. shall have access to any legally required educational programming or special education services;
 - C. shall receive daily visits from a medical or mental health care clinician; and
 - D. shall also have access to other programs and work opportunities to the extent possible."

- (c) HYCF policy 12.12, Prison Rape Elimination Act, page 33-34, Section .35 c., states, "The Due Process hearing in conjunction with the Treatment Team process shall consider whether a residents' mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed."

- (d) The HYCF PAQ states the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Although the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility does not mandate whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.

HYCF policy 12.12, Prison Rape Elimination Act, page 34, Section .35 d. (d.1), states, "If HYCF offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, HYCF shall consider whether to offer the offending resident participation in such interventions.(1) HYCF may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education."

- (e) The HYCF PAQ states the agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact. HYCF policy 12.12, Prison Rape Elimination Act, page 34, Section .35 e., states, "HYCF may impose sanctions on a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact."

The facility provided an actual Hawai'i Youth Correctional Facility MDT, demonstrating a youth losing points due to explicit language from a youth to a staff member.”

- (f) The HYCF PAQ states the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. HYCF policy 12.12, Prison Rape Elimination Act, page 34, Section .35 f., states, “HYCF prohibits any sanctions for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.”
- (g) The HYCF PAQ states the agency prohibits all sexual activity between residents. HYCF policy 12.12, Prison Rape Elimination Act, page 34, Section .35 g. (g.1), states, “HYCF prohibits all sexual activity between residents and may sanction a resident for such activity. (1) HYCF shall deem such activity to constitute sexual abuse if it determines that the activity is not coerced.”

Through such reviews, the facility meets this standards requirements.

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and mental health screenings; history of sexual abuse

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

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF Policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. HYCF Intake: Health/Mental Health & Suicide Risk Screening, dated March 2019.

Interviews:

1. Nurse
2. Phycologist

Interviews with the PREA Coordinator and facility nurse staff demonstrated disclosure reports are reported to the mental health staff. However, at the time of the audit, the facility was not documenting disclosure notifications.

115.381

- (a) The HYCF PAQ states all residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. Follow up meetings are offered within 14 days of the intake screening. In the past 12 months there have been zero residents disclosing prior victimization during the intake screening. Medical and mental health staff maintain secondary materials, documenting compliance with the above required services.

HYCF policy 12.12, Prison Rape Elimination Act, page 34, Section a., states, "If the screening pursuant to § 4.16 of this policy indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening." The facility provided Hawai'i Youth Correctional Facility Intake: Health/Mental Health and Suicide Risk Screening form. The nurse is to complete this screen for each juvenile within one hour of the juvenile's arrival to the facility. If the nurse is unable to complete this form within one hour, the nurse will notify the YCS on duty to complete this screen. The resident will be under constant supervision and will not be assigned to a housing unit until this screen is completed. If the YCS is designated to do the screen and there is any question about a juvenile's health or well-being, the staff member conducting the screen will immediately request intervention from clinical/health services staff."

- (b) The HYCF PAQ states all residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. All residents are allowed a follow-up meeting offered within 14 days of the intake screening. In the past 12 months there have been zero residents who disclosed previously perpetrated sexual abuse, as indicated during the screening process.

HYCF policy 12.12, Prison Rape Elimination Act, page 34, Section b., states, "If the screening pursuant to § 4.16 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening." Interviews with the PREA Coordinator and facility nurse staff demonstrated discloser

reports are reported to the mental health staff. However, at the time of the audit, the facility was not documenting such notifications. On 3.4.2020, the facility nurse implemented a secondary log to document disclosure of sexual abuse not yet reported. The form allows for the date of disclosure, victim name, mental health staff notified and date of follow up appointment date, within the 14-day requirement.

- (c) The HYCF PAQ states the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. HYCF policy 12.12, Prison Rape Elimination Act, page 34, Section c., states, "Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law."
- (d) The HYCF PAQ states, medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18. HYCF policy 12.12, Prison Rape Elimination Act, page 34, Section d., states, "Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18." HYCF does not house residents over the age of 18.

Corrective Was Action Needed: On 3.4.2020, the facility nurse implemented a secondary log to document disclosure of sexual abuse not yet reported. The form allows for the date of disclosure, victim name, mental health staff notified and date of follow up appointment to take place within the 14-day requirement.

Through such reviews, the facility meets this standards requirements.

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? Yes No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF Policy 12.12, Prison Rape Elimination Act, dated 9.23.2016

Interviews:

1. Random residents
2. Targeted resident
3. Random staff
4. Facility Nurse
5. Phycologist

Interviews with medical and mental health staff, random staff and residents demonstrated that residents are aware of access to emergency medical and mental health services. In addition, mental health staff interviewed stated mental health services for any reason are offered to all residents, at no cost, once discharged.

Site Observation:

During the tour of the medical department, the Auditor witnessed multiple pamphlets regarding medical care for residents to include those specifically for sexual assault services, community therapeutic providers, and sexually transmitted diseases.

115.382

- (a) The HYCF PAQ states resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials used in such occurrences. HYCF policy 12.12, Prison Rape Elimination Act, page 35, a., states, “Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.”
- (b) HYCF policy 12.12, Prison Rape Elimination Act, page 35, b., (b.1.) (b.2.) (b.2.A.), states, “If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall:
1. take preliminary steps to protect the victim pursuant to § 4.23 and;
 2. shall immediately notify the appropriate medical and mental health practitioners on duty.
[§115.382b]
 - A. On duty medical and/or mental health practitioners shall then notify their superiors through the chain of command.”
- (c) The HYCF PAQ states resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. HYCF policy 12.12, Prison Rape Elimination Act, page 35, Section c., states, “Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.”
- (d) The HYCF PAQ states treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. HYCF policy 12.12, Prison Rape Elimination Act, page 35, Section d., states, “HYCF shall provide treatment services to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”

Through such reviews, the facility meets this standards requirements.

Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.383 (c)

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

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (f)

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

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

3. HYCF PAQ
4. HYCF Policy 12.12, Prison Rape Elimination Act, dated 9.23.2016

Interviews:

1. Random residents
2. Targeted resident
3. Random staff
4. Facility Nurse
5. Phycologist

Interviews with medical and mental health staff, random staff and residents demonstrated that residents are aware of access to emergency medical and mental health services. In addition, mental health staff interviewed stated mental health services for any reason are offered to all residents, at no cost, once discharged. At the time of the audit, there were no residents at the facility who reported abuse.

Site Observation:

During the tour of the medical department, the Auditor witnessed multiple pamphlets regarding medical care for residents to include those specifically for sexual assault services, community therapeutic providers, and sexually transmitted diseases.

115.383

- (a) The HYCF PAQ states the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. HYCF policy, Prison Rape Elimination Act 12.12, page 35, Section a., states, "HYCF shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any juvenile detention or juvenile facility."
- (b) HYCF policy, Prison Rape Elimination Act 12.12, page 35, Section b., states, "The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody."
- (c) HYCF policy, Prison Rape Elimination Act 12.12, page 35, Section c., states, "HYCF shall provide such victims with medical and mental health services consistent with the community level of care."

- (d) The HYCF PAQ states female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. HYCF policy, Prison Rape Elimination Act 12.12, page 35, Section d., states, “Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.”
- (e) The HYCF PAQ states if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. HYCF policy, Prison Rape Elimination Act 12.12, page 35, Section e., states, “If pregnancy results from sexually abusive vaginal penetration while incarcerated at HYCF, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.”
- (f) The HYCF PAQ states resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. HYCF policy, Prison Rape Elimination Act 12.12, page 35, Section f., states, “Resident victims of sexual abuse while incarcerated at HYCF shall be offered tests for sexually transmitted infections as medically appropriate.”
- (g) HYCF policy, Prison Rape Elimination Act 12.12, page 35, Section g., states, “HYCF shall provide treatment services to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”
- (h) The HYCF PAQ states the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. HYCF policy, Prison Rape Elimination Act 12.12, page 36, Section h., states, “HYCF through the Family Court Liaison Branch (FCLB) shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.”

Through such reviews, the facility meets this standards requirements.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.386 (b)

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

115.386 (c)

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

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF Policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. HYCF Administrative Critical Incident Review Report, not dated
4. Guidelines for Critical Incident Reviews
5. Critical Incident Review, for Administrative Investigation, dated 5.8.2019

Interviews:

1. Facility Administrator
2. PREA Coordinator

An interview with the PREA Coordinator and the Youth Facility Administrator demonstrated sexual abuse incident reviews take place after each Administrative Investigation. Of the one critical incident that occurred, during this audit cycle, documentation demonstrated the incident was reviewed by the PREA Coordinator and members of the residents' multi-disciplinary team.

115.386

- (a) The HYCF PAQ states the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months there has been one criminal and one administrative investigation of alleged sexual abuse completed at the facility, HYCF policy 12.12, Prison Rape Elimination Act, page 36, Section .39 a., states, "HYCF shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded." The facility provided HYCF Administrative Critical Incident Review Report and guidelines used for reporting critical incidents.

The facility provided the Critical Incident Review for the Administrative Investigation. On 5.8.2019, the Psychologist, resident counselor, social worker and the Deputy Youth Facility Administrator reviewed the Third Party reported allegation and made appropriate recommendations for the resident perpetrator and resident victim involved in the investigation. This recommendation mandated the victim be with on one on one supervision with staff until his discharge.

- (b) The HYCF PAQ states sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative investigation. In the past 12 months, no criminal and one administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days. HYCF policy 12.12, Prison Rape Elimination Act, page 36, Section .39 b., states, "Such review shall ordinarily occur within 30 days of the conclusion of the investigation."
- (c) The HYCF PAQ states the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. HYCF policy 12.12, Prison Rape Elimination Act, page 36, Section .39 c., states, "The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners."
- (d) The HYCF PAQ states the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA compliance manager. HYCF policy 12.12, Prison Rape Elimination Act, page 36, Section .39 d. (1-6), state: The review team shall:
 - 1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
 - 2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
 - 3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
 - 4. Assess the adequacy of staffing levels in that area during different shifts;
 - 5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
 - 6. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the Youth Facility Administrator (YFA) or designee and PREA Coordinator."
- (e) The HYCF PAQ states the facility implements the recommendations for improvement or documents its reasons for not doing so. HYCF policy 12.12, Prison Rape Elimination Act, page 36, Section .39 e., states, "The YFA shall employ "best efforts" to implement the recommendations for improvement, or shall document its reasons for not doing so." Of the one substantiated sexual abuse/sexual harassment investigation, the facility implemented recommendations for improvement for both the victim and the perpetrator.

Through such reviews, the facility meets this standards requirements.

Standard 115.387: Data collection

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

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.387 (b)

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

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF Policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. Aggregate data provided for 2018/2019, documenting two incidents in 2019.

115.387

(a)/(c)-1,2

The HYCF PAQ states the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

HYCF policy 12.12, Prison Rape Elimination Act, page 36-37, Section .40 a., states, "HYCF shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions." Section .40 c., states, "The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice." The facility provided aggregate data for 2018/2019, documenting two incidents in 2019.

- (b) The HYCF PAQ states the agency aggregates incident-based sexual abuse data at least annually. HYCF policy 12.12, Prison Rape Elimination Act, page 36, Section .40, b., HYCF shall aggregate the incident-based sexual abuse data at least annually.
- (d) The HYCF PAQ states the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. HYCF policy 12.12, Prison Rape Elimination Act, page 37, Section .40 d., states, "HYCF shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews." The facility provided a PREA tracking worksheet, documenting two investigations were submitted and or referred. The facility had no allegations in the year 2018 and the previous year the facility was audited.
- (e) The HYCF PAQ states the agency does not contract for the confinement of residents. The data from private facilities complies with SSV reporting regarding content. HYCF policy 12.12, Prison Rape Elimination Act, page 37, Section .40 e., states, "HYCF also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents." Although the facility does not contract for confinement, policy language is included, in the event the facility ever does contract for confinement of residents.
- (f) The HYCF PAQ states the Department of Justice has not requested agency data for the year 2018 or 2019. HYCF policy 12.12, Prison Rape Elimination Act, page 37, Section .40 f., states, "Upon request, HYCF shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th."

The facility collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The standardized instrument includes the format necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV), conducted by the Department of Justice.

Through such reviews, the facility meets this standards requirements.

Standard 115.388: Data review for corrective action

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

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. HYCF PAQ
2. HYCF Policy 12.12, Prison Rape Elimination Act, dated 9.23.2016
3. 2018 Agency/Facility Annual Report

Interview/Site Observation:

1. PREA Coordinator

An interview conducted with the PREA Coordinator and review of the 2018 Agency Annual Report demonstrated the report is developed annually and information is redacted to avoid personal identifiers.

115.388

- (a) The HYCF PAQ states the agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:

- Identifying problem areas;
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

HYCF policy 12.12, Prison Rape Elimination Act, page 37, Section .41 a. (1-3), states, “HYCF shall review data collected and aggregated pursuant to § 4.40 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:

1. Identifying problem areas;
2. Taking corrective action on an ongoing basis; and
3. Preparing an annual report of its findings and corrective actions for HYCF, as well as OYS as a whole.”

- (b) The HYCF PAQ states the annual report includes a comparison of the current year’s data and corrective actions to those from prior years. The annual report provides an assessment of the agency’s progress in addressing sexual abuse. HYCF policy 12.12, Prison Rape Elimination Act, page 37, Section .41 b., states, “Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's

progress in addressing sexual abuse.” The agency provided and annual report for 2018. There were no internal or external findings in this audit year to compare or review.

- (c) The HYCF PAQ states the agency makes its annual report readily available to the public, at least annually, through its website. Annual reports are approved by the agency head. HYCF policy 12.12, Prison Rape Elimination Act, page 37, Section .41 c., states, “HYCF’s report shall be approved by the Executive Director and made readily available to the public through its website or, if it does not have one, through other means.”
- (d) The HYCF PAQ states when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. HYCF policy 12.12, Prison Rape Elimination Act, page 37, Section .41 d., states, “HYCF may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.”

Through such reviews, the facility meets this standards requirements.

Standard 115.389: Data storage, publication, and destruction

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

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.389 (c)

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

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Interviews:

1. PREA Coordinator
2. Agency Investigator

Through interviews with the PREA Coordinator and the agency investigator, the agency demonstrated the data is secured in the agency investigators office. Aggregate, redacted data, is available on the agency website.

3.

115.389

- (a) The HYCF PAQ states the agency ensures that incident-based and aggregate data are securely retained. HYCF policy 12.12, Prison Rape Elimination Act, page 37, Section .42 a., states, "HYCF shall ensure that data collected pursuant to § 4.40 are securely retained." Through interviews with the PREA Coordinator and the investigator, the agency demonstrated the data is secured in the agency investigators office.
- (b) The HYCF PAQ states agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. HYCF policy 12.12, Prison Rape Elimination Act, page 37, Section .42 b., states, "OYS/HYCF shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means." The agency makes this information available through their website.
- (c) The HYCF PAQ states before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State or local law requires otherwise. HYCF policy 12.12, Prison Rape Elimination Act, page 37, Section .42 c., states, "Before making aggregated sexual abuse data publicly available, HYCF shall remove all personal identifiers and comply with HRS § 92(F), Uniform Information Practices Act."
- (d) HYCF policy 12.12, Prison Rape Elimination Act, page 37, Section .42 d., states, "HYCF shall maintain sexual abuse data collected pursuant to § 4.40 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise."

Through such reviews, the facility meets this standards requirements.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.401

- (a) During the prior three-year audit period, the agency ensured that their only facility operated was audited, once.
- (b) This is the second audit cycle for HYCF and the first year of the second audit cycle.
- (h) The Auditor was granted complete access to, and the ability to observe, all areas of the facility.
- (i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).
- (m) The Auditor was permitted to conduct private interviews with residents.
- (n) Residents permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.

Through such reviews, the facility meets this standards requirements.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- b. The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.403

(b) The agency has posted the current 2018 PREA audit report, on their website.

Through such reviews, the facility meets this standards requirements.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Karen d Murray

3.19.2020

Auditor Signature

Date

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

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