PREA Facility Audit Report: Final

Name of Facility: Pine Grove Youth Conservation Camp
Facility Type: Juvenile
Date Interim Report Submitted: 06/22/2021
Date Final Report Submitted: 01/24/2022

Auditor Certification	
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.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Kila Jager	**Date of Signature:** 01/24/2022

AUDITOR INFORMATION	
Auditor name:	Jager, Kila
Email:	kilajager@preauditor.com
Start Date of On-Site Audit:	04/27/2021
End Date of On-Site Audit:	04/30/2021

FACILITY INFORMATION	
Facility name:	Pine Grove Youth Conservation Camp
Facility physical address:	13630 Aqueduct-Volcano Road, Pine Grove, California - 95665
Facility Phone	
Facility mailing address:	P.O. Box 1040, Pine Grove, California - 95665

Primary Contact	
Name:	Michael Gomes
Email Address:	Michael.Gomes@cdcr.ca.gov
Telephone Number:	209-296-7581

Superintendent/Director/Administrator	
Name:	Jim Liptrap
Email Address:	Jim.Liptrap@cdcr.ca.gov
Telephone Number:	(209) 296-7581

Facility PREA Compliance Manager	
Name:	Michael Gomes
Email Address:	michael.gomes@cdcr.ca.gov
Telephone Number:	
Name:	Sandra Magdaleno
Email Address:	sandra.magdaleno@cdcr.ca.gov
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Ron Wisdom, MD
Email Address:	Ron.Wisdom@cdcr.ca.gov
Telephone Number:	no located physicall

Facility Characteristics	
Designed facility capacity:	1
Current population of facility:	58
Average daily population for the past 12 months:	68
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	17.5 - 25.6
Facility security levels/resident custody levels:	Low
Number of staff currently employed at the facility who may have contact with residents:	34
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:	20

AGENCY INFORMATION	
Name of agency:	California Division of Juvenile Justice
Governing authority or parent agency (if applicable):	California Department of Corrections and Rehabilitation
Physical Address:	8220 Longleaf Drive, Bldg. B, Elk Grove, California - 95758
Mailing Address:	8260 Longleaf Drive, Bldg. C, Elk Grove, California - 95758
Telephone number:	(916) 683-7452

Agency Chief Executive Officer Information:	
Name:	Heather A. Bowlds, Psy.D.
Email Address:	Heather.Bowlds@cdcr.ca.gov
Telephone Number:	916-683-7452

Agency-Wide PREA Coordinator Information			
Name:	Jonathan Yip	**Email Address:**	jonathan.yip@cdcr.ca.gov

SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	
11	• 115.313 - Supervision and monitoring • 115.316 - Residents with disabilities and residents who are limited English proficient • 115.341 - Obtaining information from residents • 115.365 - Coordinated response • 115.368 - Post-allegation protective custody • 115.378 - Interventions and disciplinary sanctions for residents • 115.382 - Access to emergency medical and mental health services • 115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers • 115.387 - Data collection • 115.388 - Data review for corrective action • 115.389 - Data storage, publication, and destruction
Number of standards met:	
27	
Number of standards not met:	
5	• 115.315 - Limits to cross-gender viewing and searches • 115.317 - Hiring and promotion decisions • 115.322 - Policies to ensure referrals of allegations for investigations • 115.364 - Staff first responder duties • 115.371 - Criminal and administrative agency investigations

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-04-27
2. End date of the onsite portion of the audit:	2021-04-30

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(•) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Operation Care

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	80
15. Average daily population for the past 12 months:	68
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes (•) No ( ) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	46
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	Pine Grove Youth Conservation Facility (PGYCC) is one of four California Division of Juvenile Justice Juvenile facilities. It is located in Pine Grove, California, and was established 80 years ago as a conservation camp. The facility custody level is low, as residents are extensively screened for the ability to function at a high level to be able to train and work as wildland firefighters. There is no video monitoring technology at PYCC. Residents: PGYCC currently has 46 residents. The age range for residents, at PGYCC, is 17 and 6 months to 25 years of age. The average population for the last 12 months is 68, and the average length of stay is 10.8 months. In addition, PGYCC is an all-male facility. Due to the high functioning requirement of residents of PGYCC, The facility custody level is low, as residents are extensively screened for the ability to function at a high level to be able to train and work as wildland firefighters. This includes physical ability, mental ability, low risk, and high functioning residents for placement at this facility.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	34
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	3

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☐ Housing assignment ☐ Gender ☐ Other ☐ None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	To ensure resident interviews were determined by random residents and targeted residents, information requested, by this auditor, included a complete resident roster, including age, length at the facility, race/ethnicity, and unit, in addition, identification of all residents with disabilities, limited English Speaking, who identify as LGBTI, who is in isolation, reported prior sexual abuse, and who reported sexual victimization during the risk screening. Also requested were a list of grievances for the last 12 months and main complaint; list of incident reports for the last 12 months and main compliant; allegations of sexual abuse and sexual harassment reported for investigation (12 months), and a list of any hotline calls made during the last 12 months, for review to ensure all targeted resident categories and interviews were complete.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	◉ Yes ○ No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	PGYCC is a wildfire conservation camp and has very high requirements for placement, including mental, physical, cognitive, and maturity level functioning. Due to these requirements, there were zero targeted residents at PGYCC during the on-site portion of this audit.

Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	In determining random and targeted resident interviews, this auditor requested a complete resident roster, including age, length at the facility, race/ethnicity, and unit, in addition, identification of all residents with disabilities, limited English Speaking, who identify as LGBTI, who is in isolation, reported prior sexual abuse, and who reported sexual victimization during the risk screening. Also requested were a list of grievances for the last 12 months and main complaint; list of incident reports for the last 12 months and main compliant; allegations of sexual abuse and sexual harassment reported for investigation (12 months), and a list of any hotline calls made during the last 12 months. On-site, this auditor reviewed resident files, investigation files, and interviewed staff and residents to corroborate the lists received and that there were no additional categories of residents that needed to be interviewed- that had not been identified. In addition, resident and staff interviews were used to ensure any possible targeted residents were identified.
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This auditor requested a complete resident roster, including age, length at the facility, race/ethnicity, and unit, in addition, identification of all residents with disabilities, limited English Speaking, who identify as LGBTI, who is in isolation, reported prior sexual abuse, and who reported sexual victimization during the risk screening. Also requested were a list of grievances for the last 12 months and main complaint; list of incident reports for the last 12 months and main compliant; allegations of sexual abuse and sexual harassment reported for investigation (12 months), and a list of any hotline calls made during the last 12 months. On-site, this auditor reviewed resident files, investigation files, and interviewed staff and residents to corroborate the lists received and that there were no additional categories of residents that needed to be interviewed- that had not been identified. In addition, resident and staff interviews were used to ensure any possible targeted residents were identified.
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This auditor requested a complete resident roster, including age, length at the facility, race/ethnicity, and unit, in addition, identification of all residents with disabilities, limited English Speaking, who identify as LGBTI, who is in isolation, reported prior sexual abuse, and who reported sexual victimization during the risk screening. Also requested were a list of grievances for the last 12 months and main complaint; list of incident reports for the last 12 months and main compliant; allegations of sexual abuse and sexual harassment reported for investigation (12 months), and a list of any hotline calls made during the last 12 months. On-site, this auditor reviewed resident files, investigation files, and interviewed staff and residents to corroborate the lists received and that there were no additional categories of residents that needed to be interviewed- that had not been identified. In addition, resident and staff interviews were used to ensure any possible targeted residents were identified.
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This auditor requested a complete resident roster, including age, length at the facility, race/ethnicity, and unit, in addition, identification of all residents with disabilities, limited English Speaking, who identify as LGBTI, who is in isolation, reported prior sexual abuse, and who reported sexual victimization during the risk screening. Also requested were a list of grievances for the last 12 months and main complaint; list of incident reports for the last 12 months and main compliant; allegations of sexual abuse and sexual harassment reported for investigation (12 months), and a list of any hotline calls made during the last 12 months. A random sampling process was used to determine staff interviews. PGYCC and DJJ leadership accommodated the auditor's request to interview specific staff and covered youth supervision while the staff was participating in the interview process. On-site, this auditor reviewed resident files, investigation files, and interviewed staff and residents to corroborate the lists received and that there were no additional categories of residents that needed to be interviewed- that had not been identified. In addition, resident and staff interviews were used to ensure any possible targeted residents were identified.
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This auditor requested a complete resident roster, including age, length at the facility, race/ethnicity, and unit, in addition, identification of all residents with disabilities, limited English Speaking, who identify as LGBTI, who is in isolation, reported prior sexual abuse, and who reported sexual victimization during the risk screening. Also requested were a list of grievances for the last 12 months and main complaint; list of incident reports for the last 12 months and main compliant; allegations of sexual abuse and sexual harassment reported for investigation (12 months), and a list of any hotline calls made during the last 12 months. On-site, this auditor reviewed resident files, investigation files, and interviewed staff and residents to corroborate the lists received and that there were no additional categories of residents that needed to be interviewed- that had not been identified. In addition, resident and staff interviews were used to ensure any possible targeted residents were identified.
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This auditor requested a complete resident roster, including age, length at the facility, race/ethnicity, and unit, in addition, identification of all residents with disabilities, limited English Speaking, who identify as LGBTI, who is in isolation, reported prior sexual abuse, and who reported sexual victimization during the risk screening. Also requested were a list of grievances for the last 12 months and main complaint; list of incident reports for the last 12 months and main compliant; allegations of sexual abuse and sexual harassment reported for investigation (12 months), and a list of any hotline calls made during the last 12 months. On-site, this auditor reviewed resident files, investigation files, and interviewed staff and residents to corroborate the lists received and that there were no additional categories of residents that needed to be interviewed- that had not been identified. In addition, resident and staff interviews were used to ensure any possible targeted residents were identified.
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This auditor requested a complete resident roster, including age, length at the facility, race/ethnicity, and unit, in addition, identification of all residents with disabilities, limited English Speaking, who identify as LGBTI, who is in isolation, reported prior sexual abuse, and who reported sexual victimization during the risk screening. Also requested were a list of grievances for the last 12 months and main complaint; list of incident reports for the last 12 months and main compliant; allegations of sexual abuse and sexual harassment reported for investigation (12 months), and a list of any hotline calls made during the last 12 months. On-site, this auditor reviewed resident files, investigation files, and interviewed staff and residents to corroborate the lists received and that there were no additional categories of residents that needed to be interviewed- that had not been identified. In addition, resident and staff interviews were used to ensure any possible targeted residents were identified.
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This auditor requested a complete resident roster, including age, length at the facility, race/ethnicity, and unit, in addition, identification of all residents with disabilities, limited English Speaking, who identify as LGBTI, who is in isolation, reported prior sexual abuse, and who reported sexual victimization during the risk screening. Also requested were a list of grievances for the last 12 months and main complaint; list of incident reports for the last 12 months and main compliant; allegations of sexual abuse and sexual harassment reported for investigation (12 months), and a list of any hotline calls made during the last 12 months. On-site, this auditor reviewed resident files, investigation files, and interviewed staff and residents to corroborate the lists received and that there were no additional categories of residents that needed to be interviewed- that had not been identified. In addition, resident and staff interviews were used to ensure any possible targeted residents were identified.
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This auditor requested a complete resident roster, including age, length at the facility, race/ethnicity, and unit, in addition, identification of all residents with disabilities, limited English Speaking, who identify as LGBTI, who is in isolation, reported prior sexual abuse, and who reported sexual victimization during the risk screening. Also requested were a list of grievances for the last 12 months and main complaint; list of incident reports for the last 12 months and main compliant; allegations of sexual abuse and sexual harassment reported for investigation (12 months), and a list of any hotline calls made during the last 12 months. On-site, this auditor reviewed resident files, investigation files, and interviewed staff and residents to corroborate the lists received and that there were no additional categories of residents that needed to be interviewed- that had not been identified. In addition, resident and staff interviews were used to ensure any possible targeted residents were identified.

69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	PGYCC does not have isolation or segregation areas or cells. The on-site tour and interviews with both staff and residents confirmed this.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	PGYCC is a very high functioning facility and has high qualification criteria for admittance. Due to this facility being a wildfire fighting camp, it is imperative that residents are high functioning, both mentally and physically. Before placement at PGYCC, residents spend 45 days at an intake facility and receive all mental health, medical, disability, educational, and physical screenings. This includes the risk screening tool assessing the risk of possible victimization or sexual aggressiveness., including all prior sexual victimization and/or sexual abusiveness from prior incidents, charges, or admissions, and the resident's own feelings about their safety. If the assessed residents have mental health, medical, emotional, or disability needs, accommodations, or treatment, they are sent to facilities that provide those services. In addition, if the assessed resident has criminal charges, criminal court proceedings pending, or has a longer sentence than can be accommodated, in the time or age limits for PGYCC, they are placed in facilities that can better provide for those needs. If placed at PGYCC, residents are physically fit and able to fight fires in the most challenging environment, mentally fit and not on any psychotropics, and at a high functioning level; therefore, many of the targeted resident categories are not placed at PGYCC, as it would not be the best housing for their needs. At the time of the audit, there were zero targeted residents at PGYCC.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	16

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	In selecting random staff for interviews and specialized staff, this auditor requested a complete staff roster-with identification of specialized staff (as identified by the standards), and by title, shift, date started, and unit. In addition, this auditor requested a list of incident reports for the last 12 months, allegations of sexual abuse and sexual harassment reported (12 months), and a list of any hotline calls made during the last 12 months. After a preliminary review of the PAQ, standards, and list of staff and designations, this auditor requested the facility schedule the specialized staff on the on-site schedule before the onsite visit. At that time, this auditor picked the random staff-ensuring all units, shifts, ranks, time at the facility, and work assignments were considered. At the onsite visit, this auditor reviewed files and interviewed staff and residents to ensure there were no staff interviews that needed to be added for further clarification or sampling inequities.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	12
76. Were you able to interview the Agency Head?	◉ Yes ○ No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	◉ Yes ○ No
78. Were you able to interview the PREA Coordinator?	◉ Yes ○ No

79. Were you able to interview the PREA Compliance Manager?	◉ Yes ○ No ○ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☑ Agency contract administrator ☑ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☑ Education and program staff who work with youthful inmates (if applicable) ☑ Medical staff ☑ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☑ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☑ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☐ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☑ First responders, both security and non-security staff ☑ Intake staff ☐ Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	◉ Yes ○ No

a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☑ Religious ☐ Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	○ Yes ◉ No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	PGYCC does not have any contractors who have contact with the residents. This auditor requested a list of all contractors to document what their interaction might be with residents and determined all contractors were not involved with residents. In addition, even volunteers are constantly supervised by staff and never alone with residents.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

84. Did you have access to all areas of the facility?	◉ Yes ○ No
Was the site review an active, inquiring process that included the following:	
85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	◉ Yes ○ No
86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	◉ Yes ○ No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	◉ Yes ○ No

88. Informal conversations with staff during the site review (encouraged, not required)?	◉ Yes ○ No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	During the on-site portion of the audit, the staff conducted walk-throughs of facility processes- included intake and risk assessment processes. Site observations also included interactions between staff and residents, supervision, Area observations: housing units, toilets, showers, supervision practices, supervision ratios, program and/or education areas, work areas, medical services, grievance collection boxes, placement of PREA information, blind spots, or other problem areas, and other building areas.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	◉ Yes ○ No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The following documentation was reviewed onsite, by this auditor: File reviews were completed that included resident files, staff training, personnel files, and investigation files, both at the facility and at DJJ central office in Stockton, Ca. Due to COVID-19, this auditor and all staff wore masks and maintained social distance. Staff Files: A complete staff list was used to check the required documentation. A total of 12 randomly chosen staff files were checked. The DJJ HR staff provided staff files, identified by this auditor when choosing random staff for interviews. This included 12 random staff files out of 34 staff files. Files were reviewed for: criminal history check; child abuse registry check; Administrative Adjudication Check (three questions); 5-year record check for any staff who had over 5 years at the facility; institutional reference check; PREA training documentation; and Specialized Staff Training (medical, investigative) Contractor/Volunteer files were reviewed for the above and documentation of any PREA Refresher training. Resident Files: A list of residents, in the facility, was used to check the files and document all required information. 16 resident files were reviewed, chosen randomly by the same list used for interviews. The resident list, provided by the facility, did not have any targeted residents identified. As residents were interviewed, this auditor probed to see if any of the residents fit into a targeted category, and none did. On-site documentation review was conducted on paper files. Sample documentation was uploaded to the online audit. All records were made available to this auditor. This auditor reviewed 16 of 46 resident files for the following information: PREA intake education; Risk Assessment completed within 72 hours; Risk identification; Periodic Risk Screening reassessment; LGBTI questions and/ or identification; If disclose sexual abuse, follow-up meeting with Medical/Mental Health offered and documented; PREA Comprehensive Education within 10 days of Intake. Investigation Files: There were zero sexual abuse or sexual harassment allegations at PGYCC and so zero investigative files to review. Other Files reviewed included Volunteer/Contractor, training files for residents and staff, and grievances.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	PGYCC had zero allegations of sexual abuse in the last 12 months.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0

101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	PGYCC had zero sexual harassment allegations in the last 12 months. This auditor reviewed files and interviewed staff and residents to confirm zero allegations or investigations were made or occurred in the last 12 months.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0

109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?	◉ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ○ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.311 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator "Agency" Standards (CDCR/DJJ requirements) • An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. • An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. • Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. Acronyms used in this report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp **The following evidence was analyzed in making the compliance determination:** The California Department of Corrections and Rehabilitation CDCR) PREA Policy 1445, page 3, section 1; CDRC outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment; California Assembly Bill 550 (Chapter 303, Statutes of 2005); CDCR PREA Policy 1445, page 5 sanctions; CDCR-DJJ organizational chart; Definitions in CDRC Policy 1445, page 4-5 coincides with standards requirements of prohibited behaviors; CDCR PREA Policy 1445, Pages 4, 6, 7, 8- Description of CDRC strategies and responses to reduce and Prevent Sexual Assault and Sexual Harassment; CDCR policy 1445, page 5, PREA Compliance Manager (PCM) CDCR policy 1445, page 22: definition of the agency PREA Coordinator; Pine Grove (PGYCC) Organizational Chart; DJJ Organizational Chart-designates a PREA Program Analyst; PRE-Audit Questionnaire; Policy 1445 Policy Statement; PREA Coordinator position Description; PCM Position Description ; Interviews: PCM, PC **Site Review Observations: Observations during an on-site review of the physical plant and facility function, practice, and culture.** Assessment of Documentation, Practice, and Determination: **115.311a:** Compliant The California Department of Corrections and Rehabilitation (CDCR) is the state parent agency for the Department of Juvenile Justice (DJJ). DJJ is the parent agency for Pine Grove Youth Conservation Camp (PGYCC). The CDCR/DJJ has a PREA policy (1445) stating that it has a zero-tolerance for sexual violence, staff sexual misconduct, and sexual harassment in its institutions. CDCR/DJJ has a comprehensive PREA Policy, 1445, that mandates a zero-tolerance policy towards all forms of sexual abuse and sexual harassment, and outlines the agency's strategies on preventing, detecting, and responding to such conduct. "CDCR shall maintain a zero-tolerance for sexual violence, staff sexual misconduct, and sexual harassment in its institutions, community correctional facilities, conservation camps, and for all offenders under its jurisdiction. All sexual violence, staff sexual misconduct, and sexual harassment are strictly prohibited. This policy applies to all offenders and persons employed by the CDCR, including volunteers and independent contractors assigned to an institution, community correctional facility, conservation camp, or parole." CDCR's Policy Statement: The purpose of this policy is to ensure compliance with Public Law 108-79, the Prison Rape Elimination Act of 2003 (PREA), California Assembly Bill 550 (Chapter 303, Statutes of 2005) the Sexual Abuse in Detention Elimination Act, and 28 Code of Federal Regulations, Part 115, National Standards to Prevent, Detect and Respond to Prison Rape. It will provide policies for the prevention, detection, response, investigation, and tracking of sexual violence, staff sexual misconduct, and sexual harassment against CDCR offenders. Another purpose of this policy is to provide policies for the successful community reentry of offenders. Finally, this policy informs staff of their responsibilities and liabilities as specified in the law.

CDCR/DJJ policy addresses “Preventing” sexual abuse and sexual harassment through; Zero-tolerance for all forms of sexual abuse and sexual harassment: Staff Training (including employees, contractors, and volunteers): Resident Education, at intake and again within 10 days of intake: Verbal and written information provided to offenders which address Prevention/Intervention, Reporting, and Treatment and Counseling: Appropriate provisions made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and those with disabilities; Security Rounds on every shift to identify and deter sexual violence, staff sexual misconduct, and sexual harassment of any kind; Risk assessment and housing assignments; Detection, Notification, and Reporting requirements; Designating a PREA Coordinator (PC) and a facility PREA Compliance Manager (PCM)

The policies addressed “Detecting” sexual abuse and sexual Harassment through Definitions for prohibited behaviors; Security Rounds/Unannounced Rounds; Multiple reporting sources, including grievance, staff, hotline, through a third party; Staff (contractors, volunteers, and employees) training.

The Policies addressed “Responding” to allegations of sexual abuse and sexual harassment through: Reporting; Investigations; Victim Services, Medical and Mental Health Services; Disciplinary Sanctions; Incident PREA Review Committee (IPRC), and Data Collections and Analysis.

This agency policy is consistent with the PREA standards and outlines the agency’s approach to sexual safety. The definitions match the required definitions of this standard and are compliant with this standard's requirement to include sanctions for those found to have participated in prohibited behaviors. California Code 3401.4, section 289.6 backs up the PREA Policy 1445, about disciplinary action and/or criminal prosecution, as well as termination and ineligibility to be hired or reinstated.

115.311 (b): Compliant

Standard Requirement: b) An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all facilities.

Assessment of Documentation and Practice and Determination:

CDCR/DJJ Policy 1445, page 4, #6 states under definitions, “PREA Coordinator -DJJ coordinator with sufficient time and authority to develop, implement and oversee division efforts to comply with the PREA standards in all DJJ facilities.”

The DJJ employs a PREA Coordinator, whom the DJJ Organizational Chart confirms reports directly to the Division of Juvenile Justice (DJJ) Deputy Director.

In addition to the DJJ PREA Coordinator, DJJ employs a PREA Analyst to assist the PREA Coordinator. This position is tasked with ensuring that all DJJ sites work towards meeting federal juvenile standards.

The evidence shows that the agency has designated an upper-level, DJJ PREA Coordinator as verified through the organizational chart and policy directives.

The PC job description states, “The PREA coordinator serves as the point person for the agency’s PREA compliance and works with all levels of staff, including management, investigators, training coordinators, human resources, and others and who has authority over operational functions to develop, implement and oversee agency’s efforts and ensure compliance with Prison Rape Elimination Act (PREA) Federal Juvenile Standards in all of its facilities and camp.”

“In addition, the PREA Coordinator develops SART protocols, in accordance with agency policies; oversees all aspects of the coordinated response; reviews response to PREA allegations, all documentation and completes incident reviews; makes recommendations for shifts in policy or procedure based upon incident reviews; responsibility for ensuring quality investigations; instructs and monitors staff concerning specific operational actions; approves training curriculum and instructs trainers to include specific topics and information; makes recommendations to the head of the agency concerning necessary changes in policies, practices, and procedures.”

The PREA Coordinator Interview confirmed this position reports directly to the DJJ Deputy Director and oversees PREA compliance in four facilities. The duties include supervision of all PREA Compliance Managers (PCM) in allegations made, tracking investigations, and completion of SSV reports. Also, oversees the PREA Compliance Committee, completes quarterly reviews, completes the PREA annual report, and ensures staff training, resident education, investigations, and staffing plans are completed—among ensuring the agency works towards PREA compliance on the facility and agency level.

The California Division of Juvenile Justice (DJJ) is compliant with 115.311b

115.311 c: Compliant

Standard Requirement: “Where an agency operates more than one facility, each facility shall designate a PREA compliance

	manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards." **Assessment of Documentation and Practice and Determination:** CDCR policy 1445, page 5 states, "PREA Compliance Manager (PCM) - Facility employee with sufficient time and authority to coordinate the facility's efforts to comply with the DJJ PREA policy." The PGYCC's organizational chart reflects that the PCM is an upper-level management position in the facility. The PCM reports directly to the Program Administrator and the PREA Coordinator. The PCM job description states: "PREA Compliance Manager (PCM), is responsible for assisting the PREA Coordinator and Analyst by serving as the liaison for their facility or camp. In doing so, the PCM takes a central role in identifying the facility/camp's PREA goals by ongoing monitoring and coordination in ensuring their facility or camp take the necessary steps to prevent, detect, respond, and monitor sexual abuse and sexual harassment in complying with the Division of Juvenile Justice policy." The PCM Interview confirmed that he reports to the PGYCC superintendent and serves as an executive officer at that facility, that they have had zero allegations of sexual abuse and sexual harassment, and that when there is an issue with PREA compliance, he determines if it is a training issue, physical plant issue…etc., and develops an action plan to bring PGYCC back into compliance. He affirmed that he has sufficient time and authority to manage all PREA related duties. PGYCC is compliant with standard 115.311 in policy/procedure and ensures the practice is ingrained in the culture of the facility.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.312: Contracting with other entities for the confinement of residents. **Compliance Determination:** Compliant Acronyms used in this standard report: • PC: PGYCC PREA Coordinator • DJJ: The Division of Juvenile Justice • CDCR: The California Department of Corrections and Rehabilitation Interviews: Agency Contract Administrator, PC PREA Standard Agency Requirements for CDCR/DJJ Agency: “A public agency that contracts for the confinement of its inmates (residents or detainees) with private agencies or other entities, including other government agencies: a. Shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards; b: Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.” Documentation: Pre-Audit Questionnaire Site Review Observations: Observations during the on-site review of the physical plant and facility function, practice, and culture. **The following was used to make the compliance determination:** The Pre-Audit Questionnaire states that the agency has not entered or renewed a contract for the confinement of residents on or after August 20, 2012. Interviews confirm the housing of all DJJ youth is in DJJ facilities, and The Division of Juvenile Justice (DJJ) does not contract with private facilities to confine youth. In addition, plans are in place to close the DJJ and all their facilities in 2023 and return the responsibility of youth to counties. They have stopped accepting youth as of July 1, 2021, and by 2023, the youth in custody will be returned to the counties where their cases were adjudicated. A block grant has been set up to provide counties, local programs, and agencies money toward youth services. This is through California SB823 legislation, passed and signed into law. The Office of Youth and Community Restoration (OYCR) is s new state agency within California Health and Human Services Agency (CHHS) to administer the block grant. The bill requires DJJ to begin a phased closure of its facilities after July 1, 2021. The full closure date is tentatively June 30, 2023. The bill, under section 1, does state the intent to retain the youth fire camp PGYCC (this audited facility), whether through a state-local partnership or other management arrangements, to remain open and functioning to train justice-involved youth in wildland firefighting skills and to retain the camp as a training resource for youth in California and create pipelines from Pine Grove to gainful employment. **Findings**: N/A as DJJ does not contract with private or public agencies for the confinement of their youth. The DJJ states on their PREA Questionnaire that they have not entered or renewed any contracts, with private or public agencies, for the confinement of juveniles since August 20, 2012. Interviews confirm this as well as the passed legislation and plans for DJJ to close as a state agency and to close all their facilities. California Legislative Law SB823 calls for the return of care of juvenile justice youth to the counties from which they came However, the required PREA compliance, for all facilities, is August 2022. Planning for placement of juvenile justice youth with the counties should include planning to ensure that the receiving facilities are PREA compliant. The California DJJ is compliant with PREA standard 115.312

115.313	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115.313 Supervision and Monitoring Acronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp • DOJ: Department of Justice • PC: PREA Coordinator (Agency) • PCM: PREA Compliance Manager (Facility) Interviews: Supervisory Staff, PREA Coordinator, PGYCC Superintendent, PCM, Random Staff **115.313 a, b, c, d, e: Exceeds Compliance** Agency Requirements: *a) The agency requires each facility it operates 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.* *c)The agency shall comply with the staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances.* Facility Requirement: b) Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. Documentation Reviewed for Compliance: Business Rules PGYCC report; Average Daily Population 2019-2020; Pine Grove Staffing Plan; Unannounced Rounds Documentation; Pine Grove Logs (PREA unannounced rounds in red) Site Review Observations: Observations during an on-site review of the physical plant and facility function, practice, and culture. **Documentation and Compliance Assessment:** The Pre-Audit Questionnaire states that the average number of residents is 69 and the average number of residents the staffing plan is predicated is 68. The PREA-Audit Questionnaire states that: there have been zero deviations from the PGYCC staffing plan. The current resident population on the first day of the site visit, April 27, 2021, was 48. The Business Rules PYCC Document is the tool that reflects how PGYCC staffs this facility. It includes the number and classifications of staff. This was developed as part of the Farrell Consent Decree. It is reviewed twice a year and the staffing plan will be reviewed on one or both of those reviews to ensure compliance with the PREA Standards. The Ferrell Consent Decree ensured DJJ set staffing requirements for all their facilities. It shows that, as of 1/28/2020, PGCC has a total of 35.2 staff, including 3 management, 1 Parole Agent, 1 plant operations, 20.3 security, 1 medical, 4.4 food service, and 4.5 education services employees. This staffing provides supervision and monitoring of 80-100 residents. The PGYCC staffing plan addresses all 11 areas required, as well as the unique requirements and programming of the facility. It also addresses the additional staffing from CAL-Fire, minimum risk level, blind spots, and resident high functioning level. The Average Population and Budgeted Population Report demonstrates these figures for November 2019-2020. PGYCC averaged 69 and the budgeted population ranged from 80-85 residents. Unannounced Round Documentation and logs: this documentation exceeds the requirement of this standard. It demonstrates almost daily rounds on all shifts, and at various times. This facility does not require unannounced rounds as it is a non-secure juvenile facility, and this action exceeds this requirement.

Unit Logs: These logs document PREA unannounced rounds in red and are consistent with the unannounced round documentation.

Findings:

115.313A: Requirement: *develop, document, and makes 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.*

PGYCC's staffing plan includes all 11 required categories. It addresses each category and actions taken or how this category is addressed at Pine Grove. This includes:

- Generally accepted residential practices - evaluated secure ratios, and how PGYCC is a non-secure juvenile facility.
- Any judicial findings of inadequacy; No judicial findings of inadequacy at PGYCC.
- Any findings of inadequacy from internal or external oversight bodies: no findings of inadequacy at PGYCC.
- Any findings of inadequacy from Federal investigative agencies: no Federal investigative agency findings of inadequacy at PGYCC.
- Components of the PGYCC physical plant, including blind spots and areas where staff or residents may be isolated: PGYCC is in a heavily wooded area with a workshop, warehouse, kitchen, living unit with two wings, administration offices/bldg.-where youth are not allowed, education and training classrooms, PO and medical offices, weight room, and equipment garage where the fire vehicles are parked.
- Youth are provided direct sight supervision from DJJ staff, or under the supervision of a CAL-Fire employee.
- The composition of the resident population: Residents are 17.6 mos. to 25 years of age; high functioning; minimum level custody camp; screened to exclude youth: being treated for mental health diagnoses, with intellectual or physical disabilities, and any sexually related offenses in their past, and transgender youth (inability to provide privacy and potentially vulnerable on fire lines; and essentially no juvenile offenders – as all youth must be 18 to be dispatched to a fire.
- The number and placement of supervisory staff: Physically present and supervising youth and located physically in the dorm, in areas where youth may be present, or accompanying youth to programs or locations, and have visual supervision always maintained.
- Institution Programs Occurring on a particular shift: All programming (treatment groups, religious services, leisure activities, and education) is held on the second and third shifts when additional staff is present; excluding those times when youth are on the fire line.
- Any applicable state or local laws or standards: No additional laws, regulations or standards have informed the staffing plan. The Business Rules were designed to provide some flexibility as population ebbs and flows to avoid the need to consistently seek additional staffing. Though staffing issues at Pine Grove have not currently been identified by the executive team, or the Superintendent of Pine Grove as requiring an adjustment to the business rules at this time.
- The prevalence of substantiated and unsubstantiated incidents of abuse in the past five years: There have been zero allegations in the past five years.
- Any other relevant factors: Other non-DJJ staff in providing additional supervision to youth
- CDCR custody officers and Cal-Fire firefighters provide support when youth are dispatched; and the facility location that provides some staff housing in cases of inclement weather (allows staff to for longer periods of time when other staff cannot get to the camp, these staff cannot leave, and to provide overtime staff in any cases of an open shift). This has allowed PGYCC to always maintain required staffing and have zero deviations from the staffing plan.

The PGYCC staffing plan is compliant with 115.313a standards requirements.

115.313B: Compliant

Standard Requirement-Agency: “The agency shall comply with the staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances.”

PAQ: PGYCC states that they have not had any deviations from their staffing plan.

The PGYCC staffing plan explains why they have not had any deviations from their staffing plan: Supervision includes at times, other non-DJJ staff in providing additional supervision to youth (additional CDCR custody officers and CalFire firefighters providing support when youth are dispatched; and the facility location that provides some staff housing in cases of inclement weather (allows staff to for longer periods of time when other staff cannot get to the camp, these staff cannot leave, and to provide overtime staff in any cases of an open shift.) This has allowed PGYCC to always maintain required staffing and have zero deviations from the staffing plan.

Interviews with staff and management confirm that it is required for the facility to maintain the staffing required under the Ferrell Consent Decree Agreement, even if that means double shifts, staying at the camp, staying until additional staff can be called in, or management staff filling in for line staff.

PGYCC is compliant with 115.313b standards requirements.

115.313C: Compliant

Standard Requirement: The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours.

PGYCC is a non-secure juvenile facility and is not required to meet the ratios for a secure facility. They are required to meet the staffing requirements of the Business Rules developed as part of the Farrell Consent Decree. This includes the number of staff per resident population. 36.2 staff when the facility has 80 to 100 residents. Of these staff, 29.7 program staff, 1 medical staff, and 4.5 education staff.

115.313 D: Compliant

PREA Standards “Facility” Requirement: Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by 115.311, the agency shall assess, determine, and document whether adjustments are needed to

Before PGYCC had a staffing plan, they had the PGYCC Business Rules Document as a tool for staffing the facility. It is reviewed twice a year and the staffing plan is reviewed at the same time to ensure compliance with the Business Rules and the National PREA Standards.

The Business Rules PGYCC Document is the tool that reflects how PGYCC staffs this facility. It includes the number and classifications of staff. This was developed as part of the Farrell Consent Decree. It is reviewed twice a year and the staffing plan is reviewed on one or both of those reviews to ensure compliance with the PREA Standards.

115.313e: Unannounced Rounds

E1: **Exceeds Standard.**

This is a non-secure facility and not required to conduct these rounds; however, they exceed this standard by performing them.

CDCC Policy 1445, page 7: Security Rounds A custody supervisor assigned to each facility or unit on every shift shall conduct unannounced security checks to identify and deter sexual violence, staff sexual misconduct, and sexual harassment of any kind. DJJ staff shall be prohibited from notifying other staff that the custody supervisor is making his/her rounds. These security checks shall be documented in the Unit Log in red pen. The Unit Log shall indicate the date, time, and location the security check was conducted.

E2: Exceeds Standard.

The Daily Unit Log documents, in red, the unannounced/security round completed on each shift every day, and Unannounced Round Logs confirm that these rounds are conducted on every shift, at random times, and by upper-level staff.

E4: The policy listed in E1 prohibits staff from alerting other staff of these rounds being conducted and interviews confirm that staff does not know when these rounds are being conducted as it is normal practice for supervisors or management to walk the facility.

PGYCC exceeds compliance with standard 115.313 a-e

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	115.315 - Limits to Cross-Gender Viewing and Searches **Compliance Determination:** **Agency Level:** Not Compliant with sections b and f, at the agency level. **Facility Level:** Compliant with sections a-f, after corrective action Acronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp • DOJ: Department of Justice • PC: PREA Coordinator • PCM: PREA Compliance Manager Documentation Reviewed for Compliance: Policy and Procedure 1801.1; Pre-Audit Questionnaire; CDCR Correctional Juvenile Academy Body Search Curriculum; PREA Refresher staff sign-in sheet (4 hours) 4/7/202; CDCR DJJ PREA Refresher 5/22/19: 1 hour: Page 18: Cross-Gender Searches; PREA Refresher staff sign-in sheet (4 hours) 4/7/202 Further documentation reviewed During Corrective Action: New PREA facility refresher training; California PREA Refresher Training instructors guide; PREA refresher test; Conducting searches Policy Revisions (Policy 1801 Draft); Policy 1801.1 draft; Revised Draft Policy 1445 PREA; Memo reminder to all employees Dec 6, 2021, about searches; Employee knowledge review; Employee understanding statement of new training; Transgender Respect Agency and Dignity Act (TRADA) 8/26/20; TRADA memo; PREA training staff list (4/7/21); Body search training; Cancellation of training academies Interviews: Random and Specialty Staff; Residents, PC, PCM. Site Review Observations: Observations and interviews were conducted during an on-site review of the physical plant and facility function, practice, and culture. **115.315a: Compliant** Facility Requirements: “The facility 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.” PRE-Audit Questionnaire: • PGYCC states that it does not conduct cross-gender strip searches or cross-gender visual body cavity searches of residents. • PGYCC states there have been zero cross-gender strip searches or cross-gender visual body cavity searches in the last 12 months and thus zero that did not involve exigent circumstances or were performed by non-medical staff. Policy/Procedure • Agency Policy: 1801.1- E.1, page 4: “As soon as possible after arrival at a Reception Center and Clinic, a youth shall receive the Search and Youth Grievance Policy and Procedures during Youth Orientation • Agency Policy: 1801.1-E.1a: Correctional Peace Officer 1. Ensures that same-gender staff conduct skin searches. There will be an exception where there is a life and death emergency.” • 1801.1.D3, page 3c: “Unclothed Search: A person conducting or otherwise present or within sight of the youth during an unclothed or visual physical cavity search shall be of the same sex as the person being searched, except for physicians or licensed medical personnel.” CDCR Correctional Juvenile Academy Body Search Curriculum: • Page 37: “Unclothed body searches, however, are conducted only by a minimum of 2 correctional peace officers of the same gender as the subject, without making any physical contact with the youth.”

- Page 73: Unclothed Body Search (strip of skin search): “must be performed by a minimum of 2 correctional peace officers of the same gender as the youth. Any other staff present must be a health care professional and/or employed in peace officer classifications and be of the same gender as the youth. A youth skin search shall be conducted without a correctional peace officer making any physical contact with youth.”

Interviews with staff and residents confirm that:

- There are zero cross-gender strip or cross-gender visual body cavity searches conducted at PGYCC. They only conduct pat-down clothed searches and visual strip searches down to the boxers.
- Policy and training confirm that PGYCC does not conduct cross-gender strip searches or cross-gender visual body cavity searches.

PGYCC is compliant with the facility requirements of standard 115.315a.

115.315 b, and f:

Finding: Agency Level Non-Compliance

Agency Requirements:

a)The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.

f)The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, professionally and respectfully, and in the least intrusive manner possible, consistent with security needs.

Policy and training:

Agency Policy:

- 1801.1-B.1, page 2: Body search procedures for clothed male youth shall be conducted by male Correctional Peace Officers when feasible unless a transgender or intersex youth has a documented preference for opposite-gender searches.
- 1-B.1a, page 2: Clothed Body Searches of a male youth performed by female Correctional Peace Officers shall sweep the youth’s genital area with the back of the hand to discover contraband directly related to the threat posed by the emergency. If cause exists for a more thorough search, the male youth shall be detained until a male Correctional Peace Officer staff member is available to search.

During corrective action: This agency policy was redrafted to state that all searches must be conducted by the same gender staff as the resident; however, this policy is still in DRAFT form at the end of this audit’s corrective action.

DJJ PREA Policy 1801.1: “Clothed body (pat-down) searches of female youth, all unclothed body (skin) searches, and all body cavity searches shall be conducted by staff of the same gender or anatomical sex of the youth to be searched except for the following situations: a. In urgent circumstances (when an immediate search is required to avoid the threat of death, escape, or great bodily injury to staff, youth, or visitors) and then only until sufficient numbers of same-sex staff arrive to assume critical body search duties.

CDCR Correctional Juvenile Academy Body Search Curriculum:

- page 36 states: “Pat-down searches are routinely conducted by correctional peace officers of either gender. However, except where an emergency exists that: threatens death, youth escape, great bodily injury to staff, youth, or visitors, male officers shall not conduct a “pat-down” search of female youth. Whenever possible, the pat-down of a female youth will be done by a female officer. In cases in which a male officer does pat-down a female youth, he shall only use the back of hand technique” …
- Page 37: The youth understand that they have relinquished certain rights of privacy and modesty. Likewise, you must understand that it is your duty to conduct clothed body searches on every youth regardless of gender.”

The agency policy 1801.1-B.1a, page 2 (see above) does not make it clear that there will be **no** cross-gender searches on male residents, except for exigent circumstances, as it gives a different standard staff conducting searches of male or female residents. The agency (DJJ) is not compliant with this standard, as it is a requirement of the agency. The jail standards allow this, but not the juvenile standards.

- This agency policy 1801.1-B.1a, page 2 (see above) does not make it clear that there will be no cross-gender searches on male residents, except for exigent circumstances, as it gives a different standard staff conducting searches of male or female residents. The jail standards allow this, but not the juvenile standards.

During corrective action, this policy was redrafted to state that all searches must be conducted by the same gender staff as the resident; however, this policy is still in draft form at the end of this audit's corrective action.

Draft DJJ PREA Policy 1801.1: "Clothed body (pat-down) searches of female youth, all unclothed body (skin) searches, and all body cavity searches shall be conducted by staff of the same gender or anatomical sex of the youth to be searched except for the following situations: a. In urgent circumstances (when an immediate search is required to avoid the threat of death, escape, or great bodily injury to staff, youth, or visitors) and then only until sufficient numbers of same-sex staff arrive to assume critical body search duties.

During Corrective Action:

The Agency (DJJ):

- Completed edits to their search policy and procedures; however, they are still in draft form and require labor notification and negotiation.
- Is currently working towards agency closure and has no further academy training scheduled. (Training included in the documentation). Training at the DJJ's other juvenile facilities will be ongoing- through the annual PREA training-after this audit's conclusion.
- Has not changed their academy employee training and is not scheduling any additional academy training- as they are slated to close as a state agency. After the closure of DJJ, the county is slated to become the parent agency of Pine Grove.

Agency (DJJ) Corrective Action **NOT** completed due to the Department of Juvenile Justice (DJJ)being slated for closure:

- Correct all relevant "Agency" policies to ensure cross-gender, clothed, pat-down searches cannot be performed, by female staff on male residents, except in exigent circumstances- and those must be documented.
- Train all DJJ staff on this change.
- Make the appropriate changes to the CDCR/DJJ Academy (ensuring staff is trained on how to conduct cross-gender searches in cases of exigent circumstances) but also ensuring female staff understands that they are not to perform cross-gender searches on male residents. They already have the policy in place for female residents, but not males
- Upload the policy changes, PREA Academy training curriculum, PREA refresher training curriculum, and statements of understanding or test.

Due to changes made to the agency search policy still being in draft form, at the end of this audit's corrective action; and, all academy training being canceled before any changes could be made, due to the impending closure of the DJJ, the agency (DJJ) is not compliant with 115.315a or f.

The Facility, PGYCC:

- Trained their facility employees- ensuring all staff understood and practiced their understanding that they are not to perform cross-gender searches except in exigent circumstances and document those on the NUO form.
- Uploaded to the OAS: the training curriculum, statements of understanding/test, and training attendance

The facility (PGYCC) is compliant with standards, 115.315b, and f.

115.315 C:

Compliant

Facility Requirement: 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.

Paperwork and Practice Assessment:

- DJJ 8.140 Notice of Unusual Occurrence Form: This form has a place to document a cross-gender pat-down or visual body cavity search.
- PREA Policy 1445 page 7, section 5: Facility staff shall document all cross-gender pat-down searches, cross-gender skin searches, and cross-gender visual body cavity searches in accordance with the Conducting Searches Policy (1801).
- CDCR DFF PREA Refresher: 1 hour: Page 18: Cross-Gender Searches: "Facility staff shall document all cross-gender pat-down searches, cross-gender skin searches, and cross-gender visual body cavity searches in accordance with the Conducting Searches Policy, utilizing the DJJ Form 8.140, Notice of Unusual Occurrence (NUO"
- PREA Refresher staff sign-in sheet (4 hours) 4/7/2021. Documents staff attendance.

Interviews:

Staff: Most staff stated that staff did not conduct cross-gender searches; however, there were a few who stated they had performed pat-down searches on male youth or searched clothing when a resident had stripped down to their underwear.

Residents: Most residents stated that staff did not conduct cross-gender searches; however, there were a few who confirmed that female staff had conducted pat-down searches on them or others.

Assessment:

The agency (DJJ) policy requires all their facilities to document cross-gender clothed pat-down searches, skin searches, and visual body cavity searches to be documented on form DJJ 8.140 Notice of Unusual Occurrence Form. Agency (DJJ) edits of policy are complete and pending approval.

During corrective action, the facility, PGYCC, trained all staff regarding the requirement that all cross-gender searches be documented on the NUO form. All staff completed this training and implemented it into practice.

115.315c: PGYCC is substantially compliant.

Substantially Compliant

115.315 (d)1 Facility Requirements:

d1. "*The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without a 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….*

d2: "Such policies and procedures shall require a staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing".

Policy and Practice:

- DJJ Policy 1445, page 7, 4a: Preventive Measures a. Each institution shall enable offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite biological sex viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room or bed-checks.
- DJJ Policy 1445, page 74b: "Except in circumstances where there would be an impact to safety & security, modesty screens shall be placed strategically in areas that prevent incidental viewing. In circumstances where modesty screens impact safety and security, staff of the opposite biological sex shall announce their presence when entering the area".
- Site Observations: The showers and bathroom area are partially open to the hall and the control room. There is a stainless-steel privacy partition that is used for the showers; The sit-down toilet area is not visible for the residents' private areas, and the urinals have privacy partial walls.
- Staff interviews consistently stated that female staff does not supervise showers, nor are they in the area where they could observe the shower area. Also, all staff confirmed that female staff announces their presence when entering areas where residents may be toileting, showering, or changing.
- Resident interviews confirmed that female staff never saw them completely naked at any time and they do not supervise showers. Also, residents consistently stated that female staff announces themselves when on the unit and there is a blue light that is turned on when females are on the unit.
- DJJ Policy 1445, page 74b: "Except in circumstances where there would be an impact to safety & security, modesty screens shall be placed strategically in areas that prevent incidental viewing. In circumstances where modesty screens impact safety and security, staff of the opposite biological sex shall announce their presence when entering the area".

Assessment: Compliant with 115.315d1

Policies and practices are in practice to ensure residents can shower, toilet, and dress without a staff of the opposite gender seeing them.

The shower/bathroom area is minimally compliant as it is open to the hall and the control room, with only a metal partition for the shower area and small half-walls at the urinals; however, staff and residents state that a staff of the opposite gender does not view residents.

The staff of the opposite gender announced their presence when entering any area where residents could be toileting, changing, or showering.

115.315e:

	Compliant **Facility Requirement:** *The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined 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.* Pre-Audit Questionnaire: The agency, DJJ, has a policy in progress but does not currently have a policy that covers this standard. (Prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status). PGYCC does not take transgender residents due to the limited facilities for showering separately, both in the facility and out on the fire lines. **During Corrective Action,** 115.315e- Agency Level: Verbiage was added to the DJJ PREA policy that addresses the specific requirements of not searching transgender/intersex youth solely for the purpose of learning genital status (PREA policy page 9).

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115.316 - Residents with Disabilities and Residents Who are Limited English Proficient. **Compliance Determination:** Exceeds Compliance, after corrective action Acronyms used in this standard report: CDCR: California Department of Corrections and Rehabilitation DJJ: Division of Juvenile Justice PGYCC: Pine Grove Youth Conservation Camp DOJ: Department of Justice PC: PREA Coordinator PCM: PREA Compliance Manager YDP: Youth with Disabilities Program ADA: Americans with Disabilities Act Documentation Reviewed for Compliance: **Prior to the interim report:** DJJ PREA Policy 1445-page 7.3 Offender Education; VIONCE Contract; Foreign Language Telephone Interpreter Service; Volunteer/Contractor Information Sheet; DJJ accommodation Documentation Form; DJJ Policy 6155, chapter 6; DJJ Procedures 6155.1; Diagnostic System Headquarters; Diagnostic System-Reception Centers and Clinics; Disability Screening and Assessment; Standard Psychological Tests; DJJ Risk Level for disabilities; Accommodations; Foreign Pre-Audit Questionnaire; ADA Rights; Referral; accommodation for a documented or perceived impairment form DJJ 8.043; Risk Level; DJJ risk level system; Disability Referral/Evaluation Form; DJJ 8.288; Youth Request for Reasonable Accommodation; DJJ 8.043; DJJ Report Misconduct Poster; PGYCC PREA Poster; Operation Care (English and Spanish); Youth Rights Handbook; English and Spanish; Youth with Disabilities Program; Staff Assistants; Grievance; California Youth Assessment and Screening Instrument or CA-YAS; Re-entry planning; PREA Brochure; End of Silence (English and Spanish); Notification to Youth; Form: Spanish and English; Effective Communication: US Department of Justice Disability Rights Division **During Corrective Action:** Revised: PREA booklet, PREA brochure, PREA RCC Youth poster, PREA YRH section, PREA 3rd party poster, Misconduct Poster, PREA notifications, Spanish posters, booklets, brochures. Interviews: Random Staff; Random residents; PC; Director, NCYCC Intake and training staff. Site Review Observations: Observations during an on-site review of the physical plant and facility function, practice, and culture. Posters in Spanish and English, Youth Rights Handbook, US Department of Justice Effective Communication Flyer—requirements to ensure communication with people with disabilities; PREA Brochure: End of Silence in English and Spanish; Record of PREA Education Form-Spanish and English; Effective Communication: US Department of Justice Disability Rights Division: Effective Communication-ADA requirements to ensure communication with people with disabilities is an effective as communication with people without disabilities. Vision, hearing, or speech disability communication, resident files, staff files. **115.316A:** Exceeds Compliance with 115.316a Agency Requirements: A1: The agency has established procedures to provide disabled residents 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. Reviewed: The PREA standard, 115.316 a, b, asks for established procedures. This would include detailed procedures for all actions that would be taken for all residents to create accessibility and accommodations for youth with disabilities. Accommodations are modifications or adjustments made for an individual with a disability on an as-needed basis and give access to whoever is there at the moment, which often requires extra work. Accessibility means having a place, environment, or event that is set up from the start to be accessible to all individuals. The following evidence was reviewed to assess compliance with this standard. Policy and Procedures: • The DJJ Policy 6155: "The DJJ shall ensure that disabled youth have access equal to non-disabled youth in all levels

of care within the youth correctional system, this includes education, training, and treatment services in the least restrictive environment for all youth."

- The DJJ Procedures 6155.1: General Procedures: Continuous efforts to identify youth with disabilities within all youth correctional facilities and shall ensure effective access to programs, services, and activities for youth with disabilities by making reasonable modifications in policies, practices, procedures, and programs, ensuring programs, services and activities are provided in an integrated setting, unless separate or different measures are necessary for equal opportunity, not excluding youth with disabilities from programs, services and activities because of architectural barriers; providing youth with disabilities assistive devices and/or services. Statewide oversite; YDP manager responsible for compliance with disability laws, regulations, mandates, and policies.
- Diagnostic System-Headquarters: all cases reviewed for indicators of impairments that may limit a major life activity o require accommodations or program modifications.
- Diagnostic System: Reception Centers and Clinics: when youth enter the youth correctional system, they receive a clinical screening that includes treatment needs assessment, intelligence testing, comprehensive medical and dental exam, tests to measure aptitude.
- ADA Rights: youth are advised of their rights under the ADA. Provide a form of the written advisement of these rights in simple English and Spanish.
- Referral: DJJ 8.043 Youth Request for Reasonable Accommodation, accommodation for a documented or perceived impairment.
- Staff can request an evaluation: Section II of the DJJ 8.288 (DREF) that is forwarded to the YDP Coordinator who completes section III and forwards to the appropriate service for evaluation. (Mental health professionals, medical staff, education professionals.)

Disability Screening and Assessment:

- Mental Health and medical staff, as assigned complete the screening and assessment process on youth within ten working days of receiving referral forms.
- Education staff ensures the issues identified are part of the youth's IEP.
- Standard Psychological tests instruments
- Upon competition of the assessment, it is determined whether mental or physical impairment exists, accommodations, and recommend the appropriate level of care if appropriate. Written assessment report and documented findings in the Unified Health Record.

Youth Rights Handbook:

Basic Legal Rights; Be Protected from sexual harassment; Receive Assistance or reasonable accommodations if you have a qualified disability. (In Spanish also).

Health Care: Medical, dental and Vision:

- Medical, Intake screening and Evaluation - doctor and nurse questions, height, weight, heart rate, and blood pressure; Lab and Radiology – any tests needed to ensure youth health
- Physical exam—complete physical
- Eye exam – check vision and glasses provided if needed.
- Immunizations
- Medications-prescribed medication given by the nurse; TB test.
- Evaluation and Diagnosis of disability issues that may impact daily life activities. During intake, residents are evaluated by professionals to see if they have a disability.
- Sick Call – fill out a form DJJ 8.018; Hospital care; Dental services.

Mental Health Services: Evaluation, therapy, medication, suicide prevention, assessment, and response.

Education Services: Review school records, assess, or test, develop a plan, appropriate education program. Supplemental services – English Language Development, Basic Skills, Special Education (IEP), College Classes, Work Experience

Alternate Behavior Learning Environment page 63.

Youth with Disabilities Program: section 504; ADA; IDEA-Individuals with Disabilities Act, education services for students with disabilities; IEP, Quiz; California Laws related to Youth with disabilities.

DJJ policy:

- same services and types of care as other youth in DJJ,
- provided with accommodations for equal access to programs and services,
- have access to a Youth with Disabilities Program Coordinator,

- supporting aids and services,
- structural barriers removed
- screened upon arrival by professional providers to determine if you have a physical, mental, or intellectual disability,
- youth can request evaluation also,
- DJJ's responsibility is to provide you with reasonable accommodations for equal access to all programs, services, and activities.
- Reasonable accommodations:
- accessible facilities,
- modified or part-time schedule,
- acquiring or modifying equipment,
- changing tests, materials, or policies,
- providing qualified readers or interpreters.
- p 72: Staff Assistants: employees of DJJ who have been trained to help youth with a disability to understand, read or write, communicate verbally; the role is to: make sure you understand all communications, assist by reading documents, assist with mobility issues, explain your rights to you, prepare for hearings, communicate your position at hearings, help you understand decisions made about you.
- Grievance: emergency: large risk of personal injury or other damage. DJJ 8.458; Youth Grievance Clerk—explain the grievance process and help you file a grievance. If you have a disability and require accommodations, a staff assistant will be assigned to help you through the grievance process from beginning to end; grievances you cannot file a grievance on. The grievance process flow chart needs to address sexual abuse or sexual harassment grievances filed.

Reception Center/Clinic process: Clinic Report: committing an offense and prior offenses, family and peer backgrounds, other psychosocial issues. Individual Change Plan (ICP): treatment and mental health issues, behavior issues, education issues, a court-ordered mandated treatment, type of assistance or accommodation needed for qualified disability; California Youth Assessment and Screening Instrument or CA-YASH: past behavior, school, family, friends to help determine the best facility and best living unit for you, assessment helps identify the specific areas of treatment you should focus on, identify initial goals and action steps to achieve those goals, reassessed at least every 120 days while in DJJ, case conference to discuss updated CA-Yash.

Assessment:

DJJ Policy sets out the procedures to ensure residents are assessed for disabilities, starting at the entry to an intake facility and ending with re-entry and community services. All residents go through an extensive intake process. The assessments include mental health, medical, and education professionals conducting clinical screenings and treatment needs assessments, including intelligence testing, comprehensive medical and dental exams, tests to measure aptitude, and standard psychological tests.

Residents are informed of their ADA rights and sign a form attesting to receipt of this. After the completion of the assessments, it is determined whether mental or physical impairment exists, accommodations, and recommend the appropriate level of care. Written assessment reports and documented findings are kept in the United Health Record.

Residents are provided with details about the above assessments and services in the Resident Handbook. During the intake process (45 days) residents are guided through the Resident Handbook to ensure they understand all provisions, including those related to disability assessments, accessibility, and accommodations.

DJJ ensures all its facilities have multiple accessibility components built into everyday life. Those include but are not limited to: Trained Staff Assistants – employees of DJJ who have been trained to help youth with a disability to understand, read or write, communicate verbally, and their role is to: make sure residents understand all communications, assist by reading documents, assist with mobility issues, explain your rights to residents, prepare for hearings, communicate residents' position at hearings, help residents understand decisions made about them.

In addition, other built-in accessibility includes a Youth with Disabilities Program (YDP) Coordinator who is assigned to the resident (YDP Coordinators and the manager receives the online ADA Title II Overview Training); a DJJ Accommodation Documentation Form that documents in what form and other accommodations provided to the residents; a YDP statewide Coordinator to oversee compliance with disability laws, regulations, mandates and policies: at intake youth are advised of their rights under the ADA; a disability screening and an assessment, at intake, by mental health, medical, and education staff – to identify any mental or physical impairment, possible accommodations and recommend the appropriate level of care; Diagnostic System Headquarters where residents files are reviewed for indicators of impairments that may limit a major life activity or require accommodations or program modifications; Disability Referral/Evaluation Form: DJJ 8.288, that staff or residents can fill out requesting an assessment or reasonable accommodations; and the Headquarters DJJ YDP Manager who works collaboratively with the database designer to implement changes to track YDP compliance.

The following details policy/procedure required accommodations provided to disabled residents:

Residents who are deaf or hard of hearing: DJJ provides sign language interpreters, captions, trained staff assistants, written

materials, assistive devices-as well as maintenance, and repair of those devices, a YDP Coordinator, and disability assessment and accommodations for the facility to follow. Education Services review school records, assess, test, develop a plan, appropriate education program. Supplemental services – English Language Development, Basic Skills, Special Education (IEP).

Residents who are blind or have low vision: DJJ provides alternate formats, trained staff assistants, acquiring equipment, provides qualified readers, information in large print, Braille, or electronically in a reading program or audio recording, a YDP Coordinator, and disability assessment and accommodations for the facility to follow. Education Services review school records, assess, or test, develop a plan, appropriate education program. Supplemental services – English Language Development, Basic Skills, Special Education (IEP).

Residents who have intellectual disabilities: DJJ provides trained staff assistants, a YDP Coordinator, and disability assessment and accommodations for the facility to follow. Education Services review school records, assess, or test, develop a plan, appropriate education program. Supplemental services – English Language Development, Basic Skills, Special Education (IEP).

Residents who have psychiatric disabilities: DJJ provides trained staff assistants and a YDP Coordinator, and disability assessment and accommodations for the facility to follow. Education Services review school records, assess, or test, develop a plan, appropriate education program. Supplemental services – English Language Development, Basic Skills, Special Education (IEP).

Residents who have speech disabilities: speech to speech translator, paper, and pencil on hand for communication, communication board, or device. Listen attentively and ask them to repeat a word or phrase. Assisted listening devices, open captioning, closed captioning, telephone handset amplifiers, hearing aid compatible telephones, TT's, videotext displays, screen reader software, magnification software, optical readers, video description, accessibility features in electronic documents, a trained staff assistant, a YDP Coordinator and disability assessment and accommodations for the facility to follow, and Education Services review school records, assess, or test, develop a plan, appropriate education program. Supplemental services – English Language Development, Basic Skills, Special Education (IEP).

Other—Compliant after corrective action

The PREA standards require written materials to be provided in formats or through methods that ensure effective communication with residents with disabilities including residents who have intellectual disabilities and residents with limited reading skills.

Posters, handbook, forms, youth education materials, grievance forms, pamphlets, brochures, and other written materials need to have a disability assessment to ensure they are in basic language, 5th-6th grade reading level, spaced apart and limited wording (as much as possible) to ensure written materials are provided in formats or through methods that ensure effective communication for all residents, including those with disabilities, such as residents who have intellectual disabilities and residents with limited reading skills.

During Corrective Action: Other Disabilities

The agency, DJJ, conducted a disability assessment of all youth forms, brochures, education, materials, pamphlets, posters, and other resident written materials, to assess if they are in basic language, 5th-6th grade level, limited wording, and spaced out (as much as possible) to make these forms assessable for residents with disabilities, including residents who have intellectual disabilities and residents with limited reading skills. Include posters to be large and easily read and placed at appropriate levels for disabled residents.

After the disability assessment was completed, the following forms, posters, brochures, and materials formatting were changed to accommodate residents with disabilities: Resident Handbook (Youth Rights Handbook), PREA Booklet, PREA brochure, PREA Notification Form, Third Party Poster, PREA Youth Poster, Record of Youth PREA Education Orientation Form, Know your Rights and Responsibilities Booklet, PREA Reporting Poster, You Are Not Alone- and the Emotional Support Poster. These materials were edited to ensure they were in basic language, limited wording, and spaced out for easier understanding.

The old PREA materials were replaced with the new assessable forms, posters, flyers, brochures, education materials, and handbooks. Pictures of the placement and replacement of these materials were uploaded to this audit for documentation.

This standard, 115.316a, exceeds compliance, at the end of the corrective action period

115.316 B: Limited English Proficient (LEP)

Exceeds Compliance

Requirement: 115.316 (b) The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

DJJ Policy and Procedure:

DJJ PREA Policy 1445 page 7.3, Offender Education: Initial offender orientation on PREA will be provided to the offender population during the intake process via either written, in-person, or video presentation within 10 days of intake in both English and Spanish.

“Appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and those with disabilities.”

Documentation Reviewed:

The contract between CDCR and VOINCE Language Services LLC: Provides Foreign Language telephone interpreter service by phone, facsimile, or internet for up to 40 hours a week (toll-free number and access code), interpreting, translation of audiotapes, translation of written documents, PREA clause: zero tolerance, contractors ensure compliance, adopt and comply with the PREA standards, not assign an employee to a CDCR facility that has engaged in sexual abuse in a prison, lockup, community confinement facility, juvenile facility or other institution; 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; has been civilly or administratively adjudicated to have engaged in the activity described in this section.

CDCR provides training on the Prison Rape Elimination Policy, Volunteer/Contractor Informational sheet, and a copy of this signed informational sheet will be provided to the institution before a contract employee may have contact with inmates.

Contract employee who appears to have engaged in sexual misconduct of an inmate shall be prohibited from contact with inmates and subject to administrative and/or criminal investigation.

Foreign Language Telephone Interpreter Service Volunteer/Contractor Informational Sheet: has information about PREA, CDCR PREA policy, the 5 types of sexual violence: by offenders: abusive sexual contact, Nonconsensual sex acts, sexual harassment, and two sexual offenses (staff sexual misconduct and staff sexual harassment); Zero-tolerance; prohibited sexual behaviors (sexual harassment, sexual misconduct) and that it applies to all persons employed, including volunteers and independent contractors; retaliation not tolerated and shall result in disciplinary behaviors; professional behavior; preventative measures; detection; reporting to a supervisor, document information reported, take necessary action; sign and date form

DJJ Accommodation Documentation Form: to document effective communication was given and in what form and any other accommodations provided for, including foreign language interpreter, sign language interpreter; staff assistant to provide: understanding assistance, reading assistance, talking assistance, writing assistance, simplified/clarified directions, extra time for comprehension, repeated directions, other, assistive devices; staff sign and date, staff assistance sign and date, youth sign and date

Youth Rights Handbook: Basic Legal Rights; Be Protected from sexual harassment; Receive Assistance or reasonable accommodations if you have a qualified disability. (In Spanish also)

P 72: Staff Assistants: employees of DJJ who have been trained to help youth with a disability to understand, read or write, communicate verbally; the role is to: make sure you understand all communications, assist by reading documents, assist with mobility issues, explain your rights to you, prepare for hearings, communicate your position at hearings, help you understand decisions made about you.

PREA Brochure: End of Silence: English and Spanish: zero tolerance, sexual harassment, sexual abuse, staff voyeurism, reporting,

Notification to Youth: Form: Spanish and English – not in basic language (fifth to sixth grade level)

Record of PREA Education Form: in Spanish and English, staff, and youth signature.

Operation Care Posters in English and Spanish: Emotional Support Services: address and phone number, as well as how to access this service confidentially by phone and mail.

End of Silence Brochure in Spanish: Zero-tolerance, PREA, what to do if abused, how to report, right to report, definitions of sexual abuse, sexual harassment, and staff voyeurism. This has the phone number and address of the Office of Internal Affairs.

OIG Report Misconduct Poster in Spanish: Report employee misconduct or mishandling of incidents of sexual abuse. Phone number and address to call at the Office of the Inspector General

PREA Rights and Responsibilities Booklet in Spanish: definitions of sexual abuse, report immediately, address of the local rape crisis center; sexual harassment; what to do; medical care and consent; and how to report. Office of Internal Affairs address and phone number, including the toll-free number.

Notification to Youth in Spanish: notification of a PREA allegation investigation finding and additional required notifications. Youth and staff signature and date.

Record of Youth PREA Education Orientation in Spanish: Record of intake education and comprehensive education. Includes staff and youth signature.

Interviews: Residents who speak Spanish, Random Staff, Agency Head, PC, Facility Superintendent.

Staff and management interviews were clear that PGYCC does not have residents who cannot speak and understand English. The intake facility screens residents for placement at the fire camp and due to safety, residents must be able to communicate during firefighting activities.

Residents interviewed that speak Spanish were able to communicate in English and stated that they understood the requirement as firefighting is dangerous and clear communication vital; however, they were able to appreciate the materials posted in Spanish to ensure they understood all aspects of the information.

Assessment:

DJJ and PGYCC are compliant with standard 115.316b.

Policy and procedure require reasonable steps to be taken to ensure meaningful access to all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment for residents who are limited English proficient.

Review of contracts for interpreter services, written material in Spanish, and staff and resident interviews, confirms that the DJJ and PGYCC have procedures/policy, practice, and the provision of services is established and ingrained in agency and facility culture.

During Corrective Action: All forms were assessed, see A above, and after the changes were made to the English forms, they were translated into Spanish. The edited forms, posters, brochures, and pamphlets, edited for basic language, spaced out for easy reading, limited wording, and in Spanish, were put in place. Posted, given to residents, made available, and used in collaborating with residents.

This standard, 115.316b, exceeds compliance, at the end of the corrective action period

115.316C: Exceeds Compliance

Agency Requirements: Agency policy prohibits the use of 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.

The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. (Absence of such documentation does not result in noncompliance with the standard.)

PREA Policy 1445, page 9, section 7b: The agency shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties, or the investigation of the offender's allegations.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	115.317 - Hiring and Promotion Decisions **Determination of Agency level Compliance:** Compliant: 115.317 a, f, g Not Compliant: 115.317 b, c, d, e, h The California Department of Corrections and Rehabilitation (CDCR) oversees both youth and adult confinement. In 2005, in a reorganization of the California corrections agencies, the California Youth Authority became the Division of Juvenile Justice (DJJ)-within the CDCR. The Division of Juvenile Justice (DJJ) maintains a youth conservation camp (PGYCC) at Pine Grove in Amador County. It screens and accepts youths from other DJJ facilities. This PREA audit is for PGYCC; however also covers agency compliance, as required, and designated by individual standards. This standard (115.317) assesses agency compliance. Anacronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp • DOJ: United States Department of Justice • PC: PREA Coordinator • PCM: PREA Compliance Manager • CDOJ: California Department of Justice • CACI: Child Abuse Central Index **Documentation Reviewed for Compliance up to the Interim Report**: Completed Supplemental Application Form (CDCR 1951); Employee Files; DJJ8.137 Volunteer/Contractor Information Sheet; staff files; Live Scan Requests; Live Scan Response Form; DOJ Websites; Pre-Audit Questionnaire; The CDCR PREA Manual, Chapter One-Policy 1445; CDCR Operations Manual, Chapter 3, page 160, Hiring Authority; CDRC Hiring Guide for Managers and Supervisors; Memorandum of Clarification Regarding Courtesy Live Scan for Volunteers and Contractors. **Documentation Reviewed for Compliance during Corrective Action**: Authorization to obtain prior employment information and review personnel file; Live Scan Response (FBI, DOJ, CACI, Hiring Authority, Child Abuse Review, DOJ Criminal Check, Supplemental Application for all CDCR Employees (Three Disclosure questions, list of any prior institutional employers and contact for verification, Personnel Operations Manual-Hiring Process, Employment Reference Questions; Reference Check Official Personnel File Review; Live Scan Fingerprinting; Employees background checks and child abuse registry checks Interviews: Staff interviews; DJJ Human Resource Staff; PREA staff; Random and Specialty Staff; Live Scan Staff; California DOJ staff; DOJ Management Staff; PGYCC Management Staff. Site Review Observations: site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts. **115.317 a, f: Compliant** CDCR and DJJ Agency Standard Requirements: a)"*The agency 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, who:* *1)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), or* *2)Been convicted of engaging in sexual activity in the community or attempting to engage in sexual activity in the community, facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent, or was unable to consent, or unable to refuse.* *3)Has been civilly or administratively adjudicated of engaging in sexual activity in the community or attempting to engage in*

sexual activity in the community, facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent, or was unable to consent, or unable to refuse."

f: "The agency shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct."

Documentation reviewed: CDCR PREA Manual, Chapter One-Policy 1445, page 4, section 1; CDCR Operations Manual, Chapter 3, page 160, Hiring Authority; the CDRC Hiring Guide for Managers and Supervisors: Page 28, Memorandum of Clarification Regarding Courtesy Live Scan for Volunteers and Contractors, and the Volunteer/Contractor Information Sheet page 1 and 2 (Additional documentation at the bottom of the page.)

Agency (CDCR and DJJ) Assessment of compliance for 115.317 a, f:

Policy/Procedure Compliance:

This standard (115.317) does not require a policy; however, requires auditor assessment of any agency policies in place.

The California Department of Corrections and Rehabilitation (CDCR) and the Division of Juvenile Justice (DJJ) are compliant with the policies they have in place for this standard.

Policy/procedure assessment confirmed that CDCR policies/procedures require:

Agency hiring authorities shall not hire or promote anyone, who may have contact with inmates, who have:

- engaged in sexual violence, or staff sexual misconduct of an inmate in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.
- 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
- been civilly or administratively adjudicated to have engaged in the activity described immediately above. (CDCR Operations Manual, Chapter 3, page 160, Hiring Authority: CDCR policies in accordance with 28 Code of Federal Regulations (CFR), Part 115, Standard 115.17)

The Review of the Supplemental Application for ALL CDCR Employees to ensure PREA compliance. The Supplemental Application Form includes the employee signature and affirmation of the three disclosure statements referenced in this standard. (CDRC Hiring Guide for Managers and Supervisors: Page 28)

All contractors/volunteers complete the Volunteer/Contractor Information Sheet, which was recently changed to add the three disclosure standards required in this standard.

CDCR and DJJ agency Practice and ingrained into agency culture assessment:

CDCR/DJJ, in the interim report, was found to be partially compliant with the practice requirements of this standard (115.371 a, f).

Documentation Review: Completed Supplemental I Application Forms (CDCR 1951); DJJ 8.137 Volunteer/Contractor Information Sheet;); staff files: Live Scan Requests and Live Scan Responses. (Additional documentation at the bottom of the page)

Interviews: Staff interviews (DJJ Human Resources, Random, and Specialty Staff, PC, and PCM.

This Audit Practice Assessment, for CDCR and the DJJ, confirmed that:

The CDCR/DJJ has established long-term practice of using the Volunteer/Contractor Information Sheet (required for every contractor/volunteer, who has contact with residents). This form was recently changed to add a second page, section b. with the three required questions and duty to affirm, to enhance already established practice. (PGYCC does not have any contractors that have contact with residents.)

The CDCR/DJJ has established the practice of requiring the use of the Supplemental Application for all Employees. This form was enhanced in 2018, by adding a second page (1951 b) that included under section D, page 2, the three required disclosure questions and their duty to affirm. CDCR and DJJ's use of the original form has been a long-term practice, and the additional section has been in practice since 2018. (115.317a, f)

CDCR/DJJ has additional practices, in the following standards, to confirm the validity of the employee and volunteer/contractor disclosures.

Interviews confirm that all applicants are asked the three required disclosure questions in interviews before hiring. (115.317f)

Agency Level Practice documented in the interim report, before corrective action

PGYCC Employees:

- Forty-seven percent of the interviewed PGYCC employees have documentation of completing the Supplemental Application for Employees - that included the signed disclosure statements (three questions required by this standard and continuing duty to affirm). (115.317a)
- Zero percent of PGYCC employees, who were promoted, have documentation of being asked these disclosure questions before promotion. (100% compliant when additional documentation provided during corrective action)
- Zero percent of PGYCC employees have documentation of being asked these three disclosure questions in Interviews or written self-evaluations conducted as part of reviews of current employees.
- Zero percent of PGYCC employees have documentation of the agency imposing on them the continuing duty to disclose such conduct.
- The practice of DJJ documenting current employees being asked these three questions, directly, on applications, during interviews, before promotion, and during reviews. This is required for DJJ compliance with this standard and to comply with their other DJJ facility PREA audits scheduled this summer. Documentation must be in employee files.
- The practice of DJJ imposing and documenting, on current employees, a continuing affirmative duty to disclose any such misconduct. This is required for DJJ compliance with this standard and to comply with their other DJJ facility PREA audits scheduled this summer.
- Documentation must be in employee files.

Volunteers/Contractors:

· Zero percent of volunteers had documentation of completion of the Volunteer/Contractor Information Sheet, page 2, part b, containing the three required disclosure questions and duty to affirm-at PGYCC; however, this standard is an agency requirement.

- Zero percent of contractors have documentation of completion of the Volunteer/Contractor Information Sheet, page 2, part b, containing the three required disclosure questions and duty to affirm. PGYCC has zero contractors, who have contact with residents; however, this standard is an agency requirement.
- The practice of DJJ documenting volunteers and contractors signing the new second page of the Volunteer/Contractor Information Sheet and placing this implemented form in their volunteer files. This practice must be established for DJJ compliance with this standard and their other DJJ PREA audits scheduled this summer.

During Corrective Action 115.317a and f: Agency Level:

All new employees and contractors answered the following questions, in the new hiring packet developed by the agency. Copies of the documentation are part of this audit documentation.

(1)Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or, (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

All employees and contractors were required to sign the three-question disclosure form and the form was placed into their files. Documentation was uploaded to this audit.

The agency, CDCR/DJJ, conducted an audit of approximately 20% of hires at NCYCC and PG (N=47) over the six-month CAP period.

NCYCC was included due to the small sample size and to reflect Agency practices. Of those nine identified, eight had complete packets with CACI (2164), supplemental questionnaires (1951), and reference checks.

Only one employee was promoted, in the last 12 months, and the signed disclosure form was uploaded to this audit documentation

Title 15 of the California Code of Regulations, Section 3411, was changed to assert the ongoing requirement of providing notification to an institution head or Director, of any violations of the PREA questions per PREA standards. This law also requires that employees or contractors have a continuing duty to report having engaged in sexual abuse in any prison or other facility and any conviction or administrative or civil determination of having engaged or attempted to engage in sexual activity in the community facilitated by force, threat, or coercion, or where the victim did not or could not consent (Oct 21, 2021).

All interviewed employees signed disclosure questions were completed and uploaded to this audit for documentation of compliance. All contractors signed disclosure questions were completed and uploaded to this audit for documentation of compliance.

The standards 115.317 a and f are compliant after corrective action

115.317 c, d, e: Not Compliant at the agency level.

Not Compliant with 115.317c-completing all employee child abuse registry checks for employees hired before 2012, and no documentation was received demonstrating the practice of previous institutional employers being contacted and asked about information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Not compliant with 115.317 e-completing a criminal background records check every 5 years of having a system in place to capture such information for all current employees

CDCR and DJJ Agency Requirements:

115.317 c: Before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; (2) Consults 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.

(d) The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.

115.317 e: The agency shall 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.

Documentation reviewed: The CDCR PREA Manual, Chapter One-Policy 1445, page 4, section 1; CDRC Hiring Guide for Managers and Supervisors: Page 28, revised 6/9/20; Memorandum of Clarification Regarding Courtesy Live Scan for Volunteers and Contractors; Live Scan Response Form; Employee Files; Contractors file, Live Scan Request Form; CACI requests; CDCR website-https://oag.ca.gov/fingerprints

Interviews: HR, DJJ Management staff; Live Scan staff, California DOJ staff; PREA staff, Random a specialty staff, Contractors

Policy/Procedure Compliance:

This standard (115.317) does not require a policy; however, requires auditor assessment of any agency policies in place. The California Department of Corrections and Rehabilitation (CDCR) and the Division of Juvenile Justice (DJJ) are compliant with the policy/procedures they have in place for PREA Standard 115.317c.

The reviewed CDCR agency policies/procedures require the agency and their facilities to:

Maintain zero-tolerance for sexual violence, staff sexual misconduct, and sexual harassment in all of its institutions,

Use the Live Scan Request Form to initiate the required background checks, California fingerprint/records check, National FBI criminal records check, and a child abuse registry check using the California Child Abuse Central Index.

Review the Supplemental Application for all CDCR Employees/contractors to ensure compliance with PREA. includes:

- Being completed at the state agency level (CDCR). It includes questions about any disciplinary action as a result of sexual harassment allegations in institutions, lists other institutional employers, and signature affirming what you have written is true- and if falsified, the employee may be rejected and/or disciplined up to and including dismissal from state service
- Getting a signed Authorization to Obtain Prior Employment Information and review Personnel File CDCR 1198
- Contacting the candidate's references via telephone: supervisor and at least one former supervisor as well. Ask all references the same set of questions. If the reference answers: Document date of reference, department/organization contacted, contact information (name, title, telephone number of the persons providing the reference. If the reference does not answer, leave a voicemail, and call back later (after 3 calendar days of no response, document attempts, and an alternate reference should be contacted.
- Attempting to contact all previous employers and document the attempt and answers to questions—Retain with the

hiring packet. This review must be completed for new and current employees.

- Asking former employers about any allegations of sexual abuse investigated and substantiated against him or her; Did the individual resign from your institution before completion of an investigation of sexual abuse allegations? if yes to either question, stop the hiring process and the candidate is ineligible for hire.
- Current or Former State Employee: Review OPF for top two candidates (probationary reports, annual reports, commendations, disciplinary action, document and retain by the hiring program for audits.
- Making a recommendation for Hire. Write a justification for hire. Provide the written documentation to the Hiring Authority.
- Retaining Documentation in the Recruitment file: Request to hire, Hiring authority approval, Pre-employment background, and reference check.

CDCR and DJJ Agency Practice and ingrained into agency culture assessment:

This Audit Practice Assessment, for CDCR and the DJJ, confirmed that:

- The CDCR long-term practice of using the Supplemental Application for all Employees, Form 1951, was enhanced in 2018, by adding 1951b, and under section D, page 2, adding the names of former institutional employers to use for completing institutional employer reference checks. CDCR and DJJ's use of the original form has been a long-term practice, and the additional sections have been in practice since 2018.
- The CDCR long term practice of using the Live Scan Request Forms, which are filled out by all employees and contractor/volunteers- requesting the California fingerprint/background check and the national FBI fingerprint/criminal record check, was enhanced by adding the PREA required child abuse registry check for DJJ facilities in 2017.
- Child Abuse Registry Checks have been conducted for *NEW DJJ facility employees, contractors, and volunteers since 2017.
- Live Scan completes all requested records checks, working from the Live Scan Request Form and official results are sent to the California Department of Justice for review and confidentiality of the original forms.
- The California Department of Justice (DOJ) reviews all official documents, and any RAP sheets accompanying the documents and sends the DJJ the Live Scan Response form and approval or denial of the requested hire.
- CDCR has a system in place for otherwise capturing any new reports/arrests occurring in the state of California (Active Line Scan). This system sends new reports to the California DOJ for evaluation and action if needed. (115,317e)

Not Compliant at the time of the interim report:

Zero percent of completed Live Scan Response Forms were in employee files or provided to this auditor, including child abuse registry checks (CACI)

Zero percent of juvenile justice employees employed before 2017 have had child abuse registry checks (CACI) completed. The PREA required the practice of conducting child abuse registry checks on all current juvenile justice facility employees, by the 2012 implementation date, which is not in practice for CDCR DJJ facilities due to concerns with employment contracts.

CDRC does not have in place a system for otherwise capturing any new report/finding of child abuse, due to the required child abuse check not being conducted for all employees. Live Scan is not active for background checks that have not been conducted.

CDCR does not have in place a system for otherwise capturing any new reports/arrests/convictions at the National level (FBI) (115.317e)

The State of California Memo, dated 5/10/2021, reminds staff of the required fingerprint background check as a prerequisite for employment with CDCR. (For all staff who are employed, contracted, of volunteering, and results must be received before being appointed. This was due to incomplete Live Scans. Requires an immediate new Live San performed.

During Corrective Action for 11.317 c, d, e:

Live Scan background checks were located or completed on all employees and contractors at PGYCC, and the interviewed staff's scan was uploaded to this audit for documentation. I

Not Compliant: Child abuse registry checks were not completed on staff hired before 2012. Agency cited union issues with conducting these checks on employees hired before 2012. Due to the child abuse registry check not being completed on these staff, no ongoing updates were supplied if a child abuse report was received.

Not Compliant: Live Scan background ongoing reporting only captures such information that occurs within the state of California and not nationally; therefore, a background check needs to occur every five years and is not currently being done.

Not Compliant: No documentation was received demonstrating that all previous institutional employers have been contacted and asked about information on substantiated allegations of sexual abuse or any resignation during a pending

investigation of an allegation of sexual abuse. Ensure this documentation is in every employee's file.

PGYCC has no contractors who have contact with residents.

115.317 c, d, and e are not compliant at the agency level.

115.317b: Not Compliant

CDCR and DJJ Agency Requirements: The agency 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.

Documentation reviewed: CDCR Hiring Guide 6/9/2020; Reference Check Questions; Authorization to Obtain Prior Employment Information and Review Personnel File (CDCR 1198); California Civil Code Section 1787.17: Employment Reference Questions; Official Personnel File Review Sheet; Supplemental Application (CDCR 1951).

Interviews: DJJ HR, Management staff

Policy/Procedure Compliance:

This standard (115.317) does not require a policy; however, requires auditor assessment of any agency policies in place. The California Department of Corrections and Rehabilitation (CDCR) and the Division of Juvenile Justice (DJJ) are compliant with the policy/procedures they have in place for PREA Standard 115.317c.

Policy/Procedure Assessment for 115.317b

The reviewed CDCR/DJJ agency policies/procedures and/or guides:

- Prohibit sexual violence, staff sexual misconduct, and sexual harassment (The CDCR PREA Manual, Chapter One-Policy 1445, page 4, section 1)
- Require pre-employment clearances to be completed before the job offer.
- Require the best attempt to contact all former institution employers and ask them about any sexual harassment claims where the applicant was named. (CDCR Hiring Gide)
- Conducts a Live Scan clearance for Juvenile Justice employees before their appointment date (CDCR Personnel Operations Manual 508 Hiring Process).
- Require the review of any current or former files, of the current applicant, who is a current or former state employee through The Office of Personnel Files (OFP). (Probationary reports, annual reports, commendations, disciplinary action) and retain by the Hiring program for audits.
- Require the competition of a justification explaining why the candidate is approved for hire or why not. (Hiring Guide)
- Require every applicant to complete a Supplemental Application, for all CDCR Employees (CD 1951), including if the applicant has received any disciplinary action because of allegations of sexual harassment in an institution. Further information is gathered, on this form, about the date, facility, and details of any such answer. (Hiring Guide)

CDCR and DJJ Agency Practice and ingrained into agency culture assessment:

This Audit Practice Assessment, for CDCR and the DJJ:

Staff and management interviews confirmed that staff would not be hired if any substantiated incidents of sexual harassment came up in criminal history or institutional reference checks. In addition, contractors would not be allowed to be in the facility if they had incidents of sexual harassment.

HR interviews confirmed the following practice: Reviewing the Supplemental Application filled out by the prospective employee-including questions about any sexual harassment.

HR conducts reference checks and one of the questions on the check is if the employee has ever been involved in or included a sexual harassment claim. They stated that there had been a couple of these in the last 12 months. They document the reference check on the reference sheet and/or print the emails from the former employer and keep these in the Hiring and Recruitment files at DJJ HR. HR contacts the HR department of the prior institution and reviews the Official Personnel File; completes an OPF sheet and files it with the applicants hiring recruitment file; additionally, HR has the prior supervisor complete the reference check sheet, including if the applicant has ever been involved in or named in an allegation of sexual harassment and if so, details about the claim and outcome. This information is included in the DOJ and Hiring Authority review and determination for hire. A justification is completed for the decision made.

Not Compliant at the time of the interim report:

Documentation of calling former institutional employers and their response to questions about any incident or claim of sexual harassment- confirming practice.

Documentation of the review of any sexual harassment referenced in the Supplemental Application, including any disciplinary actions because of allegations of sexual harassment, and further information gathered on this form-confirming practice.

Documentation of the review of current or past state employee files (OFP)-confirming practice.

Documentation of justifications explaining why the candidate is selected for hire, or not, due to reviewing sexual harassment information received-confirming practice.

Documentation of interview questions asking about any prior incidents of sexual harassment, and the justification completed explaining why the candidates were selected, or not, for hire, for applicants in the last 12-36 months confirming practice.

During and following Corrective Action for 115.317b:

Not Compliant: The supplemental application uploaded for documentation of practice only contains the three disclosure questions for the prospective employee to fill out. It does not document the agency calling former institutional employers to ask questions about any incident or claim of sexual harassment.

The agency uploaded a blank Reference Check Official Personnel File Review Sheet for the use of documenting reference checks; however, there was no area that would document any questions or reports of an incident or claim of sexual harassment.

The agency uploaded their blank Authorization to Obtain Prior Employment Information and Review Personnel File Form. The employee signs it to give the agency the right to review official personnel records and input from current/former employers.

Not Compliant: The agency uploaded the blank Employment Reference Questions Form. This form did not include any questions about reports of an incident or claim of sexual harassment.

Not Compliant: The agency uploaded the Supplemental Application Form. It has the three required disclosure questions on it and states that "Prior to appointment to any position within the CDCD, the previous employers will be contacted to verify the above responses," (to the disclosure questions about previous sexual abuse, convictions, or civil or administrative, or disciplinary actions as a result of sexual harassment). This does not meet the requirements of the standard that the agency calls former institutional employers to ask questions about any incident or claim of sexual harassment. The employees' disclosure questions are a different requirement than the reference check and questions required to be asked of the employer.

CDCR/DJJ is not compliant with 115.317b at the agency level.

115.317 g, h

Compliant with g, Agency level

Not Compliant with h, at the agency level

CDCR and DJJ Agency Requirements:

g) *Material omissions regarding such misconduct, or the provision of materially false information shall be grounds for termination.*

h. Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

This Audit Practice Assessment, for CDCR/DJJ:

Documentation reviewed: Employee Verification-PREA Tracking Form.

Interviews: HR

Policy/Procedure/Paperwork Compliance:

The Personal History Statement (DCR 1902) contains a statement that the applying employee must sign. It includes a statement that any falsification, withholding or failure to answer any question, or failure to contact their background investigator with any new or updated information may cause forfeiture of all rights to employment. The applicant certifies they have made no misrepresentations, omissions, or falsifications and all statements are true, and the understanding that any misstatement of material fact may subject them to disqualification from being appointed or continues employment; certify that all documents are authentic and true; any falsified or altered documents will result in forfeiture of all rights to employment and their name will be referred to local law enforcement for criminal prosecution.

Employee Verification-PREA Tracking Form documents any employee verification given to other institutions calling with PREA questions. Employee, inquiring agency, date verification completed. Review the OPF of any current or former state employee, document and retain the information for a minimum of five years.

Hiring Guide, Phase 6, Selecting Candidates: Page 29, Contact all prior institutional employers and ask: While this individual was employed by your institution or facility were any allegations of sexual abuse investigated and substantiated against him/her, and did this individual resign from his/her employment with your institution prior to completion of an investigation of sexual abuse allegations. If the answer is yes, the candidate is ineligible for hire. In addition, on page 30,

Practice Assessment:

HR interviews:

- Confirmed that any omissions or provision of materially false information is grounds for termination. Their employees are largely certified peace officers and have a very high standard, and as such false information or omissions would be grounds for termination.
- Stated that all institutional employers are contacted and stated that they conduct reference checks and one of the questions on the check is if the employee has ever been involved in or included a sexual harassment claim. They stated that there had been a couple of these in the last 12 months. They document the reference check on the reference sheet and/or print the emails from the former employer and keep these in the Hiring and Recruitment files at DJJ HR.

Compliance assessment:

15.317g: Compliant

HR interviews confirmed the practice of all employees signing the Personal History Statement, form 1902. This form informs and the employee signs statements that ensure they understand that material omissions regarding such misconduct or the provision of materially false information shall be grounds for termination.

115.317h: Not compliant

HR interviews confirm that The Employee Verification-PREA Tracking Form is used to document that all institutional employers are contacted and stated that HR conducts reference checks. One of the questions on the check is if the employee has ever been involved in or included in a sexual harassment claim. They stated that there had been a couple of these in the last 12 months. They document the reference check on the reference sheet and/or print the emails from the former employer and keep these in the Hiring and Recruitment files at DJJ HR.

The Hiring Guide, Phase 6, Selecting Candidates: Page 29, states that HR contacts all prior institutional employers and ask: While this individual was employed by your institution or facility were any allegations of sexual abuse investigated and substantiated against him/her, and did this individual resign from his/her employment with your institution prior to completion of an investigation of sexual abuse allegations. If the answer is yes, the candidate is ineligible for hire. In addition, on page 30,

There was no documentation that the former institutional employer was asked about sexual harassment claim, only a sexual abuse claim. The standard requires inquiries into both. This auditor did not receive any documentation that demonstrated compliance with inquiries and answers about sexual harassment.

The DJJ is not compliant with standard 115.317g.

Additional Documentation reviewed for compliance assessment for 115.317:

The California Civil Code 1798.17: Personal Data

The CDCR PREA Manual, Chapter One-Policy 1445, page 4, section 1, “CDCR shall maintain a zero-tolerance for sexual violence, staff sexual misconduct and sexual harassment in its institutions, community correctional facilities, conservation camps, and for all offenders under its jurisdiction. All sexual violence, staff sexual misconduct, and sexual harassment are strictly prohibited. This policy applies to all offenders and persons employed by the CDCR, including volunteers and independent contractors assigned to an institution, community correctional facility, conservation camp, or parole.”

Auditor: This policy (1445) is the agency-listed documentation for policy compliance with the standard (115.317a.) It is in the CDCR Manual, Institutions and Camps, Chapter 1. DJJ is the parent agency of PGYCC; however, CDCR is the state agency that sets agency policy and procedure for their Division of Juvenile Justice (DJJ).

CDCR Operations Manual, Chapter 3, page 160, Hiring Authority: “In accordance with 28 Code of Federal Regulations (CFR), Part 115, Standard 115.17, hiring authorities shall not hire or promote anyone who may have contact with inmates, who:

- has engaged in sexual violence, or staff sexual misconduct of an inmate in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.
- 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
- has been civilly or administratively adjudicated to have engaged in the activity described immediately above.”

CDRC Hiring Guide for Managers and Supervisors: Page 28, revised 6/9/20: Requires the hiring authority to review the Supplemental Application for all CDCR Employees to ensure compliance with PREA. This is completed at the state agency level (CDCR).

Supplemental Application for all Employees: This is a blank CDCR form 1951 and under section D, page 2, has the three required questions. Employees have been required to sign it since 2018 when it was revised to include the three questions and the names of former institutional employers.

Review of the employee files:

The Employee supplemental Application was in nine of nineteen files reviewed.

New employees, promoted employees, and transfers from other facilities, CDCR agencies, or other state agencies, since 2018, fill out and sign this form. There is no documentation of employees who were employed before 2017 and not promoted, transferred, or new to the agency, having completed the new form with the three questions and former institutional employers.

CDCR Memorandum on PREA DJJ 8.137 Volunteer/Contractor Informational sheet, Contracts Directive (Nov 4, 2020): This was sent to all DJJ facility Contract Management Staff, on 11/4/2020. It references the DJJ 8.137 Volunteer/Contractor Information sheet required by DJJ PREA Policy (I and C Manual), section 1145, and the PREA Juvenile Standard 115.317. All contractors must review and sign the Volunteer/Contractor Informational Sheet.

Volunteer/Contractor Information Sheet: part B, includes this standard required question about previous sexual behavior. In addition, exceeds this standard by asking if they have ever received disciplinary action as a result of allegations of sexual harassment and if they ever resigned from a position pending an investigation of an allegation of sexual abuse. Further information is gathered, on this form, about the date, facility, and details of any such answer.

The contractor/volunteer signs an affirmation there are no misrepresentations, omissions, or falsifications and that all answers are true and correct, and they understand that if any material facts are discovered which differ, their services to the CDCR, DJJ will be discontinued, and their contract employer will be notified. The volunteer/contactor statements are verified, by the agency that conducted required background, child abuse registry, FBI, and institutional reference checks. This form and process are compliant with this 115.371a.

PGYCC Contractor List: The listed contractors at PGYCC do not have contact with residents. (Garbage service, Hazardous waste removal, propane, courier service, copier contract, fire suppression, hood, and duct cleaning).

There are zero contractors at PGYCC that have contact with residents.

Memorandum of Clarification Regarding Courtesy Live Scan for Volunteers and Contractors:

The Live Scan Response Form (blank form), when completed, contains the results of the California Department of Justice review of the:

- California fingerprint/background/records response
- FBI fingerprint/criminal record results,
- Firearm response (Peace Officers)
- If the DOJ referred any results (RAP sheet received) to the Hiring Authority for review
- Hiring Authority review and approval/denial, based on RAP sheet review.
- Review of any RAP sheet to see if it was disclosed on the Live Scan Request (CDCR 1951)
- Hiring Authority hiring approval/denial, based on the review of charges and if it was disclosed.
- Signature required: Hiring Authority and Office of Peace Officer Selection (for Peace Officer Selection).

It does not contain a section to report on the review of results from a child abuse registry check (CACI)

California Department of Justice (CDOJ) and Hiring Authority review the actual documents and make their assessment. The

assessment gives the agency results of this response form does not have a place to [CM1]

This is the documentation that the DJJ receives confirming that the employee passed the records check or action regarding a new report, to maintain the confidentiality of the actual reports received from all agencies involved.

Interviews:

HR:

Employees complete the required three questions on the supplemental pre-employment application. Also, ask these questions on reference checks. Live Scan updates HR when a new report or charge shows up on an employee. DJJ also investigates information received in a Workplace Violence/Hostile Environment complaint and conducts PREA/Workplace Violence/Hostile Environment training annually.

Records checks are completed on all new employees using California Live Scan. This includes the FBI national records check, California records check, and the California Child Abuse Central Index. Live Scan then sends updates if there are any additional reports received on the California records check and child abuse index-but only for reports in California.

The updates are reviewed by the California DOJ/hiring authority for necessary action needed, before disseminating to facility leadership. DJJ does not conduct full records checks every 5 years due to ongoing Live Scan reports DJJ receives on employees. Only employees who have been hired since 2017 have been checked through the Child Abuse Central Index for past findings.

HR interviews stated that they conduct reference checks and one of the questions on the check is if the employee has ever been involved in or included a sexual harassment claim. They stated that there had been a couple of these in the last 12 months. They document the reference check on the reference sheet and/or print the emails from the former employer and keep these in the Hiring and Recruitment files at DJJ HR.

California DOJ staff: If the CACI was not marked on the original Live Scan request, it cannot be changed without a completely new Live Scan check completed. This new Live Scan would have been a complete records check, including the CACI; however, if no such request has been made, no child abuse registry has been checked on employees working before 2017.

The reports are all received by this office and disseminated by this office. In addition, for all new employees, since 2017 and with the CACI checked, all new child abuse reports would be received and passed on to the agency. The employees, before 2017, that did not have CACI checked, only reports of arrests and convictions would be collected and passed on to the agency. In addition, the Live Scan system only picks up current arrests or child abuse findings occurring in California and does not pick up nationwide arrests/findings or charges.

DOJ websites: https://oag.ca.gov/fingerprints

The California Department of Justice (DOJ) is mandated to maintain the statewide criminal record repository for the State of California. In this capacity, sheriff, police and probation departments, district attorney offices, and courts submit arrest and corresponding disposition information. The DOJ uses this information to compile records of arrest and prosecution, known as “RAP sheets,” for individuals and disseminates the information for law enforcement and regulatory (employment and licensing) purposes. RAP sheets are based upon fingerprint submissions, and therefore positively identified biometrically; a process by which a person's unique identity is confirmed. The prospective employee fills out a records check request on a Live Scan Service form. This has all the personal information needed to complete the required background checks. At the Live Scan location, the applicant’s identification is checked, and the applicant’s personal descriptor information is input into Live Scan. Employment and licensing authorities may also face legal liability if applicants with specified active arrests or convictions are employed or licensed when statute prohibits such action based on the successful completion of a criminal background check. Before 2017, The original Live Scan included the FBI fingerprints check and criminal background check. After 2017, the scan also included the child abuse registry check by checking the Child Abuse Central Registry (CACI) on the form.

Results of all background checks, including the CACI, are sent to the California Department of Justice to be checked, and the Hiring Authority decides about moving forward with employment. A DOJ technician first reviews the RAP sheet to determine if there is a corresponding disposition for each arrest. If there is, the technician applies the dissemination criterion statutorily mandated for the applicant type, e.g., the type of employment, certification, or license, and prepares a background check response for the applicant agency under Penal Code section 11105 (k-p). The response may be sent electronically or via hard copy mail, depending on how the applicant agency requested to receive their responses. If there is not a matching disposition for every arrest, the DOJ is mandated by statute and case law to perform a “genuine effort” to determine the disposition of each arrest that does not have a corresponding disposition. Once the “genuine effort” is fulfilled, the criminal history record is updated, the RAP sheet is reviewed again, the dissemination criterion is applied, and the background check response is prepared and sent to the applicant agency.

If an FBI criminal background check is requested, the fingerprint images are forwarded to the FBI to perform a fingerprint-based search of records in the national criminal history database. If the applicant's fingerprints match fingerprints in the national criminal history database, the FBI sends the DOJ a cumulative RAP sheet that contains criminal history information from any states or federal agencies that have reported the information to the FBI. If there is not a matching disposition for every out-of-state or federal arrest, the DOJ is again mandated by statute to perform the "genuine effort" to obtain the missing disposition information, just as with California arrests that are missing disposition information. Once the "genuine effort" is fulfilled, a DOJ technician must review the updated Rap sheet and prepare the background check response according to the statutory dissemination criterion. Officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so. After 90 days, the FBI deletes the fingerprint background check transactions and considers the FBI background check request complete. The applicant must be fingerprinted again, which starts the FBI fingerprint background check process over.

The California DOJ sends the records to check and CACI clearance to the appropriate requesting agency, with the Live Scan Response form. It contains the agency identifying number, applicant transaction Identifier, DOJ response, and if applicable, if there was a RAP sheet, the FBI response, and if applicable if there is a RAP sheet, and the hiring authority or designee approval - if a RAP sheet is received. This includes the Hiring Authority approval and if the arrest was disclosed on the CDCR form 1951 by the applicant, if the hire is approved or denied, and the Hiring Authority signature. This is the only documentation that the agency receives confirming that the employee passed the records check, FBI check, and Child abuse registry check, as the actual rap sheets or documentation from records checks, FBI checks, and child abuse registry checks is not disseminated to the agency or facility.

Auditor: In addition, because the Child Abuse Central Index was not included in the above-required checks until 2017, only new employees received this required check and not employees that had been there before 2017. These prior employees did not have a child abuse registry check completed, as required by the standards, and have not had one completed since.

Due to employees being hired with only the criminal background check and the FBI check required at the time of their hire, management interviews explained it would be breaking the employment contract with these employees to now require a child abuse registry check for continued employment. These interviews confirmed that the Child Abuse Central Registry (CACI) has not been checked on the staff employed before 2017.

Management staff assured me that Live Scan would notify the agency of any new child abuse reports, received on staff employed before 2017, even if a scan of past reports was never completed.

An interview with a Live Scan staff explained that only the marked requested background checks are completed, and subsequent notices received, and if the Child Abuse Central Index (CACI) were not checked, it was not conducted, and subsequent new reports would not be received or disseminated.

An interview with a California DOJ staff explained that If the CACI was not marked on the original Live Scan request, it could not be changed without a complete new Live Scan check completed. This new Live Scan would have been a complete records check, including the CACI; however, if no such request has been made, no child abuse registry has been checked on employees working before 2017. The reports are all received by this office and disseminated by this office. In addition, this interviewee stated that for all new employees, since 2017 and with the CACI checked, all new child abuse reports would be received and passed on to the agency; however, the ones before 2017, that did not have CACI checked, only reports of arrests and convictions would be collected and passes on to the agency. In addition, the Live Scan system only picks up current arrests or child abuse findings occurring in California and does not pick up nationwide arrests/findings or charges, which conducting an FBI check every five years would. The system is a wonderful way to enhance the 5-year checks but does not fit the requirements for compliance as a

The Pre-Audit Questionnaire stated that in the past 12 months, six new employees had been hired and all six had completed the required criminal background record checks.

Live Scan Response Form CDCR 2164: Blank

Fingerprint Background Checks: https://oag.ca.gov/fingerprints The California Department of Justice (DOJ) is mandated to maintain the statewide criminal record repository for the State of California. In this capacity, sheriff, police and probation departments, district attorney offices, and courts submit arrest and corresponding disposition information. The DOJ uses this information to compile records of arrest and prosecution, known as "RAP sheets," for individuals and disseminates the information for law enforcement and regulatory (employment and licensing) purposes. RAP sheets are based upon fingerprint submissions, and therefore positively identified biometrically; a process by which a person's unique identity is confirmed. Authorized by California statute, the DOJ has processed the State of California and Federal Bureau of Investigation (FBI) fingerprint-based background checks for decades.

The Child Abuse Central Index was added to the required perspective employee checks in 2017—for staff who work with juveniles in the DJJ system. The information in the CACI is available to aid law enforcement investigations, prosecutions, and

to provide notification of new child abuse investigations. Dissemination of CACI information is restricted and controlled by statute and that is why the requesting agency only receives notification if the prospective employee did not have anything show up on the child abuse registry check (CACI) and not the full report.

Review of Employee files concludes:

The completed Live Scan Response Form was not in most employee files to document that the employee had passed the required background checks, including the child abuse registry check. HR staff thought the documentation may be at the academy or another DJJ office-as all line staff are certified Peace Officers and they could not have been certified without passing the rigorous background checks; however, it is not a requirement for all Peace Officers to complete child abuse registry checks, only the juvenile facility officers.

California DOJ interview confirmed that they have a “Live Scan” system that goes live when they process the required checks. It remains active until the CDCR notifies the CDOJ to stop subsequent notifications for that transaction. If the agency has not sent in that “stop” notice, they will continue to receive subsequent notifications produced by Live Scan. If there are additional substantiated allegations of child abuse or neglect reported, they send the reports to the agency, if the CACI authorization has been requested when Live Scan was activated.

The CACI reports, required by this standard, were not in the employee or contractor files. In interviews with management, this auditor was told that when the PREA standards were implemented, all new employee record checks included CACI checks for child abuse; however, due to employee/union contracts, employees, working before 2017, did not include a CACI check. DJJ management stated that it would break the contract they had with the employees when hired when the conditions of their hire did not require child abuse registry checks. DJJ stated that going forward, the Live Scan and CDOJ would catch any child abuse reports made currently; however, they would not run child abuse registry checks on all employees for past child abuse findings.

Standard 115.317c, which requires child abuse registry checks every 5 years or upon a promotion for employees, and all contractors, or have in place a system for otherwise capturing such information for current employees, is not compliant. The Live Scan forms for employees, employed before 2017, did not have the requirement for a child abuse registry check and this was not changed. This auditor does not see how the system, at the California DOJ and live scan, would capture past and present child abuse reports/findings if it is not marked on their records check request.

Child abuse registry checks were never conducted **for all employees.** Only new employees-employed since 2017, which is not compliant with this standard.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.318 - Upgrades to facilities and technologies Compliance Determination: N/A Acronyms used in this standard report: • PC: CDCR Agency PREA Coordinator • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp • DOJ: Department of Justice Documentation Reviewed for Compliance: Pre-Audit Questionnaire; Camera list; building plans. Interviews: PC; Facility Superintendent; PCM Site Review Observations The onsite review conducted included: observations and interviews of random staff, residents, walk-throughs, informal interviews, formal interviews. The site review included all areas of the facility. There are no cameras at PGYCC. PREA Standard Requirement 115.318 (a) “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse”. **The evidence demonstrates that**: Pre-Audit Questionnaire: States that the agency or facility has not acquired a new facility or made substantial expansion or modification to existing facilities since the last PREA audit in 2017. Standard 115.318 is not applicable since it has not acquired a new facility or made a substantial expansion to its existing facilities since the last audit in 2017. In addition, they have not installed a video monitoring system, electronic surveillance system, or other monitoring technology.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.321 - Evidence protocol and forensic medical examinations **Compliance Determination**: Compliant: 115.321 a through h Acronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp • LDI: Locally Designated Investigator Documentation Reviewed for Compliance: CDCR Policy 1445, Investigations, section 20, page 18 Evidence; Pre-Audit Questionnaire; CDCR Policy 1445, Investigations, section 20, page 19.e Evidence, 19d; CDCR Policy 1445, Evidence, page 13c; SJGH Contract Agreement; Forensic Medical Report: Sexual Assault Suspect Examinations; CDCR PREA Policy 1445, page 16, section 17 Forensic Medical Examinations, and 17c; CDCR PREA Policy 1445, page 14, section 13; Operation Care Poster; MOU with Operation Care; CDCR PREA Policy 1445, Custody Supervisor PREA Checklist; CDCR PREA Policy 1445, page 14-15, section 14 Advocate and Victim Support Person: MOU with Operation Care, page 3, section 5; Office of the Inspector General: How to File a Complaint (website); Office of Internal Affairs (OIA) website-report misconduct; OIA 988 process; State of California Forensic Medical Report: Adult/Adolescent Sexual Assault Examination; State of California Forensic Medical Report: Non-Acute Child/Adolescent Sexual Abuse Evidentiary Examination, OES 2-925, ages 12-17; CAL OES 2-923 Forensic Adult/Adolescent Sexual Assault Examination; PGYCC PREA Coordinated Response Plan; SJGH Contract/Agreement C5609335; DJJ 8.129 Custody Supervisor PREA Checklist: Staff Advocate Training Interviews: Random staff; SANE Staff; PC; Staff Trained Advocate; Mental Health Staff; Medical Staff; Residents; LDI; Operation Care; Management Site Review Observations included: observations and interviews of random staff, residents, The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. **115.321 a, b, c, d, f:** PREA Standard Requirement: 115.321 (a): “To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.” Standard Requirement: 115.321 (b) The protocol shall be developmentally appropriate for youth and as appropriate, shall be 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. 115.321 (c) “The agency shall offer all residents who experienced sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFE/SANE”. 115.321 (d) “The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. 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. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a non-governmental entity that provides similar victim services.” 115.321 (f) “To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.”

Agency/Facility Assessment of Compliance for 115.321 a, b, c, d, and f:

This standard (115.321) does not require a policy; however, requires auditor assessment of any agency policies in place. The California Department of Corrections and Rehabilitation (CDCR) and the Division of Juvenile Justice (DJJ) are compliant with the policies they have in place for this standard.

Policy/Procedure/Paperwork Assessment confirmed that CDCR requires:

All allegations of staff sexual misconduct and sexual harassment shall be investigated. (p 17, Policy 1445)

The Hiring Authority will assign an LDI to conduct an inquiry until sufficient information is obtained to warrant an OIA investigation or the information collected refutes the allegations, as determined by the Hiring Authority. (Staff-on-Offender sexual misconduct of harassment) CDCR Article 4.4

Upon receipt of a confidential memorandum summarizing the LDI's interview of the offender, the Superintendent shall refer the investigation to the Office of Internal Affairs (OIA) via the 998 processes (if the complaint is an allegation of staff sexual misconduct or sexual harassment of an offender by a staff member)." CDCR Policy 1445, Investigations: section 20, page 19.e, Evidence.

LDI's are responsible for conducting investigations in a manner that provides a complete and thorough presentation of all facts, maintain integrity and confidentiality of the investigative process, cooperate with, and provide consultation among the OIA, Bureau of Independent Review (unit of the OIG), and/or the Senior and Special Assistant Inspectors General (SAIG), and identify issues relating to allegations of employee misconduct. (OIA 988 31140.4.12 Locally Designated Investigators)

Upon receipt of the confidential memorandum summarizing the LDI's interview of the offender, the Superintendent shall refer the investigation to local law enforcement (if the allegation involves sexual violence by an offender. Policy 1445, Page 19 section d.

All sexual violence allegations including sexual assaults attempted sexual assaults, and sexual battery committed by offenders, as well as allegations of sexual harassment committed by offenders shall be investigated by the LDI. CDCR Policy 1445, Investigations: section 20, page 18-, Evidence.

Criminal investigations are to be referred to either/or the Office of Internal Affairs (OIA) or the Office of the Inspector General (OIG)

Every allegation of employee misconduct within the California Department of corrections and Rehabilitation (CDRC) shall be promptly reported, objectively reviewed, and investigated when appropriate. Office of Internal Affairs 988 Process/Form.

Actions to be taken, in compliance with the Coordinated Response Plan and training, in the case of an allegation of sexual abuse or sexual harassment.

Forensic Medical Examinations: outlines the process to ensure a resident receives a forensic medical exam – including transportation, using a SANE for an adolescent sexual abuse investigation, explanation of the process, consent forms, collection of evidence. CDCR PREA Policy 1445, page 16, section 17. (115.321c). CDCR PREA Policy 1445, page 16, section 17c Forensic Medical Examinations states, "shall document on a DJJ 8.235 Medical Report of Unusual Occurrence or Injury

Forensic exam services per the SJGH Contract Agreement: This contract is between CDCR and the San Joaquin General Hospital. (Signed 8/25/2020) to provide sexual assault forensic examination services. Describes services and that CDCR is responsible for payment. Includes STD check and prophylaxis; PREA statement and statement requiring the contractor to comply with the PREA Standards. (115.321c)

All SAFE exams are to be conducted, as per the contract included in the documentation of this audit, by the San Joaquin Hospital and the Sexual Assault Response Team (SART). (115.321c)

All DNA-related evidence taken from the body of the victim or suspect (i.e., fingernail scrapings, body fluid, hair, etc.) must be collected by the Sexual Assault Response Nurse (SANE) during the Forensic Medical Examination. This individual is located at the SART location, in accordance with the State of California, Office of Emergency Services Reporting Instructions. Refer to the institution's local Memorandum of Understanding (MOU) regarding the processing of the clothing that the victim and suspect wore at the time of the incident. All other evidence such as clothing (from his/her bed area) and bedding will be collected per facility procedure. CDCD Policy 1445, Evidence, page 13 c. (115.321c)

Use of the Format and instructions used by the State of California for medical examination of sexual assault or a child victim of sexual assault for less than 120 hours since the incident. (Forensic Medical Report: Acute Sexual Assault Examination Instructions (Adult/Adolescent) (115,321b, c)

Use of the Format and instructions, of sexual abuse examination for children ages 12-17 for abuse over 120 hours since the

incident. (Forensic Medical Report: non-Acute Child/Adolescent Sexual Abuse Evidentiary Examination Form and Instructions) 115.321b, c

Use of the Contract with the San Joaquin Hospital for Sexual Assault forensic Examination Services (SAFE) and reports without cost to the victim. (115.321c)

An MOU is in place providing for advocate and emotional support services- with Operation Care

The Watch Commander to notify the local Rape Crisis Center and ask them to provide a victim advocate for the victim of a sexual abuse incident. CDCR PREA Policy 1445, page 14, section 13. (115.321d)

An Operation Care Poster posted on all units to provide contact information for a victim advocate. (115.321d) Sexual Assault and Domestic Violence Support Services address, phone number, and how to contact by phone and mail.

Use of the Pine Grove YCC PREA Coordinated Response Plan when responding to allegations of sexual abuse. (Includes all actions required by first responders, custody supervisor, Camp Executive Officer, PCM, Superintendent, SANE, San Joaquin Hospital, Camp EO, LDI, Superintendent, Medical and Mental Health)

Use of the Custody Supervisor PREA Checklist for all allegations of sexual abuse.

The Pre-Audit Questionnaire: states the agency/facility is responsible for conducting administrative sexual abuse investigations only and refers criminal investigations to either and/or Internal Affairs or the Office of the Inspector General; also, that the agency's investigators follow a uniform evidence protocol.

The Practice Assessment of PGYCC and the agency (CDCR/DJJ) confirms that:

There have been zero allegations of sexual abuse at PGYCC.
Interviews with staff confirm that 100% of those interviewed were able to walk the auditor through the required first responder duties and documentation requirements.
Interviews confirmed that all allegations of sexual abuse and sexual harassment would be initially investigated by the Local Designated Investigator (LDI) and then if determined to be a criminal investigation, referred to law enforcement, the Office of the Inspector General (OIG), and/or the Office of Internal Affairs (OIA).
All investigative staff (LDI) are certified Peace Officers who are trained in response and investigation of sexual abuse and sexual harassment.
All direct and management staff are certified Peace Officers, trained in response to sexual abuse and sexual harassment allegations.
Interviews with staff confirm that they understand the required actions needed when there is an allegation of sexual abuse. The Coordinated Response Plan and training reinforce the actions they were able to recap for the auditor.
The agency (CDCR/DJJ) has established procedures, practices, and documentation for forensic exams and investigations following a uniform evidence protocol and procedures set out by the California Clinical Forensic Medical Training Center and the Governor's Office of Emergency Services (www.ccfmtc.org), at no cost to the victim. (115.321c)
Zero forensic exams have been conducted for PGYCC, by the San Joaquin Hospital; however, the contract is in place to cover these services at no cost to the victim. (115.321c)
Documentation of all forensic exams to be in resident medical files—even though there have been zero forensic exams, interviews showed a clear understanding that the documentation of any exams conducted would be kept in the resident's confidential medical file. (115.321c)
Operation Care provides advocates for victims of sexual abuse, follows facility policies and procedures, provides emotional support services. (Interviews and review of the contract.) This would be documented on the PREA Checklist. (115.321d)
The Watch Commander uses the PREA Checklist to document providing a victim advocate from Operation Care, or a trained staff advocate until this can be completed. Staff receive specialized advocate training and are certified as an advocate. 115.321d
PGYCC provides the phone number, address of Operation Care; provides Operation Care with PREA Contractor training and other training, facility tours, and specialty meetings to familiarize Operation Care with facility operations and policies related to PREA. (Interviews and poster review.) 115.321d
Compliance Statement for 115.321 a, b, c, d, f:

PGYCC and CDCR/DJJ are compliant with paperwork, practice, and culture for PREA standard 115.321a., b, c, d, f.

CDCR/DJJ has policies, procedures, and documentation in place, as referenced above, to ensure the practice is in place to investigate allegations of sexual abuse- using a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

The agency is responsible for conducting administrative investigations of sexual abuse and sexual harassment; however, staff-on-resident criminal investigations are turned over to the OIG and/or the OIA. Criminal Investigations of resident-on-resident sexual abuse or harassment are initially investigated by the LDI and then if determined criminal, referred to local law

enforcement or the prosecutor's office for prosecution. All involved investigative agencies, OIG, OIA, CDCR, DJJ, and local law enforcement are trained and investigated according to 115.321 a-e. (115.321f)

The CDCR/DJJ Investigators (LDI's) are certified Peace Officers and trained investigators and use a uniform evidence protocol to investigate and protect all evidence, as are investigators from the OIG and OIA offices.

A contract with the San Joaquin General Hospital ensures SAFE services are provided to PGYCC residents for any sexual abuse incident and complies with the uniform evidence protocol required by this standard and with protocol developmentally appropriate for youth (115.321b).

Although there have been zero forensic medical exams conducted at the San Joaquin General Hospital, the above contract ensures those services are always available, complete with no cost to the victim, conducted by SAFE or SANE personnel, without cost to the victim, and documented in the resident's confidential medical file. (115.321c)

The Coordinated Response Plan, sections a and b outlines steps to be taken when an allegation of sexual abuse or harassment has been made. All staff interviewed were able to describe steps they would take when any allegation of sexual abuse or sexual harassment was made.

An MOU is in place with Operations Care to provide victim advocates and emotional support services to victims. Posters with contact information are placed around the facility and both staff and residents are aware of the services. PGYCC has trained victim support staff to assist residents until a victim advocate is provided by Operation Care. 115.321d

All services are documented in the PREA Checklist – when there is an incident of sexual abuse. (115.321d)

Due to zero allegations of sexual abuse at PGYCC, there is no documentation of the provision of services; however, a thorough review of policy/procedures, paperwork, practice, as well as interviews and site reviews, have demonstrated compliance with 115.321 a, b, c, d, and f.

115.321 e, g, h,

PREA Standard Requirements

115.321 (e)" As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals."

115.321 (g) The requirements of paragraphs (a) through (f) of this section shall also apply to (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.

115.321 (h) For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

The following describes how the evidence above was used to determine compliance:

Paperwork compliance: Policies, Procedures, and/or forms require that:

Victims of the crimes have the right under PC 264.2 and PC 679.04 to a Victim Advocate and Victim Support Person for both the medical examination and the investigatory interview. (PREA Policy 1445, page 14-15, section 14, Advocate and Victim Support Person) 115.321e

Operation Care provides a Victim Advocate for hospital accompaniment for incarcerated victims during the forensic medical examination process and investigative interviews. (MOU with the agency, page 3 section 5) 115.321 e, h.

The Practice Assessment, of PGYCC, and the agency (CDCR/DJJ) confirms that:

PGYCC has a dedicated resident phone line that goes directly to Operation Care for residents who need emotional support services, reporting services, or advocate services. Interviews and the facility tour confirm this practice)

The Watch Commander is responsible for calling Operation Hope, in cases of a sexual abuse allegation, to provide the victim with an advocate, and documents this contact on the PREA Checklist. (Interviews and form reviews confirmed this practice)

Operation Care provides a victim advocate for both the medical examination and investigative interviews and any appeals. In addition, emotional support services and follow-up services. (Interviews confirmed this practice.)

Compliance Statement for 115.321 e, g, h:

	Policies and forms reviewed for compliance confirmed that PREA Policy 1445 and the MOU with Operation Care are compliant with the requirements of 115.321 e, and h. 115.321g is N/A. There are no state entities, or DOJ components, responsible for investigating allegations of sexual abuse at PGYCC, outside of the CDCR agency. Interviews, a facility tour, and a site review confirm compliance with the requirements of 115. 321 e and h. Although there have been zero allegations of sexual abuse, policy and practice are well known by staff, management, and the outside advocate provider, and ingrained into the culture of PGYCC.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	115.322 - Policies to Ensure Referrals of Allegations for Investigations **Compliance Determination**: Not Compliant 115.322 b2 and c Acronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp • LDI: Locally Designated Investigator • SMC: Staff Misconduct Documentation Reviewed for Interim Report: Pre-Audit Questionnaire; PREA Policy 1445, page 20, section 17-19 and 21; Specialized Training for Locally Designated Investigators; DJJ Basic Investigators Course; PREA training for LDI investigators; PowerPoint for LDI training: DJJ Sexual Harassment Policy Manual section 2650; LDI training sheet signed 3/30/21; Inquiry Check Sheet; Conflict of Interest Form; Staff Misconduct Inquiry Report Form; Inquiry timeframes; Administrative Inquiry Procedures; SMC Inquiry Script; DJJ Policy 7141 Staff Misconduct; DJJ Inquiry training slides; websites https://www.cdcr.ca.gov/juvenile-justice/juvenile-justice/prea/; https://www.cdcr.ca.gov/juvenile-justice/juvenile-justice/prea/reporti ng/; DJJ Allegations Tracking Investigation Form-2019-2010 Documentation Reviewed during and following Corrective Action: DRAFT Investigation Policy; DRAFT Investigation Guidelines; DRAFT Investigative Flow Chart. Interviews: Agency Head; LDI; OIG; OIA; PC; Random Staff Site Review Observations included: observations and interviews of random staff, residents, The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. **115.322 a, b, c:** PREA Standard Requirement: 115.322 (a): The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. PREA Standard Requirement for 115.322 (b): The agency shall have in place a policy to ensure that allegations of sexual abuse and/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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. PREA Standard Requirement for 115.322 (c): If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. **Policy/Procedure, Forms, Documentation, and Paperwork Assessment confirmed that CDCR/DJJ requires:** All allegations of sexual violence, staff sexual misconduct, and sexual harassment are to be investigated, and the findings documented in writing. (PREA Policy 1445, page 20, section 19) The Hiring Authority to assign an LDI to conduct an inquiry until sufficient information is obtained to warrant an OIA investigation or the information collected refutes the allegations, as determined by the Hiring Authority. (Staff-on-Offender sexual misconduct or harassment.) CDCR Article 4.4 Upon receipt of a confidential memorandum summarizing the LDI's interview of the offender, the Superintendent shall refer the investigation to the Office of Internal Affairs (OIA) via the 998 processes (if the complaint is an allegation of staff sexual misconduct or sexual harassment of an offender by a staff member)." CDCR Policy 1445, Investigations: section 20, page 19e, Evidence. LDI's are responsible for conducting investigations in a manner that provides a complete and thorough presentation of all facts, maintain integrity and confidentiality of the investigative process, cooperate with, and provide consultation among the

OIA, Bureau of Independent Review (unit of the OIG), and/or the Senior and Special Assistant Inspectors General (SAIG), and identify issues relating to allegations of employee misconduct. (OIA 988 31140.4.12 Locally Designated Investigators)

Upon receipt of the confidential memorandum summarizing the LDI's interview of the offender, the Superintendent shall refer the investigation to local law enforcement if the allegation involves sexual violence by an offender. Policy 1445, Page 19 section d.

All sexual violence allegations, including sexual assaults, attempted sexual assaults, and sexual battery committed by offenders, as well as allegations of sexual harassment committed by offenders to be investigated by the LDI. CDCR Policy 1445, Investigations: section 20, page 18, Evidence.

Criminal investigations to be referred to either/or the Office of Internal Affairs (OIA) or the Office of the Inspector General (OIG)

Every allegation of employee misconduct within the California Department of corrections and Rehabilitation (CDRC) is to be promptly reported, objectively reviewed, and investigated when appropriate. Office of Internal Affairs 988 Process/Form.

The Pre-Audit Questionnaire states the agency/facility is responsible for conducting administrative sexual abuse investigations only and refers criminal investigations to either and/or Internal Affairs or the Office of the Inspector General; also, that the agency's investigators follow a uniform evidence protocol.

The Practice Assessment, of PGYCC, and the agency (CDCR/DJJ) confirms that:

There have been zero allegations of sexual abuse or sexual harassment at PGYCC.

Interviews confirmed that all allegations of sexual abuse and sexual harassment would be initially investigated by the Local Designated Investigator (LDI) and then if determined to be a criminal investigation, referred to law enforcement, the Office of the Inspector General (OIG), and/or the Office of Internal Affairs (OIA).

All investigative staff (LDI) are certified Peace Officers who are trained in response and investigation of sexual abuse and sexual harassment.

All direct and management staff are certified Peace Officers, trained in response to sexual abuse and sexual harassment allegations.

The agency (CDCR/DJJ) follows established procedures, practices, and documentation for forensic exams and investigations following a uniform evidence protocol and procedures set out by the California Clinical Forensic Medical Training Center and the Governor's Office of Emergency Services (www.ccfmtc.org).

DJJ documents and tracks all allegations referred for investigation, for each juvenile facility. In its tracking system, to final disposition. (115.322b3) Included in audit documentation tracking log for PGYCC for 2019 and 2020—no allegations or referrals received or made.

Compliant: 115.322a:

The agency policy and practice require an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

CDCR/DJJ has policies, procedures, and documentation in place, as referenced above, to ensure the practice is in place to investigate allegations of sexual abuse and sexual harassment.

CDCR/DJJ is responsible for conducting administrative investigations of sexual abuse and sexual harassment, and staff-on-resident criminal investigations are turned over to the OIG and/or the OIA.

Criminal Investigations of resident-on-resident sexual abuse or harassment are initially investigated by the LDI and then if determined criminal, referred to local law enforcement or the prosecutor's office for prosecution. All involved investigative agencies and local law enforcement are trained and they investigate according to PREA Standard 115.321 a-e.

Not compliant for the interim report, b and c:

- 115.322b2: The Pre-Audit Questionnaire states that the agency investigative policy is on the agency website. https://www.cdcr.ca.gov/juvenile-justice/juvenile-justice/prea/ and https://www.cdcr.ca.gov/juvenile-justice/juvenile-justice/prea/reporti
  ng/; however, the listed websites do not contain the required agency's investigative policy.
- 115.322c: The above-required publication, of the agency's investigative policy, does not describe the responsibilities of both the agency and criminal investigating entity.

The agency's investigative policy is not published on their website and does not describe the responsibilities of the administrative investigators and the criminal investigators.

During Corrective Action 115.322 b, c:

Policy:

DRAFT PREA Investigative Guidelines: Requires every PREA allegation to be investigated in line with the PREA policy. It lays out how to determine who will conduct the initial investigation is based on the alleged perpetration by staff or residents, and how the determination is made if it is a criminal or administrative investigation.

DRAFT PREA Investigative Flow Charts: Youth-on-Youth and Staff-on-Youth allegation flow charts that document the investigative process by both administrative investigators and law enforcement.

Practice:

PREA Investigative Policy/Guidelines Training Sheet: Documents the training and understanding of the PGYCC PREA investigator (LDI) on the new investigative policy and flow charts.

Agency Compliance: Not Compliant due to the policies and flow charts still being in DRAFT form, thus not being able to sign, implement them, train all agency and facility investigators, and publish them on their website. At the end of the corrective action, these were pending due to the need for Labor notice and negotiation.

Facility Compliance: Compliant due to the PREA investigator being trained in the new policy and flow charts and implementing them into practice at PGYCC.

115.322 b, c: Not Compliant after corrective action.

The agency, CDCR/DJJ, created a draft investigation policy and investigative flow charts. At the end of the corrective action, these were pending due to the need for Labor notice and negotiation, before signing, implementing, providing training to all its facilities, and posting them on their website.

115.322d: N/A

115.322e: N/A

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.331 - Employee training **Compliance Determination:** Compliant after corrective action Acronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp • LDI: Locally Designated Investigator Documentation Reviewed for Compliance: PREA Policy 1445, page 4, 6-7: PREA Refresher Training Part 3; PREA Refresher PowerPoint; PREA First Responder Laminated half sheet; Attachment 11 Treatment Confidentiality Policy, page 4; Attachment 10 Reporting Suspected Child Abuse or Neglect Policy 1435; PREA Resource Guide; PREA First Responder Read and Sign Document; Watch Commander PREA Notification Checklist; Memo Directive: Department of Youth Authority Sexual Harassment Prevention Policy; Aydin Olson-Kennedy C56084 training on Transgender Youth; SOGIE training; PREA Policy 1445, page 7, 3a; PREA Refresher Training part 3; PREA Refresher Participant Workbook; PREA Refresher PowerPoint; Pre-Audit Questionnaire; CDCR Participation sign-in sheet; Training Records; Employee signed-training; Employee training records for all interviewed staff; New Employee Orientation Training and understanding form; In-Service Training; Correctional Juvenile Academy Youth Grievance/Staff Misconduct Training; OIA training sheet Interviews: Random Staff; PC Site Review Observations included: observations and interviews of random staff, residents, The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. **115.331 a, c, d:** **115.331 (a)** PREA Standard Requirements: *The agency shall train all employees who may have contact with residents on:* *(1) Its zero-tolerance policy for sexual abuse and sexual harassment;* *(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;* *(3) Residents' right 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;* *(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents; and* *(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;* *(11) Relevant laws regarding the applicable age of consent* **115.331c:** PREA Standard Requirements: *Between training, the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment.* **115.331d:** PREA Standard Requirements: *The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.* **Policy/Procedure, Forms, Documentation, and Paperwork Assessment confirmed that CDCR/DJJ requires:** · A safe, humane, secure environment, free from offender-on-offender sexual violence, staff sexual misconduct, and sexual harassment. This will be accomplished by maintaining a program to address education/prevention, detection, response, investigation. (PREA Policy 1445, page 4) · All staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection,

response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. (PREA Policy 1445, page 6-7) 115.331a1, 2.

· This training to be conducted during new employee orientation, annual block training, and be included in the curriculum of the Correctional Training Academy (PREA Policy 1445, page 6-7, DJJ New Employee Orientation Training Record and understanding form)- participation to be documented on a CDCR 844 Training Participation Sign-In Sheet. (115.331 a, c, d)

· The keeping of statistics on sexual abuse of youth by creating the Office of Sexual Abuse in Detention Elimination—staffed by an ombudsperson and within the OIG's office. California (Assembly Bill AB 550 Sexual Abuse in Detention Elimination Act)

· DJJ to maintain a zero-tolerance for sexual violence, staff sexual misconduct, and sexual harassment.

· The prohibition of all sexual violence, staff sexual misconduct, and sexual harassment.

· All retaliatory measures against employees or youth who report incidents of sexual misconduct, sexual harassment, or cooperate in an investigation of such, will not be tolerated and will result in disciplinary measures. ((I and C Manual and page 7-8 of PREA refresher training)

· A knowledge review be conducted on training to ensure understanding of such training. (115.331d)

· All employees to be given the Prison Rape Elimination Act Flip Guide for Juvenile Facility employees, contractors, and volunteers. (Quick Series PREA Flip Guide)

· Staff PREA training topics to include: Federal and California law; zero-tolerance policy; definitions of sexual abuse and sexual harassment; preventative measures; offender housing; detection, notification and reporting; staff misconduct process; third party reporting; evidence and crime scene preservation; victim advocate and support; medical services responsibilities; suicide risk screening; post-trauma signs; response to sexual violence or sexual misconduct; confidentiality; reporting to outside agencies; reporting to offenders; retaliation; false reporting; referral of cases for independent review; PREA Review Committee; Community re-entry and services; PREA Policy; and the Institutions and Camps Manual. (PREA Orientation Training)

· That the PREA policy and requirements apply to all youth and persons employed by DJJ, including volunteers and independent contractors. (I and C Manual and slide 2.12-2.14 refresher training)

The Practice Assessment, of PGYCC, confirms that:

· Staff received and understand the PREA training, given at DJJ new employee orientation, annual block training, and the Correctional Training Academy, (review of training curriculum, staff interviews, staff training logs, knowledge understanding reviews). (115.331a, c, d)

· Staff Confirmed, in interviews, their training and understanding of the following topics: zero tolerance, their responsibilities under PREA; Residents rights; retaliation and right to be free from; dynamics of sexual abuse and sexual harassment and trauma-related behaviors/reactions; detecting and response; definitions of sexual abuse, consensual sex, and sexual harassment and response and reporting; detecting and responding to signs of threatened and actual sexual abuse; avoiding inappropriate relationships; communicating effectively with residents, including LGBTI or gender non-conforming residents; mandatory reporting, and California age of consent and no age of consent in facilities. (Staff and management interviews, training records, knowledge reviews, training curriculum; site review, site observations).

· Staff receive and understood the PREA refresher training provided during block training by the DJJ annually (Staff training records, interviews with random staff and management, PREA refresher training curriculum, and knowledge reviews). (115.331c, d)

· Staff refer to the Quick Series PREA Flip Guide when they have questions or need information about PREA (interviews with staff and management, on-site observation of staff with this guide and refer to it for questions I had)

Compliance Assessment statement for 115.331 a1-10, c, d:

The above compliance assessments of paperwork/procedures, forms, documentation, and practice, for The Division of Juvenile Justice (DJJ) and PGYCC, demonstrate compliance with standard 115.331a. All requirements are met in policy, training, understanding, and practice.

The clear policy and requirements set out by the agency (DJJ) and required training curriculum and knowledge reviews (115.331d), provided at new employee orientation, annual block training, and during the Correctional Academy, meet all paperwork, policy, and documentation requirements of this standard.

The training provided, clear staff understanding of such training, and daily observed and documented practice, as confirmed

by interviews, observations, and reviews, meet all the practice requirements of this standard.

The clear and consistent practice demonstrated in daily interactions, interviews, documentation, and observations, demonstrates that the practice is ingrained into the culture of the DJJ and PGYCC-for standard 115.331a 1-10, c, and d.

115.331 (b) Compliant after corrective action

PREA Standard Requirements: *Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.*

Policy/Procedure, Forms, Documentation, and Paperwork Assessment confirmed that CDCR/DJJ requires:

· PREA Training to be gender-specific based on offender population at the assigned facility (PREA Policy 1445, page7, 3a)

The Practice Assessment, of PGYCC, confirms that during the post, site, and interim reporting:

During the initial assessment and interim report: no documentation was received or reviewed that provided documentation of training and practice of training tailored to the unique needs and attributes of residents of juvenile facilities.

Interim Report Compliance Assessment statement for 115.331b:

115.331 b1, 2:

Policy compliance: Assessed for the Interim Report:

The DJJ policy 1445, page 6, 3a is compliant with agency policy requiring PREA training to be gender-specific, based on offender population at the assigned facility; however, not compliant with the requirement that the training is tailored to the unique needs and attributes of the residents at the facility.

Practice Compliance: Assessed for the interim report:

During the initial assessment and interim report, no documentation was received or reviewed that provided documentation of training and practice of training tailored to unique needs and attributes of the residents, and the gender of the residents at the facility.115.331b1 and 2.

During Corrective Action 115.331 b1, 2:

The agency, CDCR/DJJ provided PREA Refresher Training to all staff. This included, on slides 3.3 to 3.6, Gender-responsive strategies, potential male victims, and potential gender non-conforming victims.

Current employees were trained on the unique needs attributes and gender of residents to include both male and female facilities.

4/7/2021 PREA Refresher training and content were documented for every employee. This included employee training documentation and tests of knowledge.

Compliant with 115.331b.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.332 – Volunteer and Contractor Training **Compliance Determination:** Compliant Acronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp Documentation Reviewed for Compliance: PREA Refresher Workbook; Three Filled out Volunteer/Contractor Information Sheet-with three disclosure questions; PREA Resource Guide-flip guide; Pre-Audit Questionnaire; PREA Policy 1445, page 6-7, section 3a; training records Interviews: Volunteer, PC, PCM Site Review Observations: included: observations and interviews of random staff, residents, The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. **115.332 a, b, c,** (a) *Standard Requirements: The agency shall ensure 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.* *(b) Standard Requirements: 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, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.* 115.332 (c) *The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.* **Policy/Procedure, Forms, Documentation, and Paperwork Assessment confirmed that CDCR/DJJ requires**: · All staff, including employees, volunteers, and contractors, receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. (PREA Policy 1445, pg. 6, section 3a) · All volunteers and contractors that have contact with residents to complete and sign the Volunteer Contractor information sheet. DJJ 8.137 ·That the agency maintains documentation confirming that volunteers and contractors understand the training they have received and that copies of the form are kept by the DJJ PREA Compliance Manager, as originals go to either the Community Resource Manager (volunteers) or Supervisor (contracts). The Practice Assessment of PGYCC confirms that: · Three compliant volunteer/contractor Informational Sheets with the three disclosure statements have been completed for all who have contact with residents. · This volunteer interviewed also confirmed receiving the PREA Resource Guide Flipbook for quick reference on PREA, including prevention, detection, response, investigation, and reporting sexual abuse and sexual harassment. ·The interviewed volunteer confirmed signing the Volunteer/Contractor Information Sheet. · The Pre-Audit Questionnaire stated that PGYCC has twenty-five volunteers/Contractors who have contact with residents and have been trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response; however, after interviews with the PC and PC assistant, there are only three who have contact with residents and they have all completed their informational sheet with the three disclosure questions.

	Compliance Assessment statement for 115.332a: PREA policy 1445, page 6, 3a states that all staff, including employees, volunteers, and contractors, receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This required education is completed, by DJJ/PGYCC, using the Volunteer/Contractor Informational Sheet and the PREA Resource Guide, including the three disclosure questions. (115.332a) The Pre-Audit Questionnaire states that the agency maintains documentation, the Volunteer/Contractor Informational Sheet, confirming volunteers and contractors understand the training they have received, and that copies of the form are kept by the DJJ PREA Compliance Manager, as originals go to either the Community Resource Manager (volunteers) or Supervisor (contracts). (115.332b) The Volunteer/Contractor Information Sheet meets the requirement for the educational information required for those individuals who are not alone with residents and accompanied or supervised by facility staff at all times and all three are included in this audit documentation. (115.332c) The DJJ and PGYCC are compliant with standard 115.332.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.333 – Resident Education **Compliance Determination:** Compliant Acronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp Documentation Reviewed for Compliance: PREA Policy 1445, page 7, Offender Training: PREA Orientation Checklist; PREA Booklet (OIG) Know your rights and responsibilities (Sexual Abuse/Assault Prevention and Intervention); Youth Rights Handbook; Operation Care Poster; PREA Poster (CDCR) reporting numbers; Announcement Sticker; Record of Youth PREA Orientation; Pre-Audit Questionnaire; PRE-Audit Questionnaire; CDCR Policy 6155 Youth with Disabilities; End of Silence Brochure; Youth Education Acknowledgement List: Record of Intake and comprehensive PREA education (NCYCC); Youth Rights Handbook acknowledgment; Spanish resident education form; Resident Files Review and documenting form; The PREA Youth Education Video Facilitators. Interviews: Intake staff for CHAD (intake facility before residents come to PGYCC); Intake staff at PGYCC; PC Site Review Observations included: observations and interviews of random staff, residents, The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. **115.333 a, b, c, d, e, and f:** 115.333 (*a) Standard Requirement: During the intake process, residents shall receive information explaining, in an age-appropriate fashion, the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.* **Policy/Procedure, Forms, Documentation, and Paperwork Assessment confirmed that CDCR/DJJ requires:** • Initial resident PREA orientation, within 72 hours and during intake (PREA Policy 1445, page 6-7 Offender Education) • Providing residents with verbal and written information addressing prevention/intervention, reporting, and treatment/counseling. (PREA Policy 1445, page 6-7 Offender Education) • Providing residents with the PREA Booklet (OIG office); Youth Rights Handbook; End of Silence Brochure; Sexual Assault and Awareness Brochure, and the Sexual Abuse/Assault-Prevention and Intervention Brochure, during initial processing on the intake unit, and available through case managers—as well as the information, is included in the resident's orientation handbook. ((PREA Policy 1445, page 7 Offender Education). • Providing approved PREA posters which contain the telephone numbers for reporting sexual violence, staff sexual misconduct, and sexual harassment, as well as the telephone number for the local Victim Advocates posted in designated locations throughout the facility. • Providing appropriate provisions for residents who are not fluent in English, those with low literacy levels, and those with disabilities. (PREA Policy 1445, page 6-7 Offender Education) • Documentation of PREA resident education of DJJ forms 8.141 PREA Education form. (PREA Policy 1445, page 6-7 Offender Education) Practice assessment and compliance determination for this standard will follow 115.333e/f: **115.333b: Compliant** Standard Requirements: *Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.* **Policy/Procedure, Forms, Documentation, and Paperwork Assessment confirmed that CDCR/DJJ requires:** Comprehensive PREA resident education, for all residents, within 10 days of intake-in both English and Spanish. Initial

offender orientation on PREA is provided to the offender population during the intake process via either written, in-person, or video presentation within 10 days of intake in both English and Spanish. (PREA Policy 1445, page 6-7 Offender Training)

Providing appropriate provisions for residents who are not fluent in English, those with low literacy levels, and those with disabilities. (PREA Policy 1445, page 6-7 Offender Education)
Use of the PREA Orientation Checklist to ensure all required information and tasks are completed within 10 days of the resident's intake.

Practice assessment and compliance determination for this standard will follow 115.333e/f:

115.333c: Compliant

Standard Requirements: *Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards and 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.*

Policy/Procedure, Forms, Documentation, and Paperwork Assessment confirmed that CDCR/DJJ requires:

Initial offender orientation on PREA to be provided to the offender population during the intake process via either written, in-person, or video presentation within 10 days of intake in both English and Spanish. (PREA Policy 1445, page 6-7 Offender Education)

PREA offender education to be documented on a DJJ 8.141 Record of PREA Education form. (PREA Policy 1445, page 6-7 Offender Education and Youth Orientation Checklist and DJJ 8.141 Record of Youth PREA Education Orientation)

Practice assessment and compliance determination for this standard will follow 115.333e/f:

115.333d Compliant

115.333 (d)" Standard Requirement: *The agency shall provide resident education 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.*

Policy/Procedure, Forms, Documentation, and Paperwork Assessment confirmed that CDCR/DJJ requires:

CDCR policy 6155 Youth with Disabilities: page 1: "The DJJ shall ensure youth with disabilities have equal access to education, training, and treatment services in the least restrictive environment."

Policy 1445 Offender Education, page 7, iii: Appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and those with disabilities.

Wards with Disabilities Policy, pate three, section: All Youth with Disabilities Program (YDP) Coordinators and the Manager shall receive the online ADA Title II Overview Training. Supervisors are responsible for ensuring that their staff follow DJJ policy and therefore, are accountable for the actions of staff, and shall receive training to the same standards as the staff they supervise.

Wards with Disabilities Policy, pate three, section 2: All staff will receive annual training in disability sensitivity, awareness, effective communication, and discrimination to become a trained Staff Assistant.

Wards with Disabilities Policy, pate three, section 3: The DJJ YDP Manager shall ensure that a WDP report is completed monthly and that the thirteen compliance monitoring tools are completed during each quarter for each site.

115.333 e and f: Compliant

E: Standard Requirements: *The agency shall maintain documentation of resident participation in these education sessions.*

F: Standard Requirements: *In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.*

See below sections for documentation of resident participation and understanding of the PREA education sessions, and key information continuously and readily available or visible through posters, resident handbooks, or other written formats.

115.333 a, b, c, and d, e, f, Practice Assessment confirms that:

Initial PREA intake orientation/education is completed during a resident's stay at an intake facility (CHAD), and before they transfer to PGYCC. All assessments (medical, mental health, education, Risk assessments) are conducted at this facility as well as PREA intake education. (115.333a)

Residents receive and understand the initial PREA orientation- which includes the zero-tolerance policy and how to report

incidents or suspicions of sexual abuse or sexual harassment. 115.333a (Interviews with NCYCC intake staff and 16 random residents.)

Operation Care PREA Posters and the CDCR Reporting Posters are posted on all units and available to residents. Residents can access phone numbers and mailing addresses to report sexual abuse or sexual harassment and there are resident phones on every unit with dedicated lines to the advocate agency, outside reporting, and emotional support services. (The on-site review) 115.333a and f.

Residents received initial PREA education at the intake facility and again when arriving at PGYCC-as confirmed by the Youth Orientation Signed Checklist. This PGYCC intake included the Youth Rights Handbook, reporting, zero tolerance, the End of Silence Brochure, reporting numbers and addresses on the Operation Care Poster, the CDCR Reporting Poster, the Know Your Rights and Responsibilities Brochure, and acknowledged receipt and understanding of the above. (Interviews with residents and staff.) 115.333a and f

All sixteen residents interviewed, during the on-site visit, completed the PGYCC PREA Intake Orientation education-signified by a signed PREA Orientation Checklist. File reviews and subsequently received documentation 115.333a)

All residents received comprehensive PREA education within 10 days of intake-by either written, in-person, or video presentation, in both English and Spanish. (Interviews with CHAD intake staff. 115.333b)

The PREA Youth Education Video Facilitators Guide provided clarification on the comprehensive education, by video or presentation, that residents are provided at NCYCC. This included the right to be free from sexual abuse, sexual harassment, and retaliation for reporting. It also included zero-tolerance, boundaries, evidence, grievance, rights, retaliation, how to be safe, sexual abuse definitions, sexual harassment definitions, sexual misconduct, prior sexual abuse reporting, and being a survivor. (115.333b)

All interviewed random residents understood the intake and comprehensive education, as evidenced by answering knowledge questions about those requirements. (115.333a and b: Resident interviews)

All residents had completed and signed PREA Orientation Checklists to confirm the practice of residents, within 10 days of transfer from the intake facility to PGYCC, receive additional PREA education on prevention/intervention; reporting, treatment, and counseling; and female staff announcement and tone.

All residents received the Youth Rights Handbook, sexual misconduct policy/off grounds behavior, Youth Rights, Institution Rules and Regulations, and the youth phone call system, to ensure they understood any policies and procedures that may differ from those of the previous facility. 115.333c, e, and f.

The above information/education is given to every new resident and documented on the PREA Checklist, which is signed by both this staff and the resident. (Intake staff interviews) 115.333c, and e

All sixteen interviewed random residents, received, and understood all PGYCC additional PREA education/information outlined on the PREA Checklist. In addition, answered knowledge questions, confirming their understanding. (Intake staff interviews) 115.333c:

Completed and signed PREA Checklists are in resident's files – documenting this practice. (Review of resident files.) 115.333c, and e: and,

The intake and assessment process, conducted before residents are transferred to PGYCC, includes disability assessments, and the provision and planning for any needed accommodations. This includes residents who have limited English skills and/or non-visual disabilities. If a resident has a disability, low English ability, or a low reading level, a disability/staff assistant is provided to assist him. This is noted in the resident's record as an accommodation or assessable necessity and sent to the next facility to ensure continued assistance. This auditor saw all accommodations required for residents of PGYCC and they were clear about accommodation requirements for the facility. (Interviews with NCYCC staff.) (115.333d)

Compliance Assessment:

The DJJ and PGYCC are compliant with standard 115.333 a-f.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.334 – Specialized training: Investigators **Compliance Determination:** Compliant with 115.334 a through d Acronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp • LDI: Local Designated Investigators Documentation Reviewed for Compliance: Pre-audit Questionnaire, CDCR Basic Investigators Course, LDI Training, DJJ Specialized PREA Training for Locally Designated Investigators Participant Workbook and knowledge review, Specialized Training PowerPoint, California Sexual Assault Investigators Association Certificate, Training Participation Sheet. Interviews: Investigative Staff Site Review Observations: included: observations and interviews of random staff, residents, The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. **115.334 a, b, c** 115.334 (a) Standard Requirements: *In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.* 115.334 (b) *Standard Requirements: Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.* 115.334 (c) Standard Requirements: *The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.* **Policy/Procedure, Forms, Documentation, and Paperwork Assessment confirmed that CDCR/DJJ requires:** All employees assigned to conduct inquiries and/or investigate allegations of sexual abuse, staff sexual misconduct, and sexual harassment to the CDCR Locally Designated Investigator (LDI) specialized PREA Training/Basic Investigators Course. (DJJ PREA Policy 1445 and DOM section 54040.4) All Local Designated Investigators (LDI) are certified as Peace Officers. Additional training, per the corrections academy, on evidence collection, crime scene preservation, and search warrant submission, to meet the National PREA Standard 115.334. (DJJ PREA Policy 1445 and DOM section 54040.4) The maintenance of documentation that its investigators completed the required specialized PREA investigator training. (DJJ PREA Policy 1445 and DOM section 54040.4) 115.334c **Practice assessment and compliance determination for this 115.334 a, b, c:** The CDCR Division of Juvenile Justice (DJJ) designates and trains Local Designated Investigators (LDI) from its trained and certified Peace Officer staff. The staff has already received all required general training provided to all employees (see standard 115.331) completed training and been certified as Peace Officers by the Corrections Academy. (115.334a) Locally Designated Investigators (LDI) then receive specialized PREA training in the form of the Basic Investigators Course to include interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, proper handling of sexual abuse evidence collection in a confinement setting, and how to identify the evidence required to substantiate a case for administrative action or prosecution referral. (115.334b) LDI's are certified Peace Officers and during academy training receive additional training on evidence collection, crime scene preservation, and search warrant submission, to meet the National PREA Standard 115.334. (115.334b)

	LDI staff complete the specialized training and knowledge assessment to ensure understanding of the training and practice and are certified as LDI's. A review of the list of currently trained LDI's confirms that PGYCC has one LDI who is a certified Peace Officer and has completed the LDI training. In addition, a review of the training participation sheet for the 2018 LDI training class confirmed the attendance of PGYCC's Locally Designated Investigator in the Specialized PREA training for investigators. (115.334c) **DJJ and PGYCC are compliant with PREA Standard 115.334 a, b, and c.** 115.334 (d) Standard Requirements: *Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.* **N/A for PGYCC**

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.335 - Specialized training: Medical and Mental Health Care **Compliance Determination:** Compliant after Corrective Action Acronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp • NIC: National Institute of Corrections Documentation Reviewed for Compliance: Interim Report: PREA Policy 1445, page 6, section 3: CDCR Form 128-MH Mental Health Referral Chrono: Employee training documented in 115.331; Training participation sign-in sheet form CDCR 844. Documentation Reviewed during Corrective Action: Medical and Mental Health NIC training certificates for training completed during corrective action Interviews: Medical and Mental Health Staff; PC Site Review Observations: included: observations and interviews of random staff, residents, The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. 115.335 Standard Requirements *A: The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been 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.* *B: If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.* *C: The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.* *D: Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under 115.332, depending upon the practitioner's status at the agency.* **Policy/Procedure, Forms, Documentation, and Paperwork Assessment confirmed that DJJ requires:** • All staff receives instruction related to prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training is to be conducted during new employee orientation and annual block training. (PREA Policy 1445, page 6, section 3) • Documentation of training on a CDCR 844 Training Sheet. (PREA Policy 1445, page 6, section 3) **During the initial assessment and completion of the Interim Report, compliance determination-not compliant with 115.335 a, c** This PREA standard requires specialized PREA training for Medical and Mental Health staff. This training has not been provided for all medical and mental health staff. **During Corrective Action:** Medical and Mental Health Staff at PGYCC completed the PREA specialized training for Medical and Mental Health Staff provided by the National Institute of Corrections. Certificates of knowledge/testing were uploaded for each staff. The training provided by NIC https://nic.learn.com/learncenter.asp?sessionid=3-38AB0BBA-E211-486F-A

CC7-F0C6A2A1A584&DCT=1&id=178409&page=85

Determination after corrective action: 115.335 a and c, Compliant

115.335b: Compliant

Interviews confirmed that DJJ staff do not conduct forensic exams and have a contract to have these exams conducted at San Juaquin Hospital. (115.335b)

115.335 d: Compliant

Interviews confirmed that medical and mental health staff do receive employee training required by standard 115.331 and are compliant with 115.335d This is documented in standard 115.331.

Standards b and d are compliant with DJJ and PGYCC.

PGYCC and the DJJ are compliant with standard 115.335, after corrective action.

115.341	Obtaining information from residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115.341 – Obtaining Information from Residents **Compliance Determination**: Exceeds Compliance Acronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp Documentation Reviewed for Compliance: PREA Policy 1445, page 8, section 6: Pre-Audit Questionnaire; PREA Policy 1445 page 8, section 6; DJJ Risk Screening Tool; SOGIE Screening; YASI samples; Confidential Section access sheet; File reviews; First risk assessment of interviewed random residents; Latest Risk Assessments samples of random residents interviewed; New risk screening in DJJ data program (WIN); Instructions for the new PREA Screening Tool. Interviews: Risk Screening Staff, Random Residents, PC, PCM, Risk Screening Staff at the intake facility. Site Review Observations included: observations and interviews of random staff, residents, The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. **115.341 a through e:** Standard Requirements A: *Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.* *B: Such assessments shall be conducted using an objective screening instrument.* *C: At a minimum, the agency shall attempt to ascertain information about: (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 resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.* *D: This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.* *E: The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.* **Policy/Procedure, Forms, Documentation, and Paperwork Assessment confirmed that DJJ requires that:** Within 48 hours of arrival at a DJJ facility, each offender shall be screened using the DJJ Form 8.138 PREA Screening Tool. (PREA Policy 1445 Page 8 section 6) Exceeds standard of 72 hours. Each youth is to be re-assessed for risk of victimization or predatory behavior using the DJJ 8.138 whenever a new risk factor becomes known, within 48 hours of arrival at a new facility, and no less frequently than every 180 days, or if added information becomes known. (PREA Policy 1445 Page 8 section 6) The completion of the housing assessment within 24 hours after the administration of the PREA Screening Tool. The use of the DJJ PREA Risk Screening Tool: DJJ 838 for this required assessment, and securely storing this completed form in the confidential section of the youth's field file. (115.341d)

Practice assessment and compliance determination:

115.341a:

Residents are:

- Screened, upon admission to an intake facility, prior to being transferred to PGYCC – as evidenced by file reviews, and staff and resident interviews.
- Screened within 48 hours of arrival at any new facility, which exceeds the 72-hour PREA standard requirement – as evidenced by file review and resident and staff interviews.
- Reassessed upon intake to PGYCC, as confirmed by file reviews, and resident and staff interviews.
- Reassessed at least every 180 days, as confirmed by file reviews, and staff and resident interviews.

115.341b:

The risk screening tool DJJ 8.138 is used for every resident screening conducted; however, the DJJ has created a more robust screening tool that operates within their computer system that houses all resident information. This tool is pending "go live" currently.

15.341 c:

Auditors assessment of the DJJ risk screening tool's compliance to ascertain information in the following required categories:

1. Prior Sexual Victimization or abusiveness:

- Question 9: about adjudicated for rape; question 10: adjudicated for abuse, neglect, or rape of a child or elder; Question 11: admits using sexual assault or rape as a threat; Question 13: Previously adjudicated for or admits to a history of sexual abuse; Question 14: Prior Victim of sexual abuse: been victim of unwelcome sexual activity while incarcerates, has another youth ever threatened you with sexual abuse, are you concerned with your ability to defend yourself here?

2. Any Gender nonconforming appearance or manner or identification as LGBTI, and whether the resident may therefore be vulnerable to sexual abuse:

- Question 5: Self-report, identifying as, or is perceived as LGBTI, and/or gender non-conforming, Question 7: Openly discriminatory of LGBTI and/or gender non-conforming, Question 5: effeminate.

3. Current charges and offense history:

- Question 2: Prior criminal charges, non-violent offenses; Question 8: Previously identified as an affiliate of a security threat group/gang or has significant correctional experience.

4. Age:

- Question 4: Under the age of sixteen or appears younger.

5. Level of emotional and cognitive development:

- Question 3: Developmentally delayed No questions about the level of emotional and cognitive development; however, at intake mental health, medical, disability, and educational assessments were completed.

6. Physical size and stature:

- Question 5: small size, thin build, frail; Question 1: First time in a DJJ facility, lack of correctional experience.

7. Mental illness or mental disabilities:

- Question 3: Developmentally delayed, history of mental health treatment, prior designation of Mental Health Youth, or appears confused or disoriented.

8. Intellectual or developmental disabilities

- Question 3: Developmentally delayed, history of mental health treatment, prior designation of Mental Health Youth, or appears confused or disoriented.

9. Physical disabilities.

- No questions or assessment

10. The resident's own perception of vulnerability:

- No assessment or questions

11. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

- Question: Openly discriminatory of LGBTI and/or gender non-conforming.

115.341 D:

This assessment tool is minimally compliant with the requirements of this standard. It does not obtain or demonstrate assessment of all PREA required areas of assessment; however, the intake process has file reviews, and full medical, mental health, and educational assessments that cover the categories required at assessment and to help make housing decisions. The DJJ has a new assessment that will be integrated into their computer system; however, it has not gone live yet.

115.341E:

File reviews confirm that the completed risk assessment is kept in a confidential envelope, in the resident's field file-that requires staff signature, to access this assessment.

Auditors Recommendations:

While the DJJ PREA Risk Assessment tool is minimally compliant if the additional medical, mental health, resident's file review-including court records, behavioral records other relevant documentation are reviewed, and other intake assessments conducted; the closing of the DJJ and their other juvenile facilities may jeopardize the risk assessments compliance when used at PGYCC. PGYCC is the only DJJ facility that is required to stay open and be reassigned to another agency.

During the Corrective Action Period:

DJJ/PGYCC uploaded the last risk assessment completed on current residents that were interviewed on the site visit. Titled 115.341 resident latest risk assessments.

Newly developed Risk Screening Tool:

The DJJ uploaded the new risk screening tool being developed and a part of the DJJ data system.

It searches all records for the resident being screened, automatically tallies the risk designation-for previous residents or records in the system, A new record is created for the selected resident, and staff click update to create a new screening.

Staff checks all boxes that apply on the risk assessment (including all PREA required categories and more). There is a box to fill out if the staff feel that additional information suggests the youth may be a victim or abuser.

Any check that indicates that the resident is, or has been, a victim of unwelcome sexual activity, been threatened with sexual abuse, or is concerned about safety, automatically forwards the document to the PCM.

If the assessment indicates that a mental health referral is needed, that risk assessment includes the date this referral was completed. If the assessment documents that a resident has been assaulted, a Mental Health referral is required.

if identified as LGBTI or gender non-conforming, the PREA search preference questions are initiated. If a resident self-reports, the risk screener or PCM completes a search alert DJJ 8.144.

The mental health referral is very detailed and includes a family referral and a resident self-referral. It tracks the mental health referral, screening, annual review, semi-annual review, mental health follow-up, intake screening referral, and mental health unit placement. It tracks the medical referral instructs staff to search resident records and connects to any records on file.

New Resident Screening:

The DJJ uploaded risk screenings conducted in the new data system to this audit documentation.

Instructions for use of the PREA Screening Tool:

- Complete within 24 hours and periodically; instructions of what to do if the tool identifies the resident as a potential target for victimization, a significant risk, or potential predatory behavior.
- Assessment timeframes (within 48 hours and with added information)

Transgender Respect, Agency, and Dignity Act:

In addition, the Governor of California signed the Transgender Respect, Agency, and Dignity Act: which required that all residents, upon arrival at a facility, are assessed regarding sexual orientation, gender identity, and gender expression (using the SOGIE)-documenting the relevant history and resident concerns about safety, and or previous victimization.

When a transgender person, non-binary, or intersex resident is identified, the Supervising Casework specialist is notified, who in turn notifies the Superintendent and local PCM. This is to alert management about potential treatment and placement needs and allow staff to ensure all requirements of this policy and PREA are met.

In addition, requires all housing and programming placement to be made on an individualized, case-by-case approach that addresses treatment needs, and the youth's views with respect to their own health and safety. It requires Transgender residents not to be automatically housed based on birth gender and sets guidelines for housing in a female or male facility. September 26, 2020.

115.341 Compliance Determination:

At the end of the corrective action period, the DJJ/PGYCC exceeds compliance, due to the exceptional screening tool developed and implemented that exceeds the PREA requirements.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.342: Placement of Residents **Compliance Determination:** Compliant Acronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp • NCYCC: Northern California Youth Center Documentation Reviewed for Compliance: PREA Policy 1445, page 8, section 6: a; PGYCC's Pre-Audit Questionnaire; DJJ Risk Screening Tool; DJJ Treatment Intervention Program (TIP) Policy 7261: Page 2, 1.d, and Page 1-2. F; Treatment Intervention Plan 7261.1, section 7c; SOGIE Screening; YASI Interviews: PC; Risk Screening Staff, Superintendent; Medical and Mental Health Staff; PCM Site Review Observations: included: observations and interviews of random staff, residents, The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. **115.342a** compliant A: *Standard Requirements: The agency shall use all information obtained pursuant to 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.* **Policy/Procedure, Forms, Documentation, and Paperwork Assessment confirmed that DJJ requires** : The resident housing assessment must be completed within 24 hours after the administration of the PREA Screening Tool. Offenders at high risk for sexual victimization, as identified on the DJJ Form 8.138 PREA Screening Tool, to be evaluated for the potential need for special housing consideration (e.g., excluded from dormitory placement) on a case-by-case basis. PREA Policy 1445, page 8, section 6: a If a determination is made at the conclusion of the assessment that there are no available alternative means of separation from likely abusers, the offender will be placed on the Temporary Intervention Program (TIP) for his/her protection. Based on the information that the offender has been a victim of sexual violence or victimization, the custody supervisor conducting the initial screening shall discuss housing alternatives with the offender in a private location. The custody supervisor shall not automatically place the offender on the Temporary Intervention Program (TIP) due to his/her victimization status alone. If the completed PREA Screening Tool identifies the youth as a potential target for victimization, the following steps shall be taken: • The treatment team on the youth's assigned living unit shall meet to discuss the most appropriate housing arrangements for the protection of the youth within 24 hours after the PREA Screening Tool is completed. This meeting should include the youth and be held in a private area. • If the youth is deemed to be at risk of being victimized and no available alternative housing is available that could reduce this risk, the youth may be placed on Temporary Intervention Program (TIP) for his/her protection as a last resort and only for a short period of time. • The results of the most recent PREA Screening Tool shall be referenced whenever the youth's living unit assignment, class schedule, or job assignment is being discussed. If the completed PREA Screening Tool identifies the youth as being at significant risk of potential predatory behavior, the following steps shall be taken: • The treatment team on the youth's assigned living unit shall meet to discuss the most appropriate housing

arrangements for the protection of other youth within 24 hours after the PREA Screening Tool is completed.

- If the youth is deemed to be an imminent threat to others and no available alternative housing is available that could reduce this threat level, the youth may be placed on the Temporary Intervention Program (TIP).
- The results of the most recent PREA Screening Tool shall be referenced whenever the youth's living unit assignment, class schedule, or job assignment is being discussed.

Practice assessment for 115.342a:

An extensive intake process is completed at the intake facility, NCYCC, which includes, but is not limited to the following assessments:

- DJJ Risk Assessment,
- Mental health brief assessment-then a full evaluation and assessment
- Cognitive level testing
- Level of care
- Suicide
- Medical
- Physical
- Dental
- Disabilities
- Education

These assessments include a thorough review of the resident's:

- Charges
- File,
- Treatment, diagnoses
- Medication,
- Behavior, and
- Needs.

Facility placement, housing, education, and programming assignments are made, at the end of this intense and thorough screening process-which includes the use of the PREA Risk Screening Tool.

The residents who come to PGYC are high-functioning, ages 17 and 10 months to 25 years of age, and a low safety risk to themselves and others.

Due to the dormitory-style housing, lack of privacy and private shower facilities, physical demands of wildfire fighting, and necessary wildfire crisis response times, residents, for safety reasons, are not placed at PGYCC who:

- Have sex offenses
- Take psychotropic medications
- Are currently, in treatment for mental health or medical diagnosis
- Disabled
- Transgender or intersex or
- Very limited English language

The intense screening and evaluation process, at the DJJ intake facility (NCYCC), and subsequent screening for housing, bed, program, education, and work assignments exceed the requirements for this standard 115.342a.

Residents are then screened for placement at PGYCC-for the purpose of wildland firefighting operations, performing approximately 180,000 hours of fire suppression in a normal year for the people of California.

The intense screening for placement at PGYCC ensures that residents placed at this facility can safely work in wildland firefighting operations and gain employable skills, strong work habits, and leadership training.

115.342b: Compliant

B: Standard Requirements: *Residents may be 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. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.*

Practice assessment for 115.342b:

PGYCC does not have any isolation or segregation cells and thus does not use isolation at all. If isolation becomes necessary, residents are transferred to another facility for care, treatment, or consequences.

Practice assessment and compliance determination for 115.342b: Compliant

115.342 c, d, e, f, g: Compliant

Standard Requirements:

C: *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 agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually abusive.*

D: In deciding whether to assign a transgender or intersex resident to a facility for male or female residents and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety and whether the placement would present management or security problems.

E: Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

F: A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

G: Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

PGYCC has two dormitories and no specialized housing that can be assigned to residents. Transgender and intersex residents are not assigned to PGYCC due to the lack of private showering facilities, and the inability to ensure PREA required privacy/safety at the facility and in the field.

PGYCC is compliant with 115.342c, d, e, f, g.

115.342 h, i: Compliant

Standard Requirements:

H: *If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the resident's safety; and (2) The reason no alternative means of separation can be arranged.*

I: 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.

Policy/Procedure, Forms, Documentation, and Paperwork Assessment confirmed that DJJ requires:

PGYCC does not have isolation rooms/areas and does not isolate residents-thus does not make or review these placements.

PGYCC is the only California Division of Juvenile Justice facility required to stay open and be reassigned to another agency, after the closure of the DJJ-required by the California legislature.

PGYCC is compliant with PREA Standard 115.342.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.351 – Resident Reporting **Compliance Determination:** Compliant Acronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp • OIA: Office or Internal Affairs - Northern Region • OIG: Office of the Inspector General Documentation Reviewed for Compliance: Reporting Information Posters; Youth Rights Handbook; Pre-Audit Questionnaire; Documentation of Posters throughout the facility; Staff Training; Resident orientation and comprehensive education; PREA Policy 1445, page 7, Offender Education; End of Silence brochure; Sexual Assault Awareness Brochure; Sexual Abuse/Assault -Prevention and Intervention; DJJ 8.141 forms; Grievance Form; Email to OIG reporting and response; Intake and comprehensive resident PREA education/information; PGYCC intake PREA education/information; Initial PREA Contact Guide. Interviews: 16 Random residents; 16 random staff, PCM Site Review Observations: included: observations and interviews of random staff, residents, The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. Observations of reporting posters-including phone numbers and addresses; resident phone; The Youth Rights Handbook-page 4, multiple ways to report sexual assault and abuse. **115.351 a:** Compliant Standard Requirements: A: *The agency shall provide 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.* **Policy/Procedure, Forms, Documentation, and Paperwork Assessment for PREA standard 115.351a confirmed that CDCR/DJJ requires:** Initial offender orientation on PREA to be provided to the offender population during the intake process via either written, in-person, or video presentation within 10 days of intake in both English and Spanish, and, Verbal and written information be provided to offenders which will address: • Prevention/Intervention, • Reporting, • Treatment and Counseling. Approved PREA posters which contain the telephone numbers for reporting sexual violence, staff sexual misconduct, and sexual harassment, as well as the telephone number for the local Victim Advocates, be posted in designated locations throughout the facility. At a minimum, these areas shall include all housing units, medical clinics, law libraries, visiting rooms, program offices, and offender work areas. The PREA brochure entitled “Sexual Assault Awareness” and the PREA booklet entitled “Sexual Abuse/Assault – Prevention and Intervention” to be distributed during initial processing on the intake unit. Both the brochure and booklet shall be available through case managers at each facility, and the information will also be included in each facility’s offender orientation handbook, and PREA offender education shall be documented on a DJJ 8.141 Record of PREA Education form. **The Practice Assessment of DJJ/PGYCC for standard 115.351a:**

Before arriving at PGYCC, residents are screened at an intake facility where they receive both intake PREA information and comprehensive PREA training. Residents are given information, both verbally and written, about how to make a report of sexual abuse, sexual harassment, retaliation, and/or staff misconduct.

Upon arrival at PGYCC, residents are given additional information about how to report sexual abuse, sexual harassment, retaliation, and/or staff misconduct.

This information is given in both verbal and written formats, and includes, but is not limited to:

- The Youth Rights Handbook-page 4
- Multiple ways to report sexual assault and abuse
- Reporting posters
- Grievance forms and lockbox
- Use of the resident's phone-dedicated reporting number
- Availability of any staff, management personnel, education staff, medical, mental health staff, or trusted adult
- Internal reporting agency (OIA)
- Outside reporting agency (OIG), and
- Rape Crisis Center (Operation Care).

Additionally, residents have given:

- The Office of Internal Affairs (OIA) pamphlet, *Sexual Abuse/Assault Prevention and Intervention: Know Your Rights and Responsibilities,* and
- The “End of Silence” Brochure.

These resources contain the:

- Resident's right to report
- How to report-including the Office of the Inspector General (OIG) address and phone number
- Multiple other ways to report, and
- The (OIA) address and phone number.

DJJ and PGYCC are compliant with the requirements of standard 115.351a.

115.351b Compliant

Standard Requirements:

The agency shall also provide 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 and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to the agency officials, allowing the resident to remain anonymous upon request.

The agency has a policy requiring residents detained solely for civil immigration purposes to be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security

The Practice Assessment of DJJ/PGYCC for 115.351b:

DJJ/PGYCC ensures easy access to the outside reporting agency (OIG) during residents' stay at PGYCC. This is done by providing informational posters throughout the facility, and written information directly to residents.

The “Parents, Friends, and Youth Have multiple ways to report sexual assault and abuse” Poster includes the phone number and address to the OIG office. This is the external reporting agency for PGYCC and can be used to report sexual abuse, sexual harassment, retaliation, and staff misconduct. Office of the Inspector General 10111 Old Placerville Road, Suite 110 Sacramento, CA 95827; (800-700-5952)

The Sexual Abuse/Assault Prevention and Intervention-Know Your Rights and Responsibilities brochure, and the Youth Rights Handbook, provide the address and phone number for the OIG. These are given to residents at intake and are readily available on the unit.

There is also a reporting form online https://www.oig.ca.gov/connect/report-misconduct/ where an electronic abuse report/complaint can be filed. This auditor filled out this form to test this system and got an almost immediate response back.

The following is posted on the website for clarity about reporting, confidentiality:

- Information reported to the Office of the Inspector General is confidential
- Identifying information, and personal papers or correspondence from any person reporting information to the Inspector General, shall not be disclosed.
- Names and other information may be released in those cases where the Inspector General determines it is necessary for the interest of justice.

State law provides penalties for those who retaliate against anyone reporting misconduct to the Office of the Inspector General. If you experience retaliation, you may report the incident to the Office of the Inspector General.

Residents are not detained, at DJJ/PGYCC solely for civil immigration purposes and therefore have no requirement pertaining to consular officials or relevant officials of the Department of Homeland Security; however, post a flyer that contains information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security

DJJ/PGYCC is compliant with this PREA standard 115.351b.

115.351c: Compliant

Standard Requirements: *Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.*

Policy/Procedure, Forms, Documentation, and Paperwork Assessment for PREA standard 115.351a confirmed that CDCR/DJJ requires that:

PREA Policy 1445, page 1:

- CDCR maintains a zero-tolerance for sexual violence,
- Staff sexual misconduct, and sexual harassment in its institutions,
- Community correctional facilities, conservation camps, and for all offenders under its jurisdiction. All sexual violence, staff sexual misconduct, and sexual harassment are strictly prohibited.
- This policy applies to all offenders and persons employed by the CDCR, including volunteers and independent contractors assigned to an institution, community correctional facility, conservation camp, or parole.

PREA Policy 1445, page 6, section 3a:

- All staff, including employees, volunteers, and contractors, receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment.
- Initial offender orientation on PREA will be provided to the offender population during the intake process via either written, in-person, or video presentation within 10 days of intake in both English and Spanish.

PREA Policy 1445, page 9, section 7:

- Offenders may report violations of this policy (PREA Policy 1445) to any staff member in writing or verbally, utilizing the Ward Grievance Process, through the sexual assault hotline, or through a third party.

PREA Policy 1445, page 9, section 7:

- All staff is responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment.
- Staff shall ensure the reporting of information is done as soon as possible and in a confidential manner.
- A DJJ 6.160 Crime Report shall be submitted for each allegation of sexual violence by an offender against another offender.

PREA Policy 1445, page 10, section 9:

- An allegation of staff sexual misconduct or sexual harassment against a departmental employee, contractor, or volunteer by a third party, including other offenders, staff members, family members, attorneys, or outside advocates, on behalf of an offender, be submitted on a DJJ 8.496-Staff Misconduct Complaint form, or in a written complaint to the hiring authority of the area in which the individual is assigned.

PREA Policy 1445, Page 11, section 10:

- Third-Party reports of sexual violence or sexual harassment against an offender shall be forwarded to a custody

supervisor in writing.

The Practice Assessment, of DJJ/PGYCC for 115.351c:

100% of staff interviewed confirmed that they would document any report, including verbal and anonymous reports, in writing and immediately before the end of their shift. The staff at PGYCC are certified Peace Officers and their quick and straightforward response to documenting any sexual abuse, sexual harassment, staff misconduct, or retaliation report was decisive.

Residents interviewed confirmed that they could make a report anonymously through the grievance process, by phone, or by mail. However, they were clear that they would probably tell a staff member they trust.

DJJ and PGYCC are compliant with standard 115.351c.

115.351d:

Standard Requirement: D: *The facility shall provide residents with access to the tools necessary to make a written report.*

Policy/Procedure, Forms, Documentation, and Paperwork Assessment for PREA standard 115.351a confirmed that CDCR/DJJ requires that:

Offenders may report violations of this policy to any staff member, in writing or verbally, utilizing the Ward Grievance Process, through the sexual assault hotline, or through a third party. (PREA Policy 1445 page 9, section 7)

An allegation of staff sexual misconduct or sexual harassment against a departmental employee, contractor, or volunteer by a third party, including other offenders, staff members, family members, attorneys, or outside advocates, on behalf of an offender shall be submitted on a DJJ 8.496 Staff Misconduct Complaint form or in a written complaint to the hiring authority of the area in which the individual is assigned.

The Practice Assessment of DJJ/PGYCC for 115.351d:

100% of the random residents interviewed confirmed that they could make a sexual abuse, sexual harassment, staff misconduct, or retaliation report in writing by using the grievance form or writing a note to a staff they trust. Two of the sixteen residents interviewed said they could use the staff misconduct form.

100% of the staff interviewed confirmed that residents could make a report in writing by using the grievance form, writing a note to a staff person or management.

The site review confirmed that there were grievance forms available on all units and locked grievance boxes for residents to confidentially make those reports.

PGYCC is compliant with standard 115.351d:

115.351 (e)

Standard Requirement: *The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.*

Policy/Procedure, Forms, Documentation, and Paperwork Assessment for PREA standard 115.351a

An allegation of staff sexual misconduct or sexual harassment against a departmental employee, contractor, or volunteer by a third party, including other offenders, staff members, family members, attorneys, or outside advocates, on behalf of an offender shall be submitted on a DJJ 8.496 Staff Misconduct Complaint form or in a written complaint to the hiring authority of the area in which the individual is assigned. (PREA Policy 1445, page 10, section 9)

Any allegation of staff sexual misconduct or sexual harassment believed by staff to constitute an emergency shall be reported immediately to a supervisor. Notification to the OIA, Regional Office, SAC or OIA Administrator on Duty (AOD) shall also be made. In the event of such an emergency, staff shall follow up with the written report within one (1) day of learning the information. (PREA Policy 1445, page 10, section e)

Reporting Poster: Has the reporting information for the OIG. This includes both the phone number and the address.

PREA Pocket Guide: Under the reporting section, it states staff must have a private way to report sexual abuse or sexual harassment of inmates.

The Practice Assessment of DJJ/PGYCC for 115.351e:

Interviews with staff confirmed that:

- They would follow the standard procedure for reporting sexual abuse, sexual harassment, staff conduct, and any retaliation.
- They are certified Peace Officers and maintained that reporting up the chain of command would be the first step they would take if they needed to report such abuse above their normal supervisor.
- 95% percent of the staff interviewed walked me through mandatory reporting, timelines of reporting immediately and before the end of their shift, and why there could be no delay due to safety concerns. The other two staff only differed in the understanding of their additional ability to report to the DJJ Site superintendent or even to the OIG.

DJJ/PGYCC is compliant with standard 115.351e.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.352– Exhaustion of administrative remedies Compliance Determination: Compliant Acronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp • Documentation Reviewed for Compliance: DJJ Youth Grievance Policy Interviews: DJJ PC **115.352** Policy/Procedure, Forms, Documentation, and Paperwork Assessment confirmed that: DJJ/PGYCC does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. The DJJ grievance policy The Practice Assessment of PGYCC confirms that: Interviews confirmed that the grievance form and lockbox can be used to submit a sexual abuse or sexual harassment report; however, that report is immediately removed from the grievance process and processed as an abuse report.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.353- Resident Access to Outside Confidential Support Services and Legal Representation **Compliance Determination:** Compliant with 115.353a-d Acronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp Documentation Reviewed for Compliance: Pre-audit Questionnaire; PREA Policy 1445, page 13, section 14; MOU CDCR/Operation Care; Contract Supplement to the MOU PGYCC/Operation Care; Toll-Free Number-Operation Care 209-223-2600; Operation Care Poster; Attachment 13-Youth Rights, Legal Counsel: Access to Youth Files and Info by Legal Counsel; Confidential Telephone Access to Youth Policy 5775: page 3, section 1; DJJ Youth Telephone Calls Policy 5130, page 6 section 12.1; Youth Telephone Calls Policy 5130, section 5.1; 5.2; 10.2; page 7, section Training: Youth; California Law: EVIDENCE CODE – EVID DIVISION 8.1035.4. ARTICLE 8.5 Interviews: Random Residents; Superintendent; PCM; Random Staff Site Review Observations included: observations and interviews of random staff, residents, The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. **115.353 a1-4, b, and c**: Compliant Standard Requirements: a: *The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.* *b: The facility shall 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.* *c: The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.* **Policy/Procedure, Forms, Documentation, and Paperwork Assessment confirmed that:** PGYCC and Operation Care formed a partnership two years ago and wrote and signed a Memorandum of Understanding (MOU). Operation Care agreed to provide advocate and emotional support services to victims of sexual abuse. PGYCC maintains a copy of this agreement and it is part of this audit documentation. (115.353c) The phone number and address of Operation Care, as well as the hotline phone number, be provided to residents. (Contract Supplement to the MOU between Operation Care and PGYCC) Operation Care Posters, including the toll-free number, address for confidential correspondence and instructions, as well as information about speaking to someone about any incident of sexual abuse are to be posted throughout the facility. (115.353 a4) California Law: EVIDENCE CODE – EVID DIVISION 8.1035.4. ARTICLE 8.5. *Sexual Assault Counselor-Victim Privilege As used in this article, "confidential communication between the sexual assault counselor and the victim" means information transmitted between the victim and the sexual assault counselor in the course of their relationship and in confidence by a means which, so far as the victim is aware, discloses the information to no third persons other than those who are present to further the interests of the victim in the consultation or those to whom disclosures are reasonably necessary for the transmission of the information or an accomplishment of the purposes for which the sexual assault counselor is consulted.*

The term includes all information regarding the facts and circumstances involving the alleged sexual assault and includes all information regarding the victim's prior or subsequent sexual conduct, and opinions regarding the victim's sexual conduct or reputation in sexual matters.

The Practice Assessment, of 115.353 A1-4 and B confirms that:

Operation Care provides Emotional Support Services Related to Sexual Abuse in response to requests from youth victims through one or more of the following methods:

- Non-recorded, confidential, and unmonitored youth telephone calls utilizing the youth telephone system to Operation Care's hotline number,
- Confidential written correspondence to and from Operation Care Victim Advocates. Mail is not opened as long as it has EVID. Code 1035.4 Confidential/Privileged Communication on the outside of the envelope. (115.353 a1 and 4) (MOU between CDCR and Operation Care: Page 3, section 7) (115.353b)
- PGYCC resident phones have a hotline number that goes straight to the Operation Cares hotline number. It is a confidential, unmonitored phone line. The toll-Free number for Operation Care: 209-223-2600
- Operation Care providers can provide in-person crisis counseling, and calls may be facilitated by the chaplain, counselor, or psychologists as resources. (115.353a1)

115.353 a2-3:

PGYCC does not detain residents solely for civil immigration purposes and so does not provide addresses and phone numbers for local, state, or national immigrant services agencies.

Compliance Assessment statement for 115.353 a, b, c:

This standard, 115.353 a, b, c, is for the provision of emotional support services for any incident of sexual abuse a resident has ever experienced. It is a service provided separately from advocate services provided for a current sexual abuse incident. The services are outlined and provided through an MOU between CDCR/DJJ and Operation Care.

This is a confidential service that residents are able to access by phone or mail, without the facility requesting services or sometimes having knowledge of confidential services provided. Residents are informed about accessing these services, confidentially, in the Youth Rights Handbook and by providing the contact information on Posters throughout the facility. (115.353b)

California Law, 8.1035.4, protects this confidential communication between the sexual assault counselor and the victim. (115.353b)

By contracting and maintaining an MOU with Operation Care, providing a dedicated and confidential phone line, mailing address, a confidential way to send correspondence, and ensuring contact information is continually available through posters and the Youth Handbook, DJJ/PGYCC is fully compliant with the standard. 115.353a 1,4, b, and c. (115.353a2-3 is N/A)

115.353d: Compliant

Standard Requirements: *The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.*

Policy/Procedure, Forms, Documentation, and Paperwork Assessment confirmed that CDCR/DJJ/PGYCC requires:

Attorney or Legal Representative:

- All Youth have the right to confidential telephone contact from an authorized party. (Includes legal counsel or authorized representative.) (Confidential Telephone Access to Youth Policy 5775, page 3, section 1)
- All Youth be provided with an opportunity to receive a telephone call from an authorized party in a confidential setting. (Confidential Telephone Access to Youth Policy 5775:1.2)
- All youth be informed that telephone calls may be monitored for the purpose of maintaining security except those calls between a youth and his or her attorney shall not be monitored. (DJJ Youth Telephone Calls Policy 5130: page 6, section 12.1)

Family Access/Visits:

- The California Department of Corrections and Rehabilitation, Division of Juvenile Justice (DJJ) encourages each youth to develop and maintain healthy family and community relationships. A youth's approved visitors are encouraged to visit and participate in the youth's treatment and rehabilitation. (Youth Visiting Policy, page 5, 1.1)

- PGYCC Video Visiting 11/10/20, due to COVID: One visit per weekend to allow all youth to have an opportunity for a visit.
- DJJ Video Visiting instructions: April 6, 2021, Memorandum: Youth in-person Visiting Reopening: Saturday and Sunday visits, in two sessions to allow for cleaning between sessions. Session one 8:30 to 11:30 and two 12:30 to 3:30 pm.

Phone Calls:

- Residents have four call opportunities a month, mandated.
- Youth incentive telephone calls privileges shall be in addition to the four mandated family or extended call opportunities.
- Regardless of a youth's incentive level, by law, all youth are required to receive four mandated telephone opportunities per month. (Youth Telephone Calls Policy 5130 Section 5.1, 5.2)
- The indigent youth/family call will include one free telephone call per month. (Youth Telephone Calls Policy 5130 Section 10.2)
- All youth shall be trained on this DJJ Confidential Telephone Access to Youth policy during Youth Orientation. (Confidential Telephone Access to Youth Policy 5775, Page 5, section Youth)
- All youth shall be trained on this DJJ Youth Telephone calls policy during youth orientation; A youth shall receive notification on implementation of this DJJ Youth Telephone Policy within 30 days of releasing policy. (Youth Telephone Calls Policy 5130 Page 7, section Training: Youth)

Upon intake, residents are to be educated in the mail, phone, and visiting policies of PGYCC. The Youth Rights Handbook is read and reviewed, and very specific guidelines are given in each category. (Youth Rights Handbook: page 23-mail, page 26-phone calls, page 29 visiting).

The Practice and compliance assessments confirm that:

DJJ and PGYCC provide residents with confidential access to attorneys or designated legal representatives with confidential, unmonitored phone calls, mail, and visits. 100% of the sixteen random residents interviewed stated that they were able to have confidential visits, calls, and mail to and from their attorney.

Resident interviews confirmed that they are able to contact their family by phone, mail, and currently by video visits. Due to the ability to earn extra phone calls, residents overwhelmingly felt that they had good access to their family by phone and many of the residents interviewed felt they saw and talked to their family more, due to video visits- than before when some families could not make a site visit very often.

Residents, staff, and the mail policy listed in the Youth Rights Handbook stated that residents were provided two stamps a week; however, also stated that if they wanted to write more than two letters, they were allowed more.

The requirements of DJJ policies, procedures outlined in the Youth Rights Handbook, and training staff and residents received and understood, are consistent with these PREA standards requirements about access to attorneys, parents, or legal guardians, and are ingrained into the practice of this agency and facility.

DJJ/PGYCC is compliant with this standard 115.353d.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.354 – Third Party Reporting **Compliance Determination:** Compliant Acronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp • OIA: Office of Internal Affairs • OIG: Office of the Inspector General Documentation Reviewed for Compliance: PREA Policy 1445, pages 10, section 9, 10 Notifications; SSV-IJ 8.496 Staff Misconduct Complaint Form; PREA Reporting Information PREA Reporting Information - Prison Rape Elimination Act (PREA) (ca.gov); Misconduct or Retaliation Report Link Our Oversight | Office of the Inspector General (ca.gov); DJJ Website (PREA Reporting https://www.cdcr.ca.gov/juvenile-justice/juvenile-justice/prea/reporti ng/; DJJ 8.496 Staff Misconduct Form Interviews: PC Assistant Site Review Observations included: observations and interviews of random staff, residents, The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. 115.354 Policy/Procedure, Forms, Documentation, and Paperwork Assessment confirmed that CDCR/DJJ: • Requires an allegation of staff sexual misconduct or sexual harassment against a departmental employee, contractor, or volunteer, by third party-including other offenders, staff members, family members, attorneys, or outside advocates-on behalf of an offender shall be submitted on a DJJ 8.496 Staff Misconduct Complaint form or in a written complaint to the hiring authority of the area in which the individual is assigned. (PREA Policy 1445, Pages 10, 9. Notifications) • Requires when a third-party files such a complaint, on behalf of an offender, the Superintendent or designee assigns the Locally Designated Investigator (LDI) to complete the initial review. (PREA Policy 1445, Pages 10, 9. Notifications) • Requires when a third-Party report of sexual violence or sexual harassment against an offender shall be forwarded to a custody supervisor in writing. (PREA Policy 1445, Pages 10, 9. Notifications), and • Provides PREA sexual abuse reporting information, on its website, to report to the Office of Internal Affairs or to the Office of the Inspector General https://www.cdcr.ca.gov/juvenile-justice/division-of-juvenile-justice-djj/prea/reporting/ **The Practice and Compliance Assessments** CDCR and DJJ provide multiple methods to receive third-party reports of resident sexual abuse or sexual harassment and publicly distribute the information on how to report. These include: • Providing information on the DJJ website-with a facility finder map, and contact information on how to report to the OIA or the OIG • Providing a Staff Misconduct Complaint form and/or instructions to file a written complaint to the Hiring Authority in the area where the staff is assigned, and • A reporting link on the CDCR website to report to the OIA and/or the OIG. In addition to providing the third-party reporting forms, the CDCR also provides an information sheet about the responsibilities of the employee, hiring authority, OIA, OIG, and the Hiring Authority's responsibility after receiving a report. https://www.cdcr.ca.gov/oia/report-misconduct/. This provides additional clarification for reporting parties about what occurs after they file a report. The CDCR and its Division of Juvenile Justice are compliant with standard 115.354, as this is an agency requirement.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.361 Staff and Agency Reporting Duties **Compliance Determination**: Compliant Acronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp • LDI: Locally Designated Investigator • OIA: Office of Internal Affairs • OIG: Office of the Inspector General Documentation Reviewed for Compliance: PREA Policy 1445, page 19; First Responder Half Sheet; PREA Resource Guide Flip Book; PREA Policy 1445, page 21, section 25; Pre-Audit Questionnaire; PREA Policy, section 8; CDCR Policy 1435, Reporting Suspected Child Abuse or Neglect, chapter 1; PREA policy 1445, page 9, section 7c: PREA Policy 1445, page 12, section 13; CDCR Policy 6259: Treatment and confidentiality; California Penal Code 11167 Child Abuse and Neglect Reporting Act; 115.331 Employee training; 115.333 Resident education. Interviews: Random Staff; Medical and Mental Health Staff; PCM; Superintendent Site Review Observations included: observations and interviews of random staff, residents, The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. **115.361 a, b:** Standard Requirements: a. *The agency shall require 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.* *b. The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.* **Policy/Procedure, Forms, Documentation, and Paperwork Assessment:** PREA Policy 1445, CDCR/DJJ requires that: • All staff report immediately and confidentially, to the appropriate supervisor, any information that indicates an offender is being or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. (Page 9, a) • The staff ensures the reporting of information is done as soon as possible and confidentially. A DJJ 6.160 Crime Report shall be submitted for each allegation of sexual violence by an offender against another offender. (Page 9, b) • If the staff member who receives the report is non-custody, he/she shall immediately notify his/her supervisor and the Watch Commander. (Page 9, d. i) • Each employee who observes the incident or is provided a report by the victim must complete the required reports. (Page 9, d. ii) • Any employee receiving notice of alleged staff sexual misconduct via a completed ward grievance, or any other form of communication shall immediately notify the superintendent or highest-ranking official on duty. (Page 10, section 8) • An allegation of staff sexual misconduct or sexual harassment against a departmental employee, contractor, or volunteer by a third party, including other offenders, staff members, family members, attorneys, or outside advocates, on behalf of an offender shall be submitted on a DJJ 8.496 Staff Misconduct Complaint form or in a written complaint to the hiring authority of the area in which the individual is assigned. (Page 10, section 9) • Third-Party reports of sexual violence or sexual harassment against an offender shall be forwarded to a custody supervisor in writing. (Page 11, section 10). The custody supervisor shall forward the written third-party report of the allegation to the Superintendent. (Page 11, section 10) • Upon receiving an allegation that an offender was the victim of sexual violence or staff sexual misconduct while confined at another facility, the hiring authority at the facility where the allegation was received shall notify the hiring

authority of the facility or appropriate office of the agency where the alleged sexual violence or staff sexual misconduct occurred and the appropriate investigative agency (page 11, section 11)
- Any employee receiving notice of alleged staff sexual misconduct via a completed ward grievance, or any other form of communication shall immediately notify the superintendent or highest-ranking official on duty. (Section 8)
- Complaints determined to involve offenders from other agencies or institutions shall be forwarded to the proper hiring authority through the chain of command for appropriate response. Any allegation believed by staff to constitute an emergency shall be reported immediately to a supervisor. (Page 11)
- All DJJ staff members shall report any known indication of retaliation against a youth or staff member that reported sexual abuse/misconduct or cooperated in an investigation of such an incident. (Page 21, section 25)

PREA Resource Guide, CDCR/DJJ requires that:

- Staff immediately report knowledge, suspicion, or information of sexual abuse or sexual harassment.

CDCR Institutions and Camps Manual, Policy 1435, Reporting suspected Child Abuse or Neglect, CDCR/DJJ require that:

- Any employee or contractor of the Division of Juvenile Justice (DJJ) who reasonably suspects or knows that a child has been abused, injured, or neglected, has a duty to report to a child protective agency such child abuse or neglect, as required by Section t166 of the California Penal Code. (Chapter 1)
- The mandated reporter shall make an oral and written report along with notification to the facility Superintendent. The facility Superintendent shall keep a record of all discretionary and mandated reports and forward a quarterly summary to the Deputy Director of Facility Operations and Programs Branch and the Associate Director of Mental Health Services. (Chapter 1). (115.361b)
- Reports by youth in the custody of DJJ of suspected child abuse or neglect shall be made by mandated reporters using form SS-8572, California Department of Justice. Procedures for reporting the abuse are outlined on the form. (115.361b)
- Any employee or contractor of the Division of Juvenile Justice (DJJ) who reasonably suspects or knows that a child has been abused, injured, or neglected, has a duty to report to a child protective agency such child abuse or neglect, as required by Section t166 of the California Penal Code
- If a youth reports child abuse that occurred prior to placement in the DJJ, this must also be reported if the youth is currently under the age of eighteen.
- The initial report shall be made immediately to the employee's supervisor and the Superintendent or Executive Officer, and the child protective agency. It shall be followed up within 36 hours by a written report to the child protective agency (Form SS-8572). The law provides for a misdemeanor penalty if an employee fails to report incidents of child abuse when he/she knows or reasonably suspects these incidents have occurred.
- A report is to be made to the child protective agency on form SS-8572.

The Practice Assessment confirms that:

All PGYCC staff reiterated that they have never received a report of sexual abuse, sexual harassment, staff misconduct, or retaliation in regard to a sexual abuse/harassment incident. Staff were able to recount the steps they would take, as per their training at the Corrections Academy and through employee training and yearly block (refresher) training. All line staff are certified Corrections Officers.

100% of staff interviewed demonstrated their training, knowledge and understanding of their responsibilities in regard to reporting immediately any suspicion, knowledge, or information they receive regarding sexual abuse, sexual harassment, staff misconduct, or retaliation.

Staff reported that any report would be documented and reported immediately or at the latest by the end of their shift. This reporting is put in written format, reported directly to their supervisor, and then the child protective agency (Form SS-8572 – if the resident is under 18).

100% of staff reiterated that they are mandated reporters and explained they have to report any child abuse, at work or outside of work. In addition, were able to describe the reporting required to be made including reports of sexual abuse, sexual harassment, staff misconduct, and retaliation against the victim, the reporter, or any other staff or resident who cooperated in the investigation. Staff were all aware of the penalties for not reporting this abuse and were clear that they understood it would mean the loss of their corrections officer status, job, and possibly criminal penalties. (115.361b)

Management Interviews confirmed that any reports of sexual abuse, sexual harassment, staff misconduct, or retaliation are kept by the Facility Superintendent and forwarded in a quarterly summary to the Deputy Director of Facility Operations and Programs Branch, and the Associate Director of Mental Health Services.

Compliance Assessment statement for 115.361:

The training reviewed in standard 115.331 confirmed the clear reporting requirements required of all staff.

DJJ policy and CDCR manuals and policy clearly stated the expectations that all staff would report any sexual abuse, sexual harassment, staff misconduct, or retaliation immediately, regardless of it happening in or outside of the facility.

DJJ and PGYCC Practice included awareness and understanding of both training and policy regarding reporting sexual abuse, sexual harassment, staff misconduct, and retaliation; and action necessary to ensure the required reports would be made immediately. Also, 100% of staff and management clearly understood their status as mandatory reporters and the requirements and penalties for not reporting. (Interviews)

In addition, safeguards are built into the review of this practice by requiring these reports to be kept by the Facility Superintendent and sent for review quarterly to the Deputy Director of Facility Operations and Programs Branch, and the Associate Director of Mental Health Services.

DJJ and PGYCC are compliant with this standard, 115.361a.

115.361 (c)

Standard Requirement: *Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be 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. Policy/Procedure, Forms, Documentation, and Paperwork Assessment:*

Policy/Procedure, Forms, Documentation, and Paperwork Assessment confirms that:

All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. (PREA Policy 1445, page 9, section CDCR a)

Staff shall ensure the reporting of information is completed as soon as possible and confidentially. (PREA Policy 1445, page 9, section CDCR c)

Disclosure of, or access to, information not authorized by this policy shall be subject to measures that include but are not limited to, employee progressive discipline. Unauthorized disclosure of medical information may result in reporting to professional licensing boards and any other remedies available to the law that may include action by the youth. (CDCR Institutions and Camps Manual, Policy 6259, page 2, section 4)

The treatment team shall identify information about the youth that may be disclosed to DJJ staff including peace officers and other law enforcement officials or persons having lawful custody of the youth when the confidential information is necessary for:

- The provision of health care to the individual.
- The health and safety of the individual or other youths.
- The health and safety of the officers, employees, or others at the correctional institution.
- The health and safety of such individuals and officers or other persons responsible for the transporting of youth or their transfer from one institution, facility, or setting to another.
- Law enforcement on the premises of the DJJ facility; and
- The administration and maintenance of the safety, security, and good order of the facility/correctional institution.

When disclosing information to peace officers and other law enforcement officials, only the minimum necessary information should be disclosed to achieve the purpose of the disclosure. (CALIFORNIA DJJ Institutions and Camps Manual, Policy 6259, Page 2, section 1)

PREA Training review, standard 115.331, shows significant training, both in the Corrections Academy and DJJ employee training. Training Logs confirm staff training and yearly refreshers.

The Practice Assessment of PGYCC confirms that:

The line staff at PGYCC are certified Corrections Officers. The training they attended at the Corrections Academy, as well as DJJ employee training (see standard 115.331) included significant training on confidentiality. Interviews with staff confirmed they would only disclose information related to a sexual abuse report on an as-needed basis within the parameters of treatment, investigation, and the safety and security of the facility. Staff confirmed that disclosure of information that did not meet the stated parameters would result in discipline, and possible loss of certification, employment, and being reported to the Corrections licensing board.

Staff reported they have not received a report of sexual abuse at PGYCC. The staff fully understood the reporting and

confidentiality of such reporting and the consequences of breaking that confidentiality.

Compliance Assessment statement for 115.361:

DJJ and PGYCC are compliant with standard 115.361c.

Policies are compliant, including PREA Policy 1445 and CDCR Policy 6259, with ensuring the confidentiality of any information relating to a sexual abuse report.

Training and training logs document staff training and understanding, including reporting and confidentiality, and documentation is in staff files.

Interviews confirmed understanding of policy, training, and practice required to maintain the confidentiality of all information related to a sexual abuse report.

115.361d:

Standard Requirement:

(1) *Medical and mental health practitioners shall be 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.*

(2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

Policy/Procedure, Forms, Documentation, and Paperwork Assessment confirms that:

Any staff member who receives information about acts of child or dependent adult/elder abuse or neglect (see definitions in the policy document) is required to report it. The mandated reporter shall make an oral and written report along with notification to the facility Superintendent. (CDCR Policy 6259)

Any employee or contractor of the Division of Juvenile Justice (DJJ) who reasonably suspects or knows that a child has been abused, injured, or neglected, has a duty to report to a child protective agency such child abuse or neglect, as required by Section 11166 of the California Penal Code. If a youth reports child abuse that occurred prior to placement in the DJJ, this must also be reported if the youth is currently under the age of eighteen. (DJJ Policy 1435, Reporting Suspected Child Abuse)

Reports by youth in the custody of DJJ of suspected child abuse or neglect are made by mandated reporters using form SS 8572, California Department of Justice. Procedures for reporting the abuse are outlined on the form. (CDCR Policy 6259)

The California Penal Code designates medical and mental health professionals as mandatory reporters and requires them to report suspected child abuse or neglect to any police department or sheriff's Department. (CPC 11164-11174.3)

The mandated reporter shall make an initial report by telephone to the agency immediately or as soon as is practicably possible, and shall prepare and send, fax, or electronically transmit a written follow-up report within 36 hours of receiving the information concerning the incident. (CPC 11166)

It is the duty of mental health and medical providers to report sexual abuse and to tell the resident the limitations of confidentiality when talking to them. Facility and agency management must be told about incidents of sexual abuse so they can respond properly. So, while residents should never be discouraged from reporting abuse, they must understand that correctional medical and mental health staff cannot ensure complete confidentiality. (PREA Quick Guide, Flip Book)

The Practice Assessment confirms that:

Medical and Mental Health staff are trained in the initial employee training or contractors training to understand their responsibilities as a mandated reporter and their requirement to report sexual abuse, as well as an understanding of the California Penal Code, 11164-11174.3, that requires them to report.

100% of Medical and Mental Health staff confirmed, in interviews, their understanding of their responsibilities as mandatory reporters and the requirement to report any incident of sexual abuse. In addition, all interviewed confirmed that they have a duty to report to the facility and ensure a written report is transmitted to the child protective agency.

100% of Medical and Mental Health staff clearly understood and articulated that if they do not report, they will be reported to their licensing board, and could lose their license and career.

100% of Medical and Mental Health staff confirmed that they inform residents that anything they say or tell them will be confidential, except for reports of abuse or harm to themselves or others.

Compliance Assessment statement for 115.361d:

The DJJ and PGYCC are compliant with standard 115.361d.

PREA Policy 1445 and 1435, CDCR Policy 6259, and California Penal Code 11164-11174.3 designate medical and mental health staff as mandatory reporters and require them to report all incidents of sexual abuse. This includes a written report to the designated law enforcement agency.

Training is provided to mental health and medical staff during the DJJ employee training or contractor training/information. This training includes their responsibility to report child abuse, including sexual abuse.

All employees are given a PREA Guide/Flip Book that lists all the standards and provides a quick reference to each standard.

Interviews with medical and mental health staff confirmed their training, understanding, and ability to practice the requirements of this standard-including reporting sexual abuse and informing residents of their duty to report any incidents of abuse, or harm to self or others, that the residents report to them.

Although there have been zero allegations of sexual abuse at PGYCC, a review of policy requirements, training, documentation, and interviews confirm compliance with this standard and the understanding and ability of the staff to perform the duties required of them.

115.361e:

Standard Requirements:

(1) *Upon receiving an allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office 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.*

(2) 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.

(3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representatives of record within 14 days of receiving the allegation.

Policy/Procedure, Forms, Documentation, and Paperwork Assessment confirms that:

All staff is responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. (PREA Policy 1445, page 9, section CDCR a)

Any employee or contractor of the Division of Juvenile Justice (DJJ) who reasonably suspects or knows that a child has been abused, injured, or neglected, has a duty to report to a child protective agency such child abuse or neglect, as required by Section 11166 of the California Penal Code. If a youth reports child abuse that occurred prior to placement in the DJJ, this must also be reported if the youth is currently under the age of eighteen. (DJJ Policy 1435, Reporting Suspected Child Abuse)

Upon receiving an allegation of sexual abuse, the Superintendent or designee promptly reports the allegation to the alleged victim’s parents or legal guardians except when any of the following apply:

The facility has official documentation showing the parents or legal guardians should not be notified.

The alleged victim is under the guardianship of the child welfare system, in which case the report shall be made to the alleged victim’s caseworker instead of the parents or legal guardians; or

The alleged victim is 18 years of age or older, in which case the youth’s parents or legal guardians can only be notified with the alleged victim’s consent. The Superintendent or designee shall also report the allegation to the alleged victim’s juvenile attorney or other legal representatives of record within 14 days of receiving the allegation. (PREA Policy 1445, page 9, section 7: c)

The Practice Assessment confirms that:

Interviews confirmed that upon receipt of a sexual abuse report, the following notifications would be made:

The parents/guardians are notified-this is different only if the facility has documentation that they should not be notified or if child welfare has custody. In that case, the resident’s caseworker is notified.

The resident's attorney or other legal representative is also notified.

If the victim is eighteen or older and does not give permission, then there is no notification to the resident's parents. (Superintendents and PCM Interview)

There is no documentation of such reports being made as there have been zero allegations of sexual abuse at PGYCC. However, interviews confirmed knowledge and understanding of the policies requirements, and practices necessary to be compliant with this standard.

The DJJ and PGYCC are compliant with standard 115.361d.

DJJ PREA Policy 1445 and 1435 contain the required language for compliance with this standard. It includes the requirements to report all sexual abuse, in addition, to reporting it to the California Division of Social Services within 36 hours, and to report it to the residents' parents/guardians, child welfare worker, and the resident's attorney.

The California Penal Code 11166 contains the legal requirement to report all child abuse and includes corrections workers.

The management staff involved in making reports to parents, child welfare, and the resident's attorney, understand the requirement and documentation required to be compliant in practice.

115.361f:

Standard Requirements: *The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.*

Policy/Procedure, Forms, Documentation, and Paperwork Assessment confirms that:

If the victim alleges staff sexual misconduct, the Superintendent or designee will:

Be immediately notified via the Watch Commander.

Assign the LDI to conduct inquiry work until sufficient information is obtained to warrant an OIA investigation or the information collected refutes the allegations (as determined by the Superintendent). section 11

Assign the Locally Designated Investigator (LDI) to complete the initial review when a third-party files such a complaint on behalf of an offender.

Assign the LDI to complete the initial review, when the custody supervisor forwards the written third-party report of the allegation to the Superintendent. (PREA Policy 1445, page 12, section 13)

The DJJ 8.135 Sexual Assault Interview Guidelines are for the use of LDI's during their investigation.

The Practice Assessment:

Interviews Confirmed:

As soon as any allegation of sexual abuse or sexual harassment is received by PGYCC, the offender's sexual misconduct is reviewed by the Local Designated Investigator (LDI). The LDI thoroughly documents all information gathered in a confidential memorandum and delivers it to the Superintendent. The investigation is then referred to the Attorney General and the OIA-if the allegation is criminal staff sexual misconduct or sexual harassment; or if the allegation is resident-on-resident criminal sexual abuse or sexual harassment, to local law enforcement.

Allegations believed to include residents from other agencies or institutions are forwarded to the proper hiring authority through the chain of command and relevant investigative agency-initially by telephone and followed up within 72 hours electronically.

Allegations received from another facility, that purportedly occurred at PGYCC, are documented and referred to the LDI for investigation. If determined criminal, they are referred to law enforcement or the OIA.

Allegations from third parties or anonymous allegations are all referred to the LDI for review and investigation.

All allegations are tracked in the PREA Allegation Logs—accessible only by the PCM and the headquarters PREA Coordinator and analyst.

LDI's use the DJJ 8.135 Sexual Assault Interview Guidelines when conducting a sexual abuse or sexual harassment review and/or investigation to ensure all appropriate questions are asked and required information and assessments completed.

The DJJ and PGYCC are compliant with this standard.115.361

	The DJJ Policy 1445 contains the required language to ensure all allegations of sexual abuse and sexual harassment are referred to the facility's designated investigators (LDI's). Local Designated Investigators are certified Corrections Officers who have received investigation training through the Corrections Academy and additional LDI training. Interviews confirmed the knowledge and understanding of the practice involved in referring allegations to an LDI for review and/or investigations. Although there have been zero allegations of sexual abuse at PGYCC, interviews, reviews, and observations made during this audit confirmed that the relevant staff has the knowledge, understanding, and the ability to practice the requirements of this standard.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.362 Agency Protection Duties Compliance Determination: Compliant Anacronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp **Documentation Reviewed for Compliance**: Pre-Audit Questionnaire; PREA policy 1445, page 11, section 10, PREA Rule 115.362; PREA Policy 1445. **Interviews:** Superintendent, Random Staff, Residents **Site Review Observations**: included: observations and interviews of random staff, residents, The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. 115.362 115.362 (a) *When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.* *This standard does not require a policy; however, the PREA Rule states, "The Department has added this standard, which did not appear in the proposed rule, in order to make explicit what was implicit in the proposed rule: That an agency must act immediately to protect an inmate whenever it learns that he or she faces a substantial risk of imminent sexual abuse.* **Policy/Procedure, Forms, Documentation, and Paperwork Assessment** confirmed that the DJJ **requires:** The California Department of Corrections and Rehabilitation (CDCR) is committed to providing a safe, humane, secure environment, free from offender-on-offender sexual violence, staff sexual misconduct, and sexual harassment. This will be accomplished by maintaining a program to address education/prevention, detection, response, investigation, and tracking of these behaviors and to address successful community reentry of the offender. CDCR shall maintain a zero-tolerance for sexual violence, staff sexual misconduct, and sexual harassment in its institutions, community correctional facilities, conservation camps, and for all offenders under its jurisdiction. All sexual violence, staff sexual misconduct, and sexual harassment are strictly prohibited. This policy applies to all offenders and persons employed by the CDCR, including volunteers and independent contractors assigned to an institution, community correctional facility, conservation camp, or parole. (PREA Policy 1445, page 3-4) A custody supervisor assigned to each facility or unit on every shift shall conduct unannounced security checks to identify and deter sexual violence, staff sexual misconduct, and sexual harassment of any kind. DJJ staff shall be prohibited from notifying other staff that the custody supervisor is making his/her rounds. These security checks shall be documented in the Unit Log in red pen. The Unit Log shall indicate the date, time, and location the security check was conducted. (PREA Policy 1445, page 8, section 4, Security Rounds) Offenders at high risk for sexual victimization, as identified on the DJJ Form 8.138 PREA Screening Tool, shall be evaluated for the potential need for special housing consideration (e.g., excluded from dormitory placement) on a case-by-case basis. (PREA Policy 1445, page 8, section 6) Offenders may report violations of this policy to any staff member in writing or verbally, utilizing the Ward Grievance Process, through the sexual assault hotline, or through a third party. PREA Policy 1445, page 9, section 7) All staff is responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. (PREA Policy 1445, page 9, section CDCR)

Per DJJ's Mental Health Services Treatment Guide (I&C Manual 6250.1), any staff member can refer a youth to mental health clinicians.

If a staff member has a significant concern that an offender may be subject to sexual victimization, he/she should immediately submit a mental health referral. This referral will be completed using the Mental Health Referral in the Ward Information Network (WIN).

The Senior Psychologist will screen the referral and assign it a priority as emergent, urgent, or routine. Once assigned to a clinician, the youth will be seen based on timeframes in the Mental Health Services Treatment Guide. (PREA Policy 1445, page 10, section g)

Any employee receiving notice of alleged staff sexual misconduct via a completed ward grievance, or any other form of communication shall immediately notify the superintendent or highest-ranking official on duty. (PREA Policy 1445, page 10, section 8)

Any victim who requests mental health services related to reported sexual violence/ staff sexual misconduct shall be provided services as deemed appropriate (i.e., individual and/or group therapy, referral to a psychiatrist for medication evaluation, etc.). (PREA Policy 1445, page 18, section 18)

All sexual violence allegations including sexual assaults attempted sexual assaults, and sexual battery committed by offenders, as well as allegations of sexual harassment committed by offenders shall be initially investigated by the LDI. (PREA Policy 1445, page 19, section Offender-on-Offender, a)

The Practice Assessment, of PGYCC, confirms that:

CDCR/DJJ and PGYCC practice many preventative measures to ensure residents are not subject to a substantial risk of imminent sexual abuse.

These include:

- Education/training for all staff and residents and ensuring an understanding of sexual abuse and sexual harassment and the multiple reporting sources available.
- Additional preventative actions include unannounced rounds that are conducted daily to identify and deter sexual harassment and abuse in any form.
- investigation of any allegation of sexual abuse or sexual harassment; mental health services; reporting any sexual misconduct on the Staff Misconduct Form,
- Ensuring grievance forms are available for residents to report any sexual behavior or concerns, and
- The ability for staff to submit a mental health referral if they have a concern about sexual victimization; and the risk screening tool that is completed upon intake and if there is any change or concern.

Interviews confirm that the training and preventative actions conducted on an ongoing basis make staff more aware of actions or behaviors that residents may exhibit when threatened with imminent sexual abuse. In addition, the sight and sound supervision practiced at PGYCC enhances staff's ability to recognize behaviors that may lead to the risk of sexual abuse. Together, these actions increase the ability of staff to take immediate action to protect residents who may be at substantial risk of sexual abuse. Staff overwhelmingly concurred that they would act immediately if they felt any resident was at imminent risk of sexual abuse.

Compliance Assessment statement for 115.362

DJJ and PGYCC are compliant with standard 115.362.

The combination of agency requirements for preventative education, actions, and reporting; as well as the practice and documentation of those actions, ensure that both staff and residents are aware and watchful for any sexually abusive actions that may lead to the threat of imminent sexual abuse.

In addition, interviews confirmed that staff would take immediate action when a resident is in, or they suspect they may be at imminent risk of sexual abuse.

PGYCC has had zero allegations of sexual abuse or reports that would lead staff to conclude that they needed to act to prevent imminent sexual abuse; however, the policies, requirements, actions, training, and interviews with staff confirm that they would act quickly to prevent and stop such abuse from occurring or continuing.

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.363 Reporting to other confinement facilities **Compliance Determination:** Compliant Anacronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp • PCM PREA Compliance Manager Documentation Reviewed for Compliance: PREA Policy 1445, page 11, section 10; Pre-Audit Questionnaire. Interviews: Superintendent, PC Site Review Observations: included: observations and interviews of random staff, residents, The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. **115.363 a, b, c, d:** (a) *Standard Requirement: Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility 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) Standard Requirement: Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.* *(c) Standard Requirement: The agency shall document that it has provided such notification.* *(d) Standard Requirement: The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.* **Policy/Procedure, Forms, Documentation, and Paperwork Assessment confirmed that CDCR/DJJ requires:** PREA policy 1445 page 11, section 11: Notification to other facilities: • Upon receiving an allegation that an offender was the victim of sexual violence or staff sexual misconduct while confined at another facility, the hiring authority at the facility where the allegation was received shall notify the hiring authority of the facility or appropriate office of the agency where the alleged sexual violence or staff sexual misconduct occurred and the appropriate investigative agency. (PREA policy 1445 page 11, section 11: Notification to other facilities) (115.363a) • This initial notification shall be made via telephone contact or electronic mail and will be followed up with a written summary of the alleged victim's statements. (115.363c) • Such initial notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. (115363b) • When the facility where the alleged sexual violence or staff sexual misconduct occurred is a DJJ facility, the Superintendent at that facility shall ensure that the allegation is investigated and reported in accordance with Sections 20 through 22 of this policy. Upon completion, a closure report shall be returned to the facility where the alleged incident was reported. (115.363d) **The Practice Assessment, of DJJ/PGYCC:** Interviews Confirm: When a DJJ facility receives a report that a resident was sexually abused while at another DJJ facility, the hiring authority, of the receiving facility, is immediately notified. Immediately, or within 72 hours, the notified hiring authority notifies the hiring authority or appropriate office of the agency where the alleged sexual violence or staff sexual misconduct occurred.

	In addition, notification is made to the investigation agency for the receiving facility. This notification is made by phone or electronically, and shortly followed up with a written summary. Upon competition of the investigation of this incident, the DJJ facility, where the alleged abuse occurred, sends a closure report to the receiving facility. If the facility is not a DJJ facility, the same process is followed; however, the DJJ hiring authority notifies the receiving facility and the appropriate investigative agency. The PCM would retain the confidential memos and track all allegations on the PREA Allegation Logs. **Compliance Assessment statement for 115.363** DJJ and PGYCC are compliant with standard 115.363. PGYCC reports there have been zero reports, received from other facilities, that a current resident was sexually abused while at the reporting facility; however, a review of policies, procedures, and interviews, confirms the practice outlined in policy would be followed. Interviews confirmed a clear understanding of the requirements of this standard to immediately report to the facility where the alleged sexual abuse occurred, as well as to the appropriate investigative agency, and document such contact. Documentation in place includes the PREA Allegation Log to document/track all allegations. In addition, a process is in place that ensures the PCM would retain the confidential memos between facilities/agencies and track such investigations/reports on the PREA Allegation Log. Compliant with standard 115.363

115.364	Staff first responder duties
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	115. 364-Staff First Responder Duties **Compliance Determination: Not compliant with a5.** Anacronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp Documentation Reviewed for Compliance: PREA Resource Pocket Guide; PREA Policy 1445, page 8-9.12 Detection; PREA Policy 1445, page 11.12: Response: Section 11; PREA Checklist; PREA Transportation List; PREA First Responder Guide; PREA Policy 1445, page 13.13 Crime Scene; PREA Policy 1445, page 12; Pre-Audit Questionnaire Interviews: Random Staff, PCM, PC, Site Review Observations: included: observations and interviews of random staff, residents, The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. **115.364 a. b:** Standard Requirements: (*a) Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.* *(b) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.* **Policy/Procedure, Forms, Documentation, and Paperwork Assessment:** PREA Policy 1445, page 12, section 12 requires: • Upon the initial contact between an alleged victim and an employee, that employee will take the alleged victim to a private secure location. The Initial PREA Contact Guide will be posted in the vicinity of the YCC station on each living unit to remind staff of steps that should be taken in the initial contact with the alleged victim. • For the purposes of protecting evidence, the employee shall make every effort to encourage the victim to avoid: Showering; Removing clothing without medical supervision; Using the restroom facilities, and consuming any liquids. PREA Policy 1445, page 12-13, section 13: Custody Supervisor Responsibilities requires: • The custody supervisor shall ensure the crime scene has been secured. Outside Law Enforcement staff will process the crime scene, collect evidence, and secure evidence, including the rape kit examination. They will also be responsible to photograph/videotaping the crime scene and evidence collected, making a diagram of the crime scene, and collecting/packaging all evidence. • Evidence: Care must be taken to ensure that any potential evidence is identified, preserved, and collected. Examples of evidence include but are not limited to: Any clothing worn by the victim and suspect; Hair or clothing fibers; Dried or moist secretions; Semen, blood, or saliva stains; Stained articles of clothing, blankets, or other foreign materials on the body of the victim or suspect; Fingernail scrapings; and any other trace evidence. • Training as per standard 115.331 in being a first responder. **Not compliant: 115.364 a5:**

The CDCR/DJJ policy 1445 does not require the staff 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.

The Practice Assessment, of PGYCC, confirms that:

PGYCC has not had any allegations of sexual abuse and there were no documents to review on specific incidents and actions.

100% of the random staff interviewed were able to walk through the process they would take if there was an incident of sexual abuse. This included separating the alleged victim and perpetrator; preserving the crime scene, requesting the alleged victim and perpetrator not take any actions that would destroy evidence (showering, changing, brushing teeth, using the restroom, and eating or drinking).

All staff at PGYCC are trained first responders and security staff. All line staff is certified Correctional Peace Officers. (115.364b)

Staff referred to a pocket guide they had, PREA Quick Series Flip Book, and the First Responder PREA Contact Guide, as well as the PREA Checklist, that ensured all the steps, required to preserve the scene and evidence, were completed.

Interim Report Compliance Assessment statement for 115.364 a, b: Not compliant with A5:

The DJJ has a PREA Policy 1445 that is compliant with 115.364 a1-4, as well as the staff who have received training on their role as first responders. 100% of staff interviewed were able to clearly demonstrate their knowledge and understanding of their first responder duties. All staff at PGYCC are security staff and respond as so.

Additional guides provided to staff included the PREA Quick Series Guide to the Standards, the PREA Checklist, and the First Responders Contact Guide, to assure all required steps are taken and documented.

Although this standard does not require a policy, if there is a policy in place, this auditor must review it for compliance.

The DJJ PREA 1445 policy does not include a policy to comply with this standards requirement that: 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.

The above requirement is already in training and practice, according to interviews and documents reviewed, and only needs to match practice in the policy.

During Corrective Action: 115.364a5: Not compliant

The PREA policy was edited to include: 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; however, the policy is still in draft form at the end of corrective action.

There is no training component required in this corrective action, as it is already in training and practice.

115.365	Coordinated response
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

115. 365-Coordinated Response

Compliance Determination: Exceeds Compliance after corrective action

Anacronyms used in this standard report:

- CDCR: California Department of Corrections and Rehabilitation
- DJJ: Division of Juvenile Justice
- PGYCC: Pine Grove Youth Conservation Camp

Documentation Reviewed for Compliance: PGYCC PREA Coordinated Response Plan; Pre-audit Questionnaire; PREA Checklist; PREA Quick Series Flip Book; First Responder PREA Contact Guide; PREA First Responders, read and sign the document.

Reviewed during corrective action: New Coordinated Response Plan, PREA refresher training; Employee signature of attendance and test for understanding.

Interviews: Superintendent; PC, PCM, Random Staff

Site Review Observations: included: observations and interviews of random staff, residents, The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations.

115.365 a:

Standard Requirements:

(a) *The facility 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.*

For the Interim Report: Policy/Procedure, Forms, Documentation, and Paperwork Assessment:

PGYCC has developed and implemented a Coordinated Response Plan to coordinate actions in response to any sexual abuse incident. It includes actions required for first responders, the Custody Supervisor, the Camp Executive Officer; the PREA Compliance Manager (PCM); the SANE; and the SART Nurse; however, it does not cover all coordinated actions needed in response to an incident of sexual abuse-from initiation to follow-up services, nor is it an ordered plan that designates each role and responsibility in the coordination of the plan.

The standard requirement is that the written institutional plan to coordinate actions includes actions of first responders, medical, mental health, investigators, and facility leadership.

The current plan has procedures to follow when a resident alleges sexual victimization by another youth or staff member; however, does not cover all aspects of the coordination actions necessary among staff first responders, medical, mental health practitioners, investigators, and facility leadership in a systematic and orderly way.

In addition, there are pieces of the First responders read and sign the document, the PREA Checklist, and the Watch Commanders and PREA Notification Checklist that should be included in the Coordinated Response Plan for continuity and reference to the forms required to be used.

During Corrective Action and the final report:

PGYCC developed a written plan requiring coordination of all initial responders, so that their interventions following an incident of sexual abuse are organized, timely, and deliberately and systematically focused on the needs of the victim.

This plan documents the practice of PGYCC and ensures that every person in the facility who has the responsibility for responding to an incident of sexual abuse, including first responders, medical and mental health providers, investigators, and facility leadership, understands precisely what their roles are and how their roles interact with others so that the facility achieves an effective, coordinated response to every incident of sexual abuse.

In addition, it enables staff to protect the safety and security of the victim as well as of the facility, while ensuring that preservation of physical evidence, perpetrators are identified and secured, and the timely investigation of the incident.

Staff completed training on the Coordinated Response Plan These actions were in practice at PGYCC; however, the training was a refresher and reminder on specific roles and duties required.

PGYCC exceeds compliance with standard 115.365 after corrective action.

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115. 366- Preservation of ability to protect residents from contact with abusers Compliance Determination: Compliant Anacronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp Documentation Reviewed for Compliance: Interviews: Site Review Observations: included: observations and interviews of random staff, residents, The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. **115.366a, b** Standard Requirements: (a) *Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency'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.* *(b) Nothing in this standard 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 §§ 115.372 and 115.376; 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.* **Policy/Procedure, Forms, Documentation, and Paperwork Assessment confirmed that CDCR/DJJ requires:** A review of the agreement between the State of California and the California Correctional Peace Officers Association concludes that the state maintains its ability to protect residents from abusers. DJJ is compliant with this standard 115.366

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115. 367 -Agency Protection Against Abusers **Compliance Determination:** Compliant Anacronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp • PCM: PREA Compliance Manager Documentation Reviewed for Compliance: PREA Policy 1445, page 21, section 25; DJJ 8.133 Protection Against Retaliation (staff) Form; DJJ 8.134 Protection Against Retaliation (Youth) Form; Operation Care Posters; MOU-Operation Care; Pre-Audit Questionnaire; PREA Policy 1445, page 21.25 F. Interviews: Superintendent; PCM Site Review Observations: included: observations and interviews of random staff, residents, The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. **115.367a, b, c, d, e, f:** Standard Requirements: (a)*The agency shall establish 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 and shall designate which staff members or departments are charged with monitoring retaliation.* *(b) The agency 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 who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.* (c) *For at least 90 days following a report of sexual abuse, the agency 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. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.* (*d) In the case of residents, such monitoring shall also include periodic status checks.* *(e)"ƒIf any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.* *(f) An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.* **Policy/Procedure, Forms, Documentation, and Paperwork Assessment confirmed that CDCR/DJJ requires:** PREA Policy 1445, page 21, section 25: For at least 90 days following a report of sexual violence or staff sexual misconduct, the institutional PREA Compliance Manager (PCM) shall assign a supervisory staff member to monitor the conduct and treatment of offenders or staff who reported the sexual violence or staff sexual misconduct and of the victim to ensure there are no changes that may suggest retaliation. All DJJ staff members shall report any known indication of retaliation against a youth or staff member that reported sexual abuse/misconduct or cooperated in an investigation of such an incident. PREA Policy 1445, page 21.25: Items to be monitored on the DJJ 8.133/8.134 include: Periodic offender status checks, Offender disciplinary reports, Housing or program changes, or Negative performance reviews or reassignments of staff. (115.367b, c) All DJJ staff members shall report any known indication of retaliation against a youth or staff member that reported sexual abuse/misconduct or cooperated in an investigation of such an incident. (115.367b)

The PCM shall act promptly to remedy any such retaliation and ensure a DJJ 8.133 Protection Against Retaliation (Staff) or DJJ 8.134 Protection Against Retaliation (Youth) form is initiated.

The Practice Assessment, of PGYCC, confirms that:

The PREA Compliance Manager is tasked with tracking retaliation against residents and staff who report sexual abuse or sexual harassment or cooperate in a sexual abuse investigation.

The PCM uses the DJJ tracking forms to ensure staff and youth receive documented check-ins (115.367e) regarding their concerns and document any protective measures taken, the finding of the allegations, the mental health assessments, and if there is a continuing need to monitor for more than the initial 90 days. This includes a review of disciplinary reports, living unit changes, work reports/assignments, and any other conduct or treatment that may suggest retaliation. The PCM also uses this form to document the reason for a continuing need for monitoring beyond the 90 days and the subsequent monitoring activities. (115.367c, d)

Interviews confirm the PCM understands the practice defined in the policy as well as the use of the DJJ tracking forms to ensure all staff and residents are safe from retaliation and will only stop tracking if the incident is determined to be unfounded. (115.367f)

In addition, the PCM has the option of multiple protective measures including housing changes, removal of perpetrator from contact with the youth or staff, and mental health services through the agency or Operation Care. These measures are listed and documented on the tracking forms.

Interviews with DJJ mental health providers affirmed that they would arrange transportation for youth, to counseling at another facility, or travel to PGYCC to provide this service.

Operation Care provides follow-up services to residents who experienced sexual abuse and PGYCC provides residents with a dedicated phone line to call Operation Care for emotional support services.

There have been zero allegations of sexual abuse or sexual harassment at PGYCC; however, a review of policy, documentation, and interviews confirm that practice is in place to protect residents and staff from retaliation.

The Compliance Assessment for 115.367 a-f:

DJJ and PGYCC are compliant with standard 115.367a-f:

Policy/paperwork compliance:

The DJJ PREA Policy 1445, pages 21-25, is compliant with these standards requirements to protect residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations, from retaliation by other residents and staff. The policy covers all the requirements in 115.367 a-f and requires they are tracked on the DJJ Protection Against Retaliation Youth and Staff Tracking Form.

Practice Compliance:

Interviews confirmed the knowledge and practice abilities, of the PCM, to track retaliation in the manner designated in the policy. Although there have been zero allegations of sexual abuse or sexual harassment, the practice required is set up in tracking forms that contain all the action requirements of this standard.

DJJ and PGYCC are compliant with this standard 115.367

115.368	Post-allegation protective custody
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115. 368- Post Allegation Protective Custody Compliance Determination: Compliant Anacronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp **Documentation Reviewed for Compliance:** Interviews: Site Review Observations: included: observations and interviews of random staff, residents, The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. 115.368 Standard Requirements: (a) *Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.* PGYCC does not have isolation cells or segregation areas and does not use isolation. Residents at this elite wildfire training camp are selected and screened to be very high functioning with minimal current behavioral issues. They are focused on long days of fire fighting or brushing in the forests for fire control and PGYCC has not found any need to maintain or use isolation. N/A--Compliant

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	115. 371 Criminal and administrative Investigations **Compliance Determination:** Not Compliant, at the agency level for PREA Standard 115.371 a Compliant with 115.371 b, c, d, e, f, g, h, i, j, k, l, m Acronyms used in this standard report: CDCR: California Department of Corrections and Rehabilitation DJJ: Division of Juvenile Justice PGYCC: Pine Grove Youth Conservation Camp LDI: Locally Designated Investigator OIA: Office of Internal Affairs **Documentation Reviewed for Compliance before Interim Report:** PREA Policy 1445, pgs. 18-20.20-25 Investigations; PREA Policy 5-2: Policy Statement; Specialized PREA training for Locally Designated Investigators: CDCR Basic Investigators Course: Knowledge Review for Investigations training; PowerPoint for Specialized PREA training for LDI's; LDI Training Manual; PREA Policy 1445, page 13-14: Crime Scene Preservation; PREA Policy 1445: PAGE 19 H, Offender on Offender; PREA Policy 1445, page 19, section 20; CDCR Form 989 Confidential Request for IOA investigation; DJJ 8.143 Victims of Sex Crimes Request for the confidentiality of Information Form; DJJ 8.135 PREA Sexual Assault Interview Guidelines Form; CDCR Operations Manual: Polygraph Documentation Reviewed for Compliance during corrective action: ICI Investigative Elective List; Edited PREA Coordinated Response Plan; DRAFT PREA Investigation Guidelines; Training documentation for PGYCC Investigator (Investigative Guidelines and Flow Chart); Draft PREA 1445 Policy; MOU request communication; new PREA Refresher Training (CDCR)12/21; New PREA Refresher PowerPoint; PREA Hiring Guide; Supplemental Application for CDCR Employees-Conducting Reference Checks; Employee Discipline Section of CDCR Operations Manual; CDCR Personal History Statement (Form 1902) Instructions to Applicant Disqualification and Disqualification Statement; Employee Verification Tracking for 115.317 Interviews: Locally Designated Investigator, Superintendent Site Review Observations: included: observations and interviews of random staff, residents, The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. **115.371 a, c, d, f, and k:** Standard Requirements: (a) *When the agency conducts its own investigations 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.* *(c) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.* *(d) The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.* *(f) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as a resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.* *(k) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.*

Policy/Procedure, Forms, Documentation, and Paperwork Assessment confirmed that CDCR/DJJ requires:

PREA Policy 1445, Pgs. 17-20, sections 20-25.

All allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated, and the findings documented in writing. (PREA Policy 1445, page 18 Investigations)

For all cases where there is usable physical evidence within 72 hours:

- Page 13, Crime Scene Preservation: The custody supervisor shall ensure the crime scene has been secured. Outside Law Enforcement staff will process the crime scene, collect evidence, and secure evidence, including the rape kit examination. They will also be responsible to photograph/videotaping the crime scene and evidence collected, making a diagram of the crime scene, and collecting/packaging all evidence. (115.371c)

Staff-on-Resident

- Immediate efforts shall be made to eliminate sight and sound contact between the victim and the staff member.
- All allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated, and the findings documented in writing.
- Except in limited circumstances or exigent circumstances, investigators shall not rely solely on offender interpreters, readers, or other types of offender assistance during an investigation of sexual violence, staff sexual misconduct, or sexual harassment.
- Allegations of staff on offender sexual misconduct will be reviewed by a Locally Designated Investigator (LDI), as assigned by the Superintendent.
- The LDI will complete an allegation inquiry and thoroughly document all information that was gathered on a Confidential Memorandum, then immediately deliver that memo to the Superintendent or designee.
- Upon receipt of the confidential memorandum summarizing the LDI's interview of the offender, the Superintendent shall refer the investigation to the Office of Internal Affairs (OIA) via the 998 processes (if the complaint is an allegation of staff sexual misconduct or sexual harassment of an offender by a staff member).
- Upon conclusion of the investigation, the alleged victim of staff sexual misconduct will be provided written notification of the findings (per Section 25 of this policy).
- Criminal investigations with probable cause determination shall be referred to the District Attorney's Office. All allegations of staff sexual misconduct and sexual harassment shall be documented on the DJJ 8.496 Staff Misconduct Complaint Form.

Resident-on-Resident:

- All sexual violence allegations to including sexual assaults attempted sexual assaults, and sexual battery committed by offenders, as well as allegations of sexual harassment committed by offenders shall be initially investigated by the LDI.
- The LDI shall document the content of the interview of the offender in a confidential memorandum and immediately deliver that memo to the Superintendent or designee. The LDI or Custody Supervisor may utilize the DJJ 8.135 Sexual Assault Interview Guidelines when questioning the alleged victim regarding the specific facts of the allegation. (115.371c)
- The credibility of an alleged victim, suspect, or witness must be determined based on sound facts and evidence rather than an individual's status. 115.371c) (115.371f)
- Upon receipt of the confidential memorandum summarizing the LDI's interview of the offender, the Superintendent shall refer the investigation to local law enforcement (if the allegation involves sexual violence by an offender).
- Upon conclusion of the investigation, the alleged victim will be provided written notification of the findings (per Section 25 of this policy).
- If warranted, the suspect may be subject to administrative/criminal proceedings. If criminal proceedings are recommended, the case will be referred to the local district attorney.
- Pursuant to PC Section 293(a) and Government Code Section 6254, the Victims of Sex Crimes form (DJJ 8.143) must be attached to all criminal reports relating to PC Sections 220, 261, 261.5, 262, 264, 264.1, 273(a), 273(d), 273.5, 286, 288, 288(a), 289.5, 422.6, 422.7, 422.75, and 646.9.

As a liaison, the assigned Local Designated Investigator (LDI) will coordinate communication with outside agencies. The Superintendent is informed of updates in Internal Affairs investigations conducted on staff. (115.371m)

PREA Sexual Assault Interview Guidelines:

- Instructions: Per PC Section 679.04, victims of sexual assault have the right to have a victim advocate, and a victim

support person of the victim's choosing present at any interview by law enforcement, the district attorney, or defense attorneys.
- The Locally Designated Investigator may utilize this form to conduct an interview with the victim in accordance with PREA Policy, I&C Manual Sections 1445.20 & 1445.21. This form is intended to aid the interviewer in asking pertinent questions needed to complete a confidential memorandum. This form is confidential.
- Upon completion of the investigations and disposition of the involved offenders, each sexual violence or staff sexual misconduct case shall be forwarded to the Office of the Inspector General, Bureau of Independent Review, and the Sexual Abuse in Detention Elimination Ombudsperson, for possible review.

CDCR Operations Manual: 14030.3.2 Responsibility — Polygraph Examiner:

The polygraph examiner shall not knowingly violate the rights of the examinee. The examiner shall comply with all statutes and regulations governing the polygraph examination process. The examiner shall not conduct a polygraph examination without proper authorization. The examiner shall not disclose or discuss the examination or the results of the examination with anyone not authorized to receive the information. (115.371f)

The Practice Assessment and interviews confirm that:

There have not been any allegations of sexual abuse or sexual harassment at PGYCC; however, an interview with Locally Designated Investigator (LDI) confirmed the following actions would be taken.

Staff-on-Resident sexual abuse or sexual harassment allegations

- All allegations of sexual abuse or sexual harassment are initially reviewed by an LDI.
- An allegation inquiry is completed, including thorough documentation of all information gathered and delivered to the superintendent.
- When the superintendent receives the confidential memorandum from the LDI, he/she refer the investigation to the Office of Internal Affairs, via a 998 process.
- Criminal investigations with probable cause determination are referred to the District Attorney's Office.
- Al allegations of staff sexual misconduct or staff sexual harassment are documented in the DJJ 8.496 Staff Misconduct Complaint Form.

Resident-on-Resident sexual abuse or sexual harassment allegations:

- All sexual abuse and sexual harassment allegations are referred to the LDI, who conducts the initial investigation. The LDI documents the interview of the resident and delivers it to the superintendent.
- The LDI, if a sexual assault, uses the DJJ 8.135 Sexual Assault Interview Guidelines when interviewing the alleged victim to obtain the specific facts of the allegation.
- The Superintendent refers the investigation to the local law enforcement if there is possible criminal behavior.
- A polygraph will never be used on a victim before proceeding with an investigation. (115.371f)
- The custody supervisor shall ensure the crime scene has been secured. Outside Law Enforcement staff will process the crime scene, collect evidence, and secure evidence, including the rape kit examination. They will also be responsible for photographing/videotaping the crime scene and evidence collected, making a diagram of the crime scene, and collecting/packaging all evidence.

All Sexual abuse Cases:

- Upon completion of the investigations and disposition of the involved offenders, each sexual violence or staff sexual misconduct case shall be forwarded to the Office of the Inspector General, Bureau of Independent Review, and the Sexual Abuse in Detention Elimination Ombudsperson, for possible review.
- All allegations are investigated to a disposition, even if the resident recants, or the staff or resident leaves the facility. (115.371d and k)

Interim Report Compliance Assessment:

The CDCR/DJJ is not compliant with 115.371a1.

CDCR/DJJ and PGYCC are compliant with 115.371 c, d, f, and k:

The Agency Policy requires all allegations of sexual abuse and sexual harassment to be investigated and documented.

Although there have been zero allegations of sexual abuse or sexual harassment at PGYCC, designated staff have received training in conducting sexual abuse and sexual harassment reviews/investigations. Interviews found that they understand that all allegations must be investigated and completed to a finding, even if the resident or staff leave the facility, or the resident recants the allegation (115.371d, k).

Locally Designated Investigators are certified Peace Officers and highly trained through the Corrections Academy and receive additional training on how to conduct sexual abuse and sexual harassment investigations; however, due to seldom or never conducting these investigations, it is vital that the PREA policy delineates the process of the sexual abuse and sexual harassment investigations at the facility, agency, and law enforcement level for administrative and criminal investigations.

The Agency, CDCR/DJJ needs to clarify and define the responsibilities, duties, and interaction between agencies, involved in administrative and criminal sexual abuse and sexual harassment investigations.

During Corrective Action and the Final Report Assessment, 115.371 a1: not compliant

The CDCR PREA DRAFT Investigative Guidelines were created (Attachment C) and it clearly defines the actions and responsibilities of administrative and criminal investigations for staff-on-resident sexual abuse and sexual harassment allegations; however, does not define the law enforcement responsibilities, actions, and interactions, for sexual abuse or sexual harassment, resident-on-resident. The guidelines/policy merely states that “In criminal cases, outside law-enforcement may be engaged within the first-response process.”

The Investigative Guidelines/Policy defines the duties, responsibilities, and actions required of the LDI, facility, agency, OIA, the hiring authority, and the OIG; however, also needs to define the duties, responsibilities, and actions required of law enforcement criminal investigations clearly and specifically including providing the agency with a written investigative report.

The PGYCC PREA Investigator was trained on the DRAFT Investigative Guidelines/Policy.

CDCR/DJJ created an Investigative DRAFT Flow Chart to correspond with the Investigative Guidelines. They provide a visual cue for management and investigators and visually illustrate the flow of the investigation.

Not compliant with 115.371a at the end of the corrective action period at the Agency Level.

This was due to the Investigative guidelines/policy being still being in DRAFT form and not including the duties, responsibilities, and actions required of law enforcement investigations when the corrective action was completed.

115.371B Compliant

Standard Requirements:

b) *Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to 115.334.*

Policy/Procedure, Forms, Documentation, and Paperwork Assessment includes:

PREA Policy 1445:

Locally Designated Investigator (LDI) - The designated institutional staff that has been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct. (Page 4, LDI)

LDI Training Manual:

Per DJJ PREA policy, Institutions and Camp (I&C) Manual, Section 1445 and Department Operations Manual (DOM), Section 54040.3, an LDI is the designated facility staff who has been trained to conduct investigations into allegations of sexual abuse and/or staff sexual misconduct. As an LDI, it is your responsibility to investigate all allegations of sexual abuse and sexual harassment incidents when they are reported. You may also be assigned to conduct an inquiry on an allegation of staff sexual misconduct or staff sexual harassment.

California Basic Investigators Course:

- Specialized PREA Training for Locally Designated Investigators: responsibilities of the LDI; staff roles and responsibilities related to PREA allegations/investigations; LDI actions to take during a forensic exam and possible outcomes of the examination; key elements in the PREA investigation process; biological impact of trauma on the victim's brain and the interview process; identify factors to consider in interviewing different victims; what LDI should determine when conducting witness interviews
- Policy and legal liability; definitions; staff responsibilities (professional behavior, detection, notification, third party reporting, custody supervisor, advocate and victim support person, medical services, transportation, evidence, and crime scene protection.
- Elements of the Process: forensic medical exam, outcomes of this exam, return to facility and release, mental health, suspect processing, investigation, types of investigations, Pat Down Search allegations, PREA Allegation scenarios, investigation-less than 72 hours and then more than 72 hours; Foundation of an interview: Neurobiology of trauma, victim considerations, mental illness/Psychiatric symptoms, victims with disabilities, developmental disabilities or

hearing impairment, LGBTI victims, gender and communication, victim advocate;

- Formal Interview of the Victim: factors to consider, prior to the interview, during the interview, conducting witness interviews, youth suspect interviews, report writing, criminal prosecution, what a case needs.
- Reporting to Youth: youth on youth, staff on youth, communications with the Office of Internal Affairs (OIA),
- Tracking, data collection, and publication, PREA Data retention; conclusion and knowledge review.
- This material, along with the specialized training evidence collection, crime scene preservation, and search warrant submission.
- In addition to the general training provided to all employees, the specialized training required on Miranda and Garrity, interviewing sexual abuse victims, sexual abuse evidence collection in correctional settings, and criteria and evidence required to substantiate a case for administrative action or prosecution referral.
- Knowledge Review for Specialized Training: (test)
- PowerPoint for Specialized PREA Training for LDI's included in audit documentation.

The Assessment of PGYCC, confirms that the DJJ and PGYCC are compliant with 115.371b:

PGYCC's Locally Designated Investigator (LDI) is certified as a Correctional Peace Officer, has completed the required Corrections Academy and Basic Investigators Course required to be certified as an LDI, and is trained and knowledgeable of the practice required when there is an allegation of sexual abuse or sexual harassment.

There were zero investigations to review as PGYCC has not had an allegation of sexual abuse or sexual harassment.

115.371e Compliant

e. *When the quality of evidence appears to support a criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.*

Policy/Procedure, Forms, Documentation, and Paperwork Assessment includes:

California Basic Investigators Course:

- DOM Section 31140.3 defines an "investigation" as "the collection of evidence that supports or refutes an allegation of misconduct, including criminal investigations, administrative investigations, retaliation investigations, or allegation inquiries."
- DOM Section 31140.3 defines an "allegation inquiry" as the collection of preliminary information concerning an allegation of employee misconduct necessary to evaluate whether a matter shall be referred to DJJ Headquarters for referral to the OIA Central Intake Unit.
- The inquiry will be conducted until sufficient information is obtained to warrant an OIA investigation or the information collected refutes the allegations (as determined by the hiring authority).
- "Sufficient Information" means "reasonable belief misconduct occurred."
- Staff interviews should be completed only after all other possible inquiries and there is not yet a reasonable belief that misconduct has occurred. You must use the Staff Complaint "Notice of Interview RE: Complaint Against Staff" and "Advisement of Rights – Appeal Inquiry" forms to ensure staff rights are not violated.
- Under Garrity v. New Jersey (385 U.S. 493 (1967)), an incriminating statement obtained from an officer who is compelled to provide the statement under the threat of job loss may not be used against the officer in a criminal proceeding.
- Where criminal charges are possible, do not compel an interview. If an interview is necessary, contact OIA. Additionally, the PREA law requires consultation with the DA when prosecution is probable.

The Practice Assessment, of PGYCC, confirms that:

Although PGYCC has not had an allegation of sexual abuse, an interview with the LDI confirmed training and understanding of the practice of Garrity and Miranda, and if the allegation looks like there might be a criminal element or charges, to contact the OIA or DA before conducting compelled interviews.

Final Report Compliance Assessment: The DJJ and PGYCC are compliant with 115.371e

115.371g: Compliant

Standard Requirements:

g: *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.*

Policy/Procedure, Forms, Documentation, and Paperwork Assessment includes:

California Basic Investigation Course:

- Administrative Investigations
- Many of the steps for administrative and criminal cases are the same. In both cases, the investigator should be interviewing the alleged victim, suspect(s), and witnesses and collecting any evidence available. As discussed previously in the lesson, evidence can be anything that can be used as proof of innocence or guilt. An investigator is looking for anything that will provide facts and information one way or the other.
- DJJ shall impose no standard higher than a preponderance of the evidence in determining allegations of sexual abuse or sexual harassment is substantiated (28 C.F.R. 115.372
- Resident-on-Resident Allegations:
- P 35: The credibility of an alleged victim, suspect, or witness must be determined based on sound facts and evidence rather than an individual's status.
- P 65: The LDI should be familiar with the importance of preparing a well-documented, professional report. Any officer who interviews a victim, witness, or suspect, or who identifies evidence, or processes a crime scene, should write a report detailing actions taken. Effectively documenting a sexual assault case requires patience and attention to detail.

Staff on Resident Allegations:

- Page 43: The LDI will conduct an inquiry until sufficient information is obtained to warrant an OIA investigation or the information collected refutes the allegations, as determined by the hiring authority. The inquiry and/or investigative information will be thoroughly documented on a confidential memorandum. The original confidential memorandum shall be maintained with the investigatory file. The complaint will be investigated utilizing standard investigatory procedures.
- Page 39: As stated previously, the DJJ PREA policy and DOM Section 54040.12 indicate the LDI assigned by the Superintendent is responsible to conduct PREA inquiry work. The policies also require an investigation of all PREA allegations.
- DOM Section 31140.3 defines an "investigation" as "the collection of evidence that supports or refutes an allegation of misconduct, including criminal investigations, administrative investigations, retaliation investigations, or allegation inquiries."
- DOM Section 31140.3 defines an "allegation inquiry" as "the collection of preliminary information concerning an allegation of employee misconduct necessary to evaluate whether a matter shall be referred to DJJ Headquarters for referral to the OIA Central Intake Unit."
- The inquiry will be conducted until sufficient information is obtained to warrant an OIA investigation or the information collected refutes the allegations (as determined by the hiring authority). "Sufficient Information" means "reasonable belief misconduct occurred."
- Page 40: LDI inquiries involving staff PREA allegations should be thoroughly documented on a confidential memorandum titled "Allegation Inquiry into PREA Allegations" and should be addressed to the Superintendent (or other hiring authority).
- The confidential memorandum should include all reasonable investigative steps, including but not limited to: evidence review, youth housing roster, officer attendance record, logbook pages, incident reports, video interview of alleged victim, youth witness interviews, surveillance video review (collect surveillance video no matter what it reveals), completed PREA checklists, photos, medical reports, SART examination, etc.
- Closing an allegation:
- Page 69: Allegations may be substantiated, unsubstantiated or unfounded. Allegations against youth that are presented to the DA for prosecution should have a final determination prior to referral. Allegations against staff may be determined to be unsubstantiated or unfounded. Allegations that are referred to OIA for further investigation should remain open until the conclusion of OIA's investigation.
- The PREA Compliance Manager shall report investigations into allegations of sexual abuse and staff sexual misconduct as they occur in the PREA Allegation Tracking system, including whether the perpetrator was a staff member or youth, disposition, or current status. This information shall be reported to the Division's PREA Coordinator by the fifth day of every month. Additionally, the PCM shall be responsible for completing the Survey of Sexual Violence-Incident Juvenile (SSV-IJ). The SSV-IJ will be submitted to the Division PREA Coordinator no later than the next business day from the date of the allegation.
- The OIA shall maintain records of investigations into allegations of staff/youth sexual misconduct and will report by case number, the type of sexual misconduct, subcategory (male staff with female youth, female staff with male youth, etc.); whether the allegations were sustained; and whether a DA referral was made.

The Practice Assessment, of PGYCC, confirms that:

There have been zero allegations of sexual abuse or sexual harassment at PGYCC, so there were zero records to review for practice compliance.

An interview with the LDI confirmed his training as a Certified Peace Officer, completion of the California Basic Investigator Training—that is specific to investigating sexual abuse and sexual harassment in confinement.

Interviews found the following: there have been zero investigations of sexual abuse or sexual harassment at PGYCC.

If there was sexual abuse or sexual harassment allegation made at PGYCC:

- The superintendent appoints an LDI to review/investigate the allegation.
- The LDI may use the Sexual Assault Interview Form when interviewing the victim (sexual assault). This form includes questions about what occurred during the incident to gather information and determine the next actions needed. It is not an investigative form.
- This form is completed to aid the LDI in asking pertinent questions needed to complete a confidential memorandum.
- The confidential memorandum is sent to the Superintendent.
- The superintendent makes a decision to contact law enforcement or the OIA, based on the confidential memorandum received from the LDI.
- If the allegation does not involve a criminal element, it appears that the LDI continues the investigation until there is sufficient information for a finding, and then the entire investigative packet is sent to the superintendent. (Including a written description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.)
- A determination if staff actions or failure to act contributed to the abuse is sent to the OIA to make a determination, and the determination is added to the investigation.

The LDI has not conducted any sexual abuse or sexual harassment investigations at PGYCC, as there have been zero allegations received.

PREA Policy 1445, page 12, section 13

- The LDI conducts inquiry work until sufficient information is to warrant an OIA investigation or until information collected refutes the allegation—as determined by the superintendent. This memorandum shall be maintained with the investigatory file.
- The complaint will be investigated utilizing standard investigatory procedures.
- Upon conclusion of the investigation, the alleged victim will be provided written notification of the findings per Section 25 of this policy.
- The determination of staff actions or failures to act, contributing to the abuse, is referred to the Office of Internal Affairs, using a Staff Misconduct Form. This investigative determination is made, after a referral to the OIA, and then added to the finding of the investigation.

During Corrective Action:

The CDCR/DJJ PREA Policy 1445 was changed to reflect the practice already in place. It states, on page 20, section staff on youth, part d: “Credibility of an alleged victim, suspect, or witness must be determined based on sound facts and evidence rather than an individual’s status.”

Practice is consistent with policy and PREA requirements for this standard 115.317g.

115.371 h, i, j, and m:

Standard Requirements:

(h) *Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.*

(i) Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.

(j) The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section 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.

(m) *When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.*

Policy/Procedure, Forms, Documentation, and Paperwork Assessment includes:

PREA Policy 1445:

- Page 18: Investigations: “All allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated, and the findings documented in writing.
- Page 19, d: Offender on Offender: Upon receipt of the confidential memorandum summarizing the LDI’s interview of the offender, the Superintendent shall refer the investigation to local law enforcement (if the allegation involves sexual violence by an offender).
- Page 19, f: Staff on Offender: Criminal investigations with probable cause determination shall be referred to the District Attorney’s Office. All allegations of staff sexual misconduct and sexual harassment shall be documented on the DJJ 8.496 Staff Misconduct Complaint Form·
- Page 22, section 29: Upon completion of the investigations and disposition of the involved offenders, each sexual violence or staff sexual misconduct case shall be forwarded to the Office of the Inspector General, Bureau of Independent Review, and the Sexual Abuse in Detention Elimination Ombudsperson, for possible review.
- Page 33, b: All case records associated with such reports including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings, recommendations for post-release treatment, and/or counseling shall be retained in accordance with the CDCR Records Retention Schedule.

The Practice Assessment, of PGYCC for the interim report:

There have been zero allegations of sexual abuse or sexual harassment at PGYCC therefore there are zero documents to review for confirmation of practice.

The policy requires the PGYCC Superintendent, after receipt of the LDI’s report, to refer the investigation to local law enforcement (if the allegation involves sexual violence by an offender), and to refer criminal investigations with probable cause to the District Attorney’s Office.

PGYCC line staff are certified Correctional Peace Officers, and the Locally Designated Investigator (LDI) is designated to conduct sexual abuse and sexual harassment inquiries/investigations. All allegations begin with this administrative investigation process and only move to the criminal process if the LDI determines there is a criminal element to the allegation.

Criminal allegations are referred to local law enforcement or to the Office of Internal Affairs. The Office of Internal Affairs is responsible for determining when allegations of staff misconduct warrant an internal affairs investigation and for completing all investigations in a timely and thorough manner.

CDCR/DJJ PREA Policy 1445, page 18, requires all investigations and findings to be in writing. Investigators’ training contains information about what is required in that written report and is included in this audit’s documentation. Investigator interviews confirm the practice of investigations and findings to be in writing.

PGYCC does not have an MOU or agreement with local law enforcement. They have documentation of attempting to work with their local law enforcement, by email; however, due to the lack of response have not been able to develop and implement an MOU. Documentation is included in this audit. Facility management stated that they have a good working relationship with local law enforcement and are certain they would be able to get a written report on any criminal investigation conducted.

In an interview with the LDI, it was confirmed that the LDI is the designated liaison with law enforcement or the OIA and is responsible for staying informed about investigations being conducted by those agencies. (115.371m)

During Corrective Action, the following was added on page 25, section 35 of the PREA Policy 1445:

“DJJ shall ensure that all PREA data collected are securely retained. All case records associated with PREA reports including incident reports, investigation reports, youth information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with the CDCR Records Retention Schedule, a minimum of 10 years, or per the Federal PREA Standard (Section 115.371j), whichever is longer. All investigative reports that led to a substantiated allegation of abuse shall be retained permanently, per Title 11 § CCR 902(c)”

CDCR/DJJ and PGYCC are compliant with PREA standard 115.371 h, i, j, and m:

115.371l: N/A PREA Requirement: Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

There is no state entity of DOJ that investigates sexual abuse or sexual harassment allegations at PGYCC.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115. 372 – Evidentiary Standard for Administrative Investigations **Compliance Determination**: Compliant Acronyms used in this standard report: CDCR: California Department of Corrections and Rehabilitation DJJ: Division of Juvenile Justice PGYCC: Pine Grove Youth Conservation Camp LDI: Locally Designated Investigator Documentation Reviewed for Compliance: PREA Policy 1445 page 17-20, Investigations California Basic Investigators Course Interviews: Investigator (LDI) Site Review Observations: included: observations and interviews of random staff, residents, The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. 115.372 a: (a) Standard Requirement: (a) *The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.* **Policy/Procedure, Forms, Documentation, and Paperwork Assessment confirmed that CDCR/DJJ requires:** The California Basic Investigators Course clearly emphasized the preponderance of evidence as to the standard for determining a finding for all sexual abuse or sexual harassment allegations. The Practice Assessment, of PGYCC, confirms that: The Locally Designated Investigator (LDI) interviews confirm understanding of the preponderance of the evidence as to the standard for all findings of sexual abuse and sexual harassment allegations. LDI's are certified Peace Officers and were clearly able to state the difference between the standard for criminal investigations and administrative investigation findings. **The DJJ and PGYCC are compliant with this standard.**

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115. 373 Reporting to Residents **Compliance Determination**: Compliant after corrective action Acronyms used in this standard report: CDCR: California Department of Corrections and Rehabilitation DJJ: Division of Juvenile Justice PGYCC: Pine Grove Youth Conservation Camp LDI: Locally Designated Investigator Documentation Reviewed for Compliance: PREA Policy 1445, page 19, section 20e; PREA Notification to Youth Form; Pre-Audit Questionnaire. PREA Policy section 24, page20-21; PREA Policy 1445 Section 24, page20-21; PREA Policy 1445, page 21, section 24 section b Interviews: Superintendent; Investigators, PCM Site Review Observations: included: observations and interviews of random staff, residents, The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. **115.373 a, b, c, d, e,** Standard Requirements: (a) *Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.* *(b) If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency to inform the resident.* *(c) Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has 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) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.* *(d) Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.* *(e) All such notifications or attempted notifications shall be documented.* *(f) An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.* **Policy/Procedure, Forms, Documentation, and Paperwork Assessment:** PREA Policy 1445: • Following an offender's allegation that a staff member has committed sexual misconduct of an offender, the alleged victim is informed as to whether the allegation has been substantiated, unsubstantiated, or unfounded (section 24, pages 20-21) (115.373a) (115.373e) • The PREA Compliance Manager or designee informs the offender (unless the allegation has been determined to be unfounded) whenever the alleged abuser is no longer posted in the offender's unit; no longer employed at the institution; Has been indicted on the alleged sexual misconduct or has been convicted of the alleged sexual misconduct. (115.373a, c) • Section 24, page 20-21 Offender on Offender: Following an investigation into an offender's allegation that he or she

suffered from sexual violence by another offender, the institution shall also inform the alleged victim whenever the alleged abuser: Has been indicted on the alleged sexual violence; Has been convicted on the charge. (115.373d)

- PREA Policy 1445, page 21, section 24 section b: The agency's obligation to inform the offender of changes shall terminate if the offender is released from the agency's custody. (115.373f)

PREA Notification to Youth Form: this form is a notification to youth and covers date notification made, finding of the allegation, if the abuser has been indicted, convicted, no longer posted in their unit, or no longer employed at the facility; in addition, the staff and youth sign it.

The Practice Assessment of PGYCC confirms that:

The DJJ has a policy that requires notification of the finding of an allegation of sexual abuse. The PREA Notification to Youth Form is used to notify the resident of this finding. It requires the staff and residents' signed acknowledgment of the notice being given and received. (115.373a) (115.373e)

Interviews confirmed that the LDI is the liaison that keeps track of investigations conducted by law enforcement or the OIA and ensures the relevant information from the investigative agency is requested to inform the resident of the finding. (115.373b)

The PCM notifies the victim whenever the alleged staff abuser is no longer posted in the offender's unit; employed at the institution, has been indicted on the alleged sexual misconduct, or has been convicted of the alleged sexual misconduct. (This is not compliant with the standards requirement - see below) (115.373c)

In addition, the PCM notifies the victim The institution shall also inform the alleged victim whenever the alleged abuser: Has been indicted on the alleged sexual violence; and has been convicted on the charge. (115.373d) (This is not compliant with 115.373d - see below)

The PCM interview confirmed that the obligation to further notify the resident terminates if the offender is released from the agency custody. (115.373f)

There have been zero allegations of sexual abuse received at PGYCC and so there were no forms to review; however, interviews confirmed this process is a part of training and practice at PGYCC.

Standard 115.373c requires the institution to notify the victim of sexual abuse when 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.

DJJ PREA Policy 1445 includes informing the resident when the staff member has been indicted on the alleged sexual misconduct or been convicted of the alleged sexual misconduct; however, the standard requirements listed above are different than the policy of DJJ/PGYCC.

During Corrective Action:

Standard 115.373c:

The Agency PREA policy was changed to follow the established practice.

PREA Policy 1445, page 21 now states,

"Staff on Youth:

Following a youth's allegation that a staff member has committed sexual misconduct on a youth, the alleged victim shall be informed as to whether the allegation has been substantiated, unsubstantiated, or unfounded.

The PCM or designee shall inform the youth (unless the allegation has been determined to be unfounded) whenever the alleged abuser is a. No longer posted in the youth's unit, b. No longer employed at the facility; c. Has been indicted on a charge related to the alleged sexual misconduct; d. Has been convicted of a charge related to the alleged sexual misconduct.

The policy now corresponds with the notification form and practice already in place for notifications.

The new PREA policy was uploaded to this audit for documentation, and the agency and facility are **compliant with 115.373c**, **after corrective action.**

115.373d:

The DJJ/PGYCC policy states that the institution shall also inform the alleged victim whenever the alleged abuser: Has been indicted on the alleged sexual violence; and has been convicted on the charge. (115.373d)

	PREA Standard 115.373d requires: *following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.* **During Corrective Action: 115.373d:** The Agency PREA policy was changed to follow the established practice. PREA Policy 1445, page 21 now states, Youth on Youth: Following an investigation into a youth's allegation that he or she suffered from sexual abuse by another youth, the institution shall inform the alleged victim if the allegation has been substantiated, Chapter: 1 Effective: Policy: 1445 Replaces: 1445 Rule: Prison Rape Elimination Act (PREA) Dated: 03/01/2017 Page 22 of 25 unsubstantiated or unfounded. The institution shall also inform the alleged victim whenever the alleged abuser: a. Has been indicted on a charge related to the alleged sexual abuse; b. Has been convicted on a charge related to the alleged sexual abuse. Any notification or attempt to notify a youth must be documented on DJJ form 8.139. The agency's obligation to inform the youth of changes shall terminate if the youth is released from the agency's custody." The policy now corresponds with the notification form and practice already in place for notifications, after corrective action. **CDCR/DJJ and PGYCC are compliant with PREA Standard 115.373 in policy and practice, after corrective action.**

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115. 376 Disciplinary Sanctions for Staff **Compliance Determination:** Compliant Acronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp • OIA: Office of Internal Affairs Documentation Reviewed for Compliance: CDCR Employee Sexual Harassment Policy, chapter3; CDCR Operations Manual, Article 22, Employee Discipline; PREA Policy 1445; 998 Process – referral to the OAI; DOM Section 3, Article 22 Interviews: HR, Superintendent Site Review Observations: included: observations and interviews of random staff, residents, The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. **115.376 a-d:** Standard Requirements: (a) *Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.* *(b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.* *(c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.* *(d) 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, shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to any relevant licensing bodies.* **Policy/Procedure, Forms, Documentation, and Paperwork Assessment confirmed that CDCR/DJJ requires that:** PREA Policy 1445 • All sexual violence, staff sexual misconduct, and sexual harassment are strictly prohibited. This policy applies to all offenders and persons employed by the CDCR, including volunteers and independent contractors assigned to an institution, community correctional facility, conservation camp, or parole. • Upon completion of the investigative process, the existing disciplinary process, which includes referral for criminal prosecution and classification determinations, shall be followed. • If the allegation of sexual violence warrants a disciplinary write-up, a Disciplinary Decision-Making System (DDMS) report shall be submitted and processed according to policy. If a criminal charge is warranted, the case shall be referred to the local district attorney. (Page 20-21) • All terminations for violations of agency staff sexual misconduct or harassment policies, or resignations by employees that would have been terminated if not for their resignation, shall be reported to any relevant licensing body by the hiring authority or designee. • The Superintendent or designee shall determine if the employee should be placed on administrative time off consistent with departmental policy during the investigation. CDCR Operations Manual Article 22: Employee Discipline: https://www.cdcr.ca.gov/oia/disciplinary-process/ • All disciplinary action shall be imposed in a fair, objective, and impartial manner and the California Department of Corrections and Rehabilitation (Department) shall consistently apply accepted principles of due process and

progressive discipline when corrective or adverse action is imposed.

- The Hiring Authority is responsible for taking adverse action whenever warranted by an employee's behavior/conduct; Ensuring adverse actions are imposed in a fair, objective, and impartial manner and are consistent with this policy, the principles of just cause, and due process; submitting CDC Forms 989 to the OIA including those cases in which direct adverse action is taken without an investigation.
- Dismissal is appropriate for exceptionally serious misconduct, misconduct that is not correctible through discipline, or misconduct that immediately renders the individual unsuitable for continued employment. Dismissal may or may not be preceded by other forms of adverse action (i.e., progressive discipline). (See CCR, title 2, section 211 for additional information.)
- The Employee Disciplinary Matrix is the foundation for all disciplinary action considered and imposed by the Department and shall be utilized by the Hiring Authority to determine the penalty to impose for misconduct. (115.376a)
- The matrix provides a base penalty within a penalty range. The base penalty represents the starting point for action and a Hiring Authority will impose the base penalty unless aggravating or mitigating factors are found. The Hiring Authority or designee is not required to impose an identical penalty in each case because there are a variety of factors that may influence the Hiring Authority to take stronger action in one case than it does in another.
- The appropriate level of the penalty within the specified range shall be based on the extent to which the employee's conduct resulted in or, if repeated, is likely to result in harm to public service; the circumstances surrounding the misconduct; and the likelihood of recurrence. (115.376a)
- When multiple acts of misconduct occur, the Employee Disciplinary Matrix is used to determine which single act warrants the highest penalty. The penalty range for the most severe charge will be utilized, and other acts of misconduct are considered aggravating circumstances that may increase the penalty up to and including dismissal. (115.376a)
- Sexual misconduct with an inmate(s)/parolee(s). Discipline is level 9: Dismissal. (115.376b)

The Practice Assessment, of PGYCC, confirms that:

Interviews confirmed:

The Superintendent determines if the employee should be placed on administrative leave during the investigation.

After an investigation by the OIA, or a return back to the Hiring Authority for discipline, the Disciplinary Matrix is used to determine the penalty for the misconduct. The Hiring Authority determines the action to be taken using the Employee Disciplinary Matrix. Dismissal is the presumptive discipline for sexual misconduct, staff-on-resident. (115.376b)

The Matrix provides discipline levels, starting with a base penalty and ranging from a letter of reprimand to dismissal and referral for charges. Each case is assessed individually and individual factors, background, previous complaints/findings, discipline, and determination if the behavior will result in continued harm are some of the issues assessed. (115.376a, c)

If there are multiple allegations of misconduct that the investigation confirmed, the penalty is consistent with the most severe charge. For allegations, other than engaging in sexual abuse, an individual assessment is conducted that includes the staff member's discipline history and the nature of the misconduct, as well as using the matrix to maintain consistency of discipline. (115.373c)

All employees who are dismissed due to sexual abuse or sexual harassment are referred to law enforcement for prosecution and reported to the licensing bodies who license and certify Corrections Peace Officers, and/or other relevant licensing bodies. (115.376d)

Compliance Statement for 115.376

CDCR, the DJJ, and PGYCC are compliant with standard 115.376.

Both PREA Policy 1445 and the CDCR Operations Manual, section 22; contain compliant policies for addressing staff disciplined for sexual abuse or sexual harassment allegations/findings. The discipline process is specific and clear; however, also includes the ability to assess discipline individually. The presumptive discipline for staff sexual abuse, staff-on-resident, is dismissal and reporting to relevant licensing agencies.

The CDCR Operations Manual states, "All disciplinary action shall be imposed in a fair, objective, and impartial manner and the California Department of Corrections and Rehabilitation (Department) shall consistently apply accepted principles of due process and progressive discipline when corrective or adverse action is imposed."

Although there have been zero allegations of staff-on-resident sexual abuse or sexual harassment, the process is clear and defined and interviews confirmed the policy and practice knowledge is ingrained in the facility and agency culture.

Interviews confirmed that there is a clear process that is followed, from receiving an allegation to determining and carrying out any discipline for staff.

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115. 377 Corrective Action for Contractors and Volunteers **Compliance Determination**: Compliant Acronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp • LDI: Locally Designated Investigator Documentation Reviewed for Compliance: PREA Policy 1445, section 23: Pre-Audit Questionnaire; PREA Policy 1445, page 21-22.27 Disciplinary Process; Volunteer/Contractor Informational Sheet. Interviews: Superintendent Site Review Observations included observations and interviews of random staff, residents, The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. **115.377 a: (a)** Standard Requirements: (a) *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.* *(b) The facility shall take appropriate remedial measures and shall consider 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.* **Policy/Procedure, Forms, Documentation, and Paperwork Assessment:** PREA Policy 1445: • Page 5: Staff - Any person employed by the CDCR, including employees, volunteers, and independent contractors assigned to an institution, community correctional facility, conservation camp, parole, or headquarters. • Section 23: Any contractor or volunteer who engages in staff sexual misconduct shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies by the hiring authority or designee. (115.377a) • Page 19: Criminal investigations with probable cause determination shall be referred to the District Attorney's Office. Pre-Audit Questionnaire: States there have been zero contractors/volunteers reported to law enforcement and relevant licensing bodies, and zero contractors/volunteers reported to law enforcement, for engaging in sexual abuse of residents. Volunteer/Contractor Informational Sheet: It is your responsibility to act within the parameters of your current assignment, to reduce incidents of sexual abuse, staff sexual misconduct, and sexual harassment, and to report information appropriately when you observe such an incident or when an incident is reported to you. **The Practice Assessment of PGYCC confirms that:** Interviews: There have been zero allegations of sexual abuse or sexual harassment, by a contractor or volunteer, at PGYCC and no records to review for the practice assessment; however, interviews confirm that any contractor or volunteer who engages in sexual abuse, would be prohibited from contact with residents and would be reported to law enforcement and to relevant licensing bodies. (115.377a)

	After an investigation, and finding, the superintendent would review all information and findings to determine any remedial measures and/or determine whether to prohibit further contact with residents. (115.377b) Sexual misconduct or sexual harassment of any kind would entail prohibiting further contact with residents for volunteers/contractors. Compliance Assessment statement for 115.377 Although there was no documentation to review, due to no allegations of sexual abuse or sexual harassment, by contractors/volunteers at PGYCC. Interviews confirm zero-tolerance for sexually abusive or harassing behaviors by contractors/volunteers at PGYCC. In addition, prohibiting further contact with residents until a determination is made, would be the presumptive initial action. An evaluation of the allegations and investigation findings would determine if that prohibition would become permanent or under very limited/extenuating circumstances, remedial measures would be taken. Any substantiated finding would entail prohibiting the volunteer/contractor from any further contact with residents of PGYCC, and notification of law enforcement and relevant licensing bodies. PGYCC is compliant with standard 115.377.

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115. 378 Interventions and Disciplinary Sanctions for Residents **Compliance Determination:** Exceeds Compliant Acronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp **Documentation Reviewed for Compliance:** PREA Policy 1445, page 21-22.27 Disciplinary Process; Resident Handbook; PREA Policy 1445, page22-23: Alleged Victim – False Allegations; Pre-Audit Questionnaire; DJJ Youth Handbook page 14-15; Institutional Summary of Level 3 DDMS Actions; Disability Referral/Evaluation Form; Level 2 Intermediate Misconduct Behavior Report Form; Report of Disposition and Review Form; Level 3 Serious Misconduct Behavior Report- Spanish; Notice of Violation of Rights Form; Report of Findings Form; Level 3 Appeal; Level 3 Appeal Response; Restoration of DDMS Time Form; Juvenile Justice Administrative Committee Review (JJAC); DDMS-Staff Assistant Documentation; Level 1 DDMS Appeal; Level 2 Appeal; Request to Refer for Prosecution; The DJJ Disciplinary Decision Making System DDMS Policy and forms; New PREA 1445 Policy; PREA Refresher training. Interviews: Superintendent; Medical and Mental Health Staff Site Review Observations: included: observations and interviews of random staff, residents, The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. **115.378 a, b, c, d:** Standard Requirement: (a) *A resident may be 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 or following a criminal finding of guilt for resident-on-resident sexual abuse.* *(b) Any disciplinary sanctions shall be 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. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.* *(c) The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction if any, should be imposed.* *(d) If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency 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 accessing general programming or education.* Policy/Procedure, Forms, Documentation, and Paperwork Assessment: • PREA Policy 1445: page 22-23 Disciplinary Process: Upon completion of the investigative process, the existing disciplinary process, which includes referral for criminal prosecution and classification determinations, shall be followed. If the allegation of sexual violence warrants a disciplinary write-up, a Disciplinary Decision-Making System (DDMS) report shall be submitted and processed according to policy. If a criminal charge is warranted, the case shall be referred to the local district attorney. • Pre-Audit Questionnaire: States there have been zero findings of resident-on-resident sexual abuse that have occurred at the facility.

CDCR Institutions and Camp Manual Policy 7300 Disciplinary Decision-Making System:

- Receiving DDMS Rules and Process at intake shall be provided with an orientation program regarding his/her rights within the DDMS, and youth shall be provided with specific information regarding DDMS. Rules shall be posted in conspicuous places and staff shall assist youth in understanding the rules and his/her program objectives through effective communication.
- DDMS Levels of Misconduct: There are three (3) levels of misconduct within DDMS: Level I (Minor Misconduct); Level 2 (Intermediate Misconduct); and Level 3 (Serious Misconduct).
- The Disciplinary Decision-Making System (DDMS) provides a graduated system of youth discipline designed to be administered commensurate with the seriousness of the offense. The youth disciplinary system incorporates statutory and constitutional mandates and provides essential due process guarantees to ensure fairness and equal application.
- When appropriate, the DJJ manages youth discipline through the DDMS. The DDMS provides a graduated system of youth discipline designed to be administered commensurate with the seriousness of the offense. The youth disciplinary system incorporates statutory and constitutional mandates and provides essential due process guarantees to ensure fairness and equal application. Superintendents shall ensure youth discipline is applied and administered consistently, timely, proportionately, and in accordance with procedures provided herein.
- The DDMS Coordinator conducts Fact-Finding Hearings for youth alleged to have committed a Level 3 Serious Misconduct violation and conducts Fact-Finding Hearings when the preparation process is satisfactorily completed. This ensures youth are afforded due process rights.
- Level 3 DDMS Overview
- Youth misconduct/behavior is documented on a DJJ 8.403B Serious Misconduct Behavior Report.
- The Program Manager sets the violation code based upon the most serious behavior or requests to refer the case for prosecution.
- A youth who allegedly commits a Level 3 offense may be referred to the District Attorney for prosecution (refer to Section 7382, District Attorney Referrals Policy). If a youth is referred for prosecution, the DDMS proceedings shall be suspended until court action is completed. Referrals for prosecution shall be approved by the Deputy Director/designee.
- Disability Accommodation: To ensure a fair and just proceeding, If the youth is identified as needing a Staff Assistant, one will be provided. If the violation is recorded as a Level 3, all youth identified as needing a Staff Assistant will be assigned one throughout the entire DDMS proceedings.
- The alleged violation is referred for investigation, if deemed necessary, by the Program Manager.
- A DJJ 8.405 Notice of Violation and Rights is served, at which time the youth is given the results of the investigation, and he/she shall admit to the violation or request a Fact-Finding Hearing. If a Fact-Finding Hearing is requested, the youth can request witnesses and a representative. If the youth admits to the violation, the Fact-Finding Hearing is waived and the case proceeds to disposition.
- If a Fact-Finding Hearing is requested the matter shall be heard by a neutral and detached Factfinder. A Fact-Finding Hearing is held with the Fact Finder deciding whether the allegation is sustained or not sustained based on a preponderance of evidence standard.
- The youth receive copies of all the DJJ evidence, except for confidential witness statements and contraband, and is given at least 48 hours to prepare for the Fact-Finding Hearing unless the youth waive this right. Upon request, additional time beyond 48 hours may be allowed for youth with cognitive and emotional disabilities and/or youth receiving mental health services to sufficiently prepare for the Fact-Finding Hearing.
- A sustained violation is referred to a Disposition Conference. The Disposition Committee establishes and communicates the disposition to the youth. Dispositions shall include an affirmative treatment plan for the youth to help him/her rectify the prohibited behavior. Dispositions shall be approved by the Program Manager or higher. A completed DJJ 8.406, Report of Disposition and Review form, is given to the youth.
- If the youth is receiving mental health services, a non-treating Mental Health Clinician shall participate in the Disposition Conference as one of the members of the Treatment Team. Prior to the Disposition Conference, the non-treating Mental Health Clinician shall evaluate the youth to determine if the behavior is secondary to a mental illness, disorder, or condition. The non-treating Mental Health Clinician shall consult with the treating Mental Health Clinician prior to determining an appropriate disposition. Acting out behavior resulting from mental illness, or its treatment shall result in an adjustment to the youth's treatment plan.
- The youth is advised of the right to appeal. DDMS appeals shall be heard by the Superintendent/designee.
- Level 3 Serious Misconduct Procedures (Sexual Abuse)
- Initial Action: The Staff prepares a DJJ 8.403B Serious Misconduct Behavior Report on all prospective Level 3 disciplinary actions by the end of the assigned shift or no later than 24 hours after observing or discovering the violation, and immediately routes the DJJ 8.403B Serious Misconduct Behavior Report to the Program Manager for review.
- The Program Manager, within three (3) days, reviews the DJJ 8.403B Serious Misconduct Behavior Report and supporting documents to determine the appropriate course of action and returns the DJJ 8.403B Serious Misconduct Behavior Report to the writer for clarification if the report is not written clearly and concisely. In addition, routes the DJJ 8.403B Serious Misconduct Behavior Report to the DDMS Office if proceeding as a Level 3 violation.

- If Proceeding as a Level 3, Prior to Routing to DDMS Office
- The Program Manager assigns a violation code based on the most serious behavior or requests to refer the case for prosecution. If requesting to refer the case for prosecution, inform the DDMS Coordinator to temporarily suspend the DDMS process. Provides instructions to investigate or use the DJJ 8.403B Serious Misconduct Behavior Report in lieu of an investigation. An investigation is required if the DJJ 8.403B Serious Misconduct Behavior Report is not written clearly and concisely and the youth's involvement in the offense is not clearly defined, or the youth is a dual commitment, and revocation of Adult Parole is being considered. In that case, the PM attaches a Level 3 Flowchart and attaches a DJJ 8.493, DDMS Staff Assistant Documentation form, if the youth is identified as needing assistance. If the youth is within 30 days of PBD, flags the case "Expedite." The case shall be expedited at all stages to complete the DDMS process prior to the youth's Discharge Consideration Hearing.
- The DDMS Office prepares a DDMS packet; verifies in the Ward Information Network if the youth is identified as needing a Staff Assistant. If the youth is identified as needing a Staff Assistant, include a DJJ 8.493 DDMS Staff Assistant Documentation form in the DDMS packet; routes to Investigator for investigation or Investigator/designee for Notice of Violation and Rights.
- The Staff Assistant explains to youth with a disability of his/her rights throughout the entire DDMS proceedings and ensures their understanding of the disciplinary procedures; is assisted by a bilingual aide, reader, and mental health professional, when necessary; utilizes the DJJ 8.493 DDMS Staff Assistant Documentation form by signing, dating, and documenting that effective communication was given and in what form effective communication was used (all written notes utilized and exchanged shall be included in the DDMS Packet); if a youth with a cognitive or emotional disability exhibits ongoing behavioral problems, refers the case to mental health staff to assess the causes of the behavior and for creating a treatment plan.

CDCR/DJJ Institutions and Camps, Chapter 7, Policy 7300, Procedure 7300.4 Level 3 Serious Misconduct

Level 3 Dispositions:

Dispositions may not include a denial of mandated services as described in Section 7270, Delivery of Mandated Services Policy. All dispositions shall meet the standard of proportionality and appropriateness to the offense.

The following factors shall be considered prior to determine a disposition: the seriousness of the offense; degree of harm to the victim(s); the impact of the youth's behavior on the safety and/or security of the facility; prior commitment offense/DDMS history; progress toward treatment objectives; extenuating/mitigating circumstances, including the nature of a youth's disability, need for adaptive support services, psychiatric conditions (i.e., behavior which is in direct response to a catastrophic or severe life event or experience, or side effects relating to psychotropic medications); Youth's underlying cognitive and emotional disabilities and/or mental health and treatment as it directly relates to the DDMS action and disposition.

Prior to the Disposition Conference, the non-treating Mental Health Clinician shall evaluate the youth to determine if the behavior is secondary to a mental illness, disorder, or condition. The non-treating Mental Health Clinician shall consult with the treating Mental Health Clinician prior to determining an appropriate disposition. The summary of the consultation as it relates to the youth's underlying cognitive and emotional disabilities and the DDMS behavior shall be included in the DJJ 8.406 Report of Disposition and Review. Acting out behavior resulting from mental illness, or its treatment shall result in an adjustment to the youth's treatment plan.

The following is a list of approved Level 3 dispositions. Privilege Loss (one [l] privilege) ranging from 1-90 consecutive days, i.e., TV, radio, canteen, swimming pool, gymnasium, etc. Privilege loss shall not include any denial of mandated services, which include, but are not limited to family visits, mail privileges, telephone calls, or access to religious services. For a complete list of all mandated services, refer to Section 7270, Delivery of Mandated Services Policy; and work assignments ranging from 1-80 hours; loss of program credits ranging from 1-180 days. (Loss of program credits shall not exceed the number of months identified in the Table of Sanctions for any specific offense.

CDCR/DJJ Institutions and Camps, Policy 7300, Procedure 7300.6: Level 3 Violations, Categories, Codes, and Sanctions

Rules:

- Participating in any sexual act mutual or forced (youth to youth). Youth under the age of eighteen who are involved in any sexual activity, forced or voluntary shall be declared victims of sexual assault. The assault shall be reported to a child protective agency in accordance with the Institutions and Camps (I&C) Manual, Section 1435, Reporting Suspected Child Abuse: Forced sexual act; 3CC. Attempt or conspiracy to commit a code 3C Offense.
- Making a verbal epithet, written comment, or gesture of a sexual nature.
- 3DA. Making verbal or written comments of a sexual nature toward staff; 3DB. Making gestures of a sexual nature toward Staff.
- 3DC. Exposure of genitals in view of others; 3OD. Masturbation with exposure in view of others; 3DE. Making body contact of a sexual nature not including battery.

Sanctions:

- Privilege Loss (one privilege) ranging from 1-90 consecutive days, i.e., TV, radio, canteen, swimming pool, gymnasium, etc.
- Privilege loss shall not include any denial of mandated services, which include, but are not limited to, family visits, mail privileges, telephone calls, or access to religious services.
- For a complete list of all mandated services, refer to Section 7270 Delivery of Mandated Services Policy; Work Assignments ranging from 1-80 hours;
- Loss of program credits ranging from 1-180 days. Loss of program credits cannot exceed the number of days as identified on the matrix in this standard.

CDCR/DJJ Institutions and Camps Chapter 7, Policy 7300, Procedure 7300.5, DDMS Investigations:

- DDMS Investigation Procedures
- CDCR/DJJ Policy 7300, Appeal of Level 3 Misconduct: chapter 7, Procedure 7300.6
- Level 3 violations shall have one (1) level of appeal to the Superintendent.
- Juvenile Justice Administrative Committee Review (JJAC): Annual case review; recommendations; juvenile parole board recommendations; appeal notification; and refer to the superintendent, case services, info systems, or others.

PAQ: states that the facility does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

An interview with Mental Health confirmed most mental health services are received at NCYCC. The resident would be transported to NCYCC and receive assessment and medical and mental health services at that facility.

Residents Handbook: PGYCC does not have residents with previous sex-related offenses, nor active holds or pending court actions that may result in additional confinement time or incarceration. Any youth committing a sex-related offense would be transferred to another DJJ facility for treatment. DJJ does offer a robust treatment program for both resident behavior and sexual behavior at other facilities.

Assessment of Compliance:

The DJJ has a discipline policy (7300 Disciplinary Decision-Making System DDMS) that requires a formal disciplinary process. This includes level 3 conduct, which includes sexual abuse. The DDMS provides a graduated system of youth discipline designed to be administered commensurate with the seriousness of the offense. The youth disciplinary system incorporates statutory and constitutional mandates and provides essential due process guarantees to ensure fairness and equal application. (115.378a). Due to the nature of PGYCC being a Fire Camp, any resident convicted or found to have committed a sex offense would be transferred to another facility for disciplinary sanctions, for safety reasons. The DDMS would be used at the receiving facility. (115.378a)

In that receiving DJJ facility, privilege loss shall not include any denial of mandated services, which include, but are not limited to, family visits, mail privileges, telephone calls, or access to religious services – all mandated services, refer to Section 7270 Delivery of Mandated Services Policy. This includes daily large-muscle exercise and education. special education services. There is no isolation at PGYCC; however, a DJJ isolation policy would be in effect in the receiving facility and includes providing mandated services, in case of isolation. This would include daily visits from a medical or mental health clinician, as per the isolation policy. (115.378b)

As listed in the CDCR Institutions and Camp Manual Policy 7300 Disciplinary Decision-Making System Policy and Procedures, “Prior to the Disposition Conference, the non-treating Mental Health Clinician shall evaluate the youth to determine if the behavior is secondary to a mental illness, disorder, or condition. The non-treating Mental Health Clinician shall consult with the treating Mental Health Clinician prior to determining an appropriate disposition. The summary of the consultation as it relates to the youth's underlying cognitive and emotional disabilities and the DDMS behavior shall be included in the DJJ 8.406 Report of Disposition and Review. Acting out behavior resulting from mental illness, or its treatment shall result in an adjustment to the youth's treatment plan.“ (115.378c)

PGYCC does not offer therapy, counseling, or other interventions to address sexual abuse. The resident would be transferred to a facility that could offer the services the resident is deemed to need. (115.378d)

Practice Assessment for 115.378 a-d

When an allegation of sexual abuse is made at PGYCC, the alleged victim is transported to another DJJ facility with the medical, mental health, and trained staff to ensure all services are provided to the alleged victim.

PGYCC does not have residents with previous sex-related offenses, nor active holds or pending court actions that may result in additional confinement time or incarceration. Any youth committing a sex-related offense would be transferred to another

DJJ facility for treatment. DJJ does offer a robust treatment program for both resident behavior and sexual behavior at other facilities. (115.378a)

The receiving DJJ facility uses the DDMS process according to the policies listed in this standard. Any privilege loss would not include mandated services. a DJJ isolation policy would be in effect in the receiving facility and includes providing mandated services, in case of isolation. This would include daily visits from a medical or mental health clinician, daily large-muscle exercise, and education. special education services, as per the DJJ isolation policy. There is no isolation at PGYCC. (115.378b)

The receiving DJJ facility, using the DDMS policy and practice, is noticeably clear and DJJ exceeds the requirements for disability accommodations and assessment of a resident's mental disabilities or mental illness. This is a specific part of the DDMS system; however, it is also a built-in practice to assess all resident's mental disabilities or mental illnesses through a resident's confinement. Before the disposition, this assessment is completed to consider if a resident's mental disabilities or mental illness contributed to his or her behavior when determining sanctions. 9115.378c)

PGYCC does not offer therapy, counseling, or other interventions to address sexual abuse. The resident would be transferred to a DJJ facility that could offer the services the resident is deemed to need. PGYCC is a fire-fighting camp and is not able to offer those services (115.378d); however, CDCR/DJJ handbook, policy, procedure, and practice are in place to ensure these interventions and services would be put in place in the receiving facility. (115.378d)

Standard 115.378 a, b, c: Compliant

115.378 e, f, g: Compliant

Standard Requirements:

(e) *The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.*

(f) For the purpose of disciplinary action, 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) An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Policy/Procedure, Forms, Documentation, and Paperwork Assessment confirmed that CDCR/DJJ requires:

PREA Policy 1445: False Allegations, page 23: "Following the investigation into sexual abuse, staff sexual misconduct, or sexual harassment, if it is determined that the allegations made were not in good faith or based upon a reasonable belief that the alleged conduct occurred, the youth making the false allegations may be subject to disciplinary action. Such action is appropriate only if evidence received indicates the youth knowingly made a false report. An allegation deemed unsubstantiated or unfounded based on lack of evidence does not constitute false reporting." (115.378f)

CDCR/DJJ Institutions and Camps, Policy 7300, Procedure 7300.6: Level 3 Violations, Categories, Codes, and Sanctions

Rules:

- No participating in any sexual act mutual or forced. (115.378g) Youth under the age of eighteen who are involved in any sexual activity, forced or voluntary shall be declared victims of sexual assault. The assault shall be reported to a child protective agency in accordance with the Institutions and Camps (I&C) Manual, Section 1435, Reporting Suspected Child Abuse: Forced sexual act; 3CC. Attempt or conspiracy to commit a code 3C Offense
- Making a verbal epithet, written comment, or gesture of a sexual nature:
- 3DC. Exposure of genitals in view of others; 3OD. Masturbation with exposure in view of others; 3DE. Making body contact of a sexual nature not including battery.

Sanctions:

- Privilege Loss (one privilege) ranging from 1-90 consecutive days, i.e., TV, radio, canteen, swimming pool, gymnasium, etc.
- Privilege loss shall not include any denial of mandated services, which include, but are not limited to, family visits, mail privileges, telephone calls, or access to religious services.
- For a complete list of all mandated services, refer to Section 7270 Delivery of Mandated Services Policy; Work Assignments ranging from 1-80 hours;

- Loss of program credits ranging from 1-180 days.
- Loss of program credits cannot exceed the number of days as identified on the matrix in this standard.

PREA Policy 1445:

- Staff on Youth, section 22: Immediate efforts shall be made to eliminate sight and sound contact between the victim and the staff member. a. Suspects are afforded criminal and administrative rights, therefore when a staff member is identified as a suspect, and before processing, contact with a Locally Designated Investigator and OIA should be made. (115.378e)
- Policy section 1: DJJ shall maintain a zero-tolerance for sexual abuse, staff sexual misconduct, and sexual harassment in its facilities, conservation camps, and for all youth under its jurisdiction. All sexual abuse, staff sexual misconduct, and sexual harassment are strictly prohibited. This policy applies to all youth and persons employed by the DJJ, including volunteers and independent contractors assigned to a facility, or conservation camp. (115.378e)
- Staff Sexual Misconduct - Any threatened, coerced, attempted, or completed sexual contact, assault, or battery between staff and youth. Any sexual misconduct by staff directed toward youth, as defined in Title 15, California Code of Regulations (CCR) Section 3401.5 and Penal Code (PC) Section 289.6. The legal concept of “consent” does not exist between staff and youth; any sexual behavior between them constitutes sexual misconduct and shall subject the staff to disciplinary action and prosecution under the law. (115.378f)

Title 15, California Code of Regulations (CCR) Section 3401.5 and Penal Code (PC) Section 289.6:

- 5b: (b) Penalties. All allegations of staff sexual misconduct shall be subject to investigation, which may lead to disciplinary action and/or criminal prosecution. (115.378e)
- CDCR/DJJ Institutions and Camps, Policy 7300, Procedure 7300.6: Level 3 Violations, Categories, Codes, and Sanctions

Practice Assessment for 115.378 e, f, g:

The DJJ has in place the PREA policy 1445 that includes all suspects who are afforded criminal and administrative rights. Interviews confirmed that an investigation would be conducted to determine the victim and perpetrator. In the case of forced sexual contact, where the resident is the alleged forced abuser, this would be determined by a thorough investigation and appropriate charges would be filed. (115.378e)

Interviews confirmed that PREA Policy 1445 would be followed in disciplinary action and to determine if the sexual abuse report was made in good faith. If the investigation proved that the allegations were not based on a belief that the alleged conduct occurred, a resident would be subject to disciplinary action.

For disciplinary action, a report of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred, does not constitute falsely reporting an incident or lying even if an investigation does not establish a substantiated allegation. Disciplinary action would only be considered if it were determined by an investigation that the resident knowingly made a false report. (115.378f)

Interviews confirmed that all sexual activity is prohibited and a review of the DDMS system demonstrates that residents may be disciplined for such activity; however, the activity would not be deemed sexual abuse if there were no elements of coercion or force. 115.378g

Compliance Assessment: Exceeds compliance with 115.378

CDCR/DJJ exceed compliance by establishing policies, procedures, forms, and practice that exceed the requirements of this standard. The disciplinary practice ensures all elements of this standard are required, trained upon, and solidly in practice for this agency.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.381 Medical and Mental Health Screenings; History of Sexual Abuse **Compliance Determination:** Compliant Acronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp • NCYCC: Northern California Youth Correctional Center Documentation Reviewed for Compliance: PREA Policy 1445, pg. 15.15, Medical Services Responsibility; DJJ 8.235 Medical Report of Unusual Occurrence or Injury; Pre-audit Questionnaire, Attachment 11, DJJ Treatment Confidentiality Policy 6259 Interviews: Medical and Mental Health Staff; Residents, Superintendent; Intake Staff. Site Review Observations: included: observations and interviews of random staff, residents, The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. **115.381 a, b, c, d: Compliant** Standard Requirements: (a) I*f 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, 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.* **Policy/Procedure, Forms, Documentation, and Paperwork Assessment** Pre-Audit Questionnaire: States that all residents who disclosed prior sexual victimization during a screening (115.341) are offered a follow-up meeting with a medical or mental health practitioner. PREA Policy 1445: Page pg. 11 section 11b: In addition to reporting, staff has a responsibility to assist the youth and refer them to medical/mental health for evaluation. Page 11, section f ii: The Senior Psychologist will screen the referral and assign it a priority as emergent, urgent, or routine. Once assigned to a clinician, the youth will be seen based on timeframes in the Mental Health Services Treatment Guide. DJJ Youth Rights Handbook: Within 48 hours of arrival at a DJJ facility, each offender shall be screened using the DJJ Form 8.138 PREA Screening Tool. Note: Each youth shall be re-assessed for risk of victimization or predatory behavior using the DJJ 8.138 whenever a new risk factor becomes known, within 48 hours of arrival at a new facility, and no less frequently than every 180 days. Page 5: Intake: The majority of young men in DJJ will complete the intake process at the NCYCC. As part of the Intake Program, you will complete a variety of interviews and tests to determine your needs – including medical, mental health, education, and treatment – as well as finalize your program placement. Page 11: Counseling If you have been the victim of sexual abuse or assault you may seek counseling or advice from your counselor or clinical staff. Page 55: You have a right to receive mental health services. Mental health services include but are not limited to evaluation, therapy, and psychotropic medication (ordered by a psychiatrist). The Practice Assessment of PGYCC confirms that: Requirement 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, 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.*

All PGYCC residents are screened, according to PREA Standard 115.341, at the intake facility where they spend 45 days before they are transferred to PGYCC. All disclosures receive follow-up meetings and services with medical and mental health before being evaluated to go to PGYCC. This intake facility process is 45 days to enable residents to have all assessments, follow-ups, and evaluations required, as well as evaluation for the requirements of the wildfire training and practice required at PGYCC.

At the intake facility, a Medical Report of Unusual Occurrence or Injury, DJJ 8.235 is filled out if a resident discloses prior sexual abuse. The form includes documentation of treatment and disposition and is signed by the Health Care Provider.

If a resident discloses sexual abuse when the risk assessment is completed at PGYCC, mental health or medical follow-up meeting is arranged. Medical staff interviewed confirmed that they would meet with the resident as needed, and Mental Health staff reported they would arrange to travel to PGYCC or have PGYCC transport the resident to the intake facility to meet with them.

In addition, if the resident needed additional mental health treatment, he would be transferred to the intake facility, as PGYCC is a wildfire fighting training and work camp and this would be necessary for the president's health and safety.

Interviews with mental health staff, at the intake facility, confirm the following:

The Residents are at Northern California Youth Correctional Center (NCYCC) for 45 days before transfer to PGYCC. This is an intake facility and includes seeing a psychologist/clinician within 48 hours for assessment, then full evaluation and assessment, cognitive level, level of care needed, and suicide assessment.

If a resident discloses sexual abuse, reports are completed, a mental health referral is made, senior psychologists screen the resident the same day or the next day – or up to 10 days if the incident is long ago.

Interviews with PGYCC intake staff confirms the following:

Intake at PGYCC included the risk assessment and review of the End of Silence pamphlet and the IOA pamphlet on sexual abuse, reporting, services.

Residents go through an intense intake at NCYCC, involving 45 days, which includes mental health and medical follow-ups, the risk assessment, and evaluation/treatment needed.

If a resident at PGYCC discloses prior sexual abuse at intake, or any time, a referral is made to NCYCC mental health for follow-up and treatment services. Staff report that there have been zero reports of prior sexual abuse at PGYCC intake. Mental health services would be provided at NCYCC or NCYCC would send a mental health staff to PGYCC. The resident would be transferred to NCYCC if there is a need for more intense mental health services.

115.381b: Compliant

Requirements: *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, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.*

This screening, pursuant to 115.341, is conducted at the intake facility (NCYCC) where residents spend 45 days before they are transferred to PGYCC. Any residents who have previously perpetrated sexual abuse, or disclose they have perpetrated sexual abuse, are provided with follow-up meetings with mental health within 14 days of disclosing information at the intake facility. Interviews confirm this information.

After all screening, evaluations, assessments, and follow-up medical and mental health meetings are complete, residents are evaluated for placement at PGYCC.

Residents who have sexual offenses are not sent to PGYCC, as they cannot get further treatment or supervision while training to fight wildfires in the community, as well as reforestation work in California's forests. (Resident Rights Handbook)

115.381c:

(c) *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.*

DJJ Treatment Confidentiality Policy:

·The DJJ treatment team members shall not discuss any information, including but not limited to physical, medical, and mental health, past behavior, educational, or disability-related information about youth with anyone other than treatment team

members except as provided in this policy. Except for limited access for auditing purposes, staff who are not licensed health care or mental health clinicians do not have access to the Unified Health Record (UHR), Treatment Plan, and/or Mental Health Progress Notes.

· Any staff including a psychiatrist, psychologist, licensed psychiatric technician or medical staff shall, consistent with applicable law and standards of ethical conduct, use or disclose confidential information if he/she believes in good faith, the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person (Tarasoff exception) or the public; and the disclosure is to a person or persons reasonably able to prevent them or lessen the threat, including the target of the threat and Lo law enforcement agencies.

· Within 90 days of assignment to a facility, all DJJ staff with direct contact with youth, shall complete training appropriate to their job duties and classification on the Treatment Confidentiality Policy, which will also include Suspected Child Abuse Reporting, Suspected Dependent Adult/Elder Abuse Reporting. Mandated reporter identification and Psychotherapist Duty to Warn (Tarasoff) Reporting.

· Contractors and volunteers shall receive a copy of this Treatment Confidentiality Policy and its forms and shall be subject to all its provisions.

·The treatment team shall identify information about the youth that ma) be disclosed to DJJ staff including peace officers and other law enforcement officials or persons having lawful custody of the youth when confidential information is necessary for: health care of the individual, health and safety of the officers, employees, or others at the correctional institution, and the administration and maintenance of safety, security, and good order.

Mental Health interviews confirm that:

· All information related to sexual victimization or abusiveness is kept in medical and mental health files and is confidential. This information is used to effect appropriate treatment and placement decisions, while at NCYCC.

· If a resident is transferred to PGYCC, this information is kept in confidential medical files and mental health files. Residents with ongoing needs for treatment or services around this victimization or abusiveness are not sent to PGYCC, due to the specialty of this placement as a wildfire conservation camp, without mental health staff at the facility.

115.381 (d): Compliant

Standard Requirements: *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 eighteen.*

DJJ Treatment Confidentiality Policy:

· DJJ treatment providers are responsible for informing every youth of the limits of confidentiality at the time of intake. The youth shall be provided this information at the time of intake using the form DJJ 8.531, Youth Information on the Limits of Confidentiality. The signed form DJJ 8.531, Youth Information on the Limits of Confidentiality, shall be filed in the field file.

· If the primary language of the youth is not English, the content of the forms shall be explained in his or her native language. Youth will receive a copy of the forms he or she has signed. The signed forms shall be placed in the youth's field file.

Mental Health Interviews (NCYCC) confirm the following: All residents sign the DJJ 8.531 Youth Information on the Limits of Confidentiality Form at intake (NCYCC) This form, and the information is explained to the resident, and understanding is ensured before signing the form. Residents who need assistants to help them understand the form are provided those assistants and/or accommodations. This form is in the field file at the facility.

Resident Interviews confirmed:

14 of 16 residents confirmed they had received, understood, and signed the Limits of Confidentiality Form. The other two were able to tell me that anything they say to mental health or medical staff is confidential, except sexual abuse or harm to self or others.

Compliance Assessment statement: Compliant with a-d

The DJJ and PGYCC are compliant with 115.381a, b, c, d:

· At the intake facility, prior to transfer to PGYCC, residents receive a complete screening, evaluations, assessments, and referrals for mental health and medical follow-ups needed within 10 days of any disclosure, as confirmed by interviews.

· Residents who have previously perpetrated sexual abuse receive follow-up with medical or mental health within 14 days at NCYCC. Residents are not sent to PGYCC who have sex offenses.

	· Mental health and intake staff interviews confirmed that if a resident discloses sexual abuse, reports are completed, a mental health referral is made, senior psychologists screen the resident the same day or the next day – or up to 10 days if the incident is long ago. · Zero disclosures were made at PGYCC. · In addition, if a disclosure is made at PGYCC, the follow-up would be provided by NCYCC mental health staff within the same time frame. All residents sign the Limits to confidentiality form after it is explained, and they understand that what they say to medical and mental health staff is confidential unless it involves sexual abuse or harm to themselves or others. Residents confirmed signing this form and understanding it.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115. 382: Access to Emergency Medical and Mental Health Services **Compliance Determination**: Exceeds Compliance - after Corrective Action: 115.382 a, b, c, d Acronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp • NCYCC: Northern California Youth Correctional Center **Documentation Reviewed for Interim Report Compliance:** DJJ Facility Coordinated Response Plan; PGYCC Coordinated Response Plan; PREA flipbook guide; PREA First Responder read and sign document; Custody Supervisor PREA Checklist; Watch Commander PREA Notification Checklist; PREA Policy 1445, page 16.17c; Pre-Audit Questionnaire; First Responder Contact Guide-half sheet. **Documentation Reviewed during Corrective Action:** New Coordinated Response Plan Interviews: Medical and Mental Health staff at NCYCC; Medical staff at PGYCC, First Responder Staff, superintendent, staff. Site Review Observations: included: observations and interviews. The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. **115.382 a, c: Compliant after corrective action:** Standard Requirements: (a) *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.* *(c) 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.* **Policy/Procedure, Forms, Documentation, and Paperwork Assessment for the Interim Report:** The PGYCC Coordinated Response Plan is difficult to follow and determines the roles of each responsible party. It is also difficult to follow the process. Because it will often involve two facilities and multiple agencies, this plan needs clarity and specificity. For this standard, 115.382a: The Coordinated Response Plan is not specific or clear on the following processes, responsibilities, and roles: · The medical and mental health responsibilities are not clear about the process for residents to receive timely, unimpeded access to emergency medical treatment and crisis intervention services. · The roles that ensure this access is timely and unimpeded, as well as what each responsible party is required to do. (NCYCC and PGYCC). · The nature and scope of the services are determined by medical and mental health practitioners, according to their professional judgment. · Resident victims of sexual abuse timely information about emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. · The roles for medical and mental health maintenance of secondary materials. PREA Policy 1445, page 16, section 17c: As required in Penal Code section 2638 (part of AB 550), immediate HIV/AIDS prophylactic measures will be provided. In

addition, information regarding sexually transmitted infections, HIV, and pregnancy options, will be discussed with the victim and/or suspect. Testing for sexually transmitted infections, HIV, and pregnancy (if appropriate) will be offered.
The Practice Assessment:

Interviews conclude the following practice:

If the PGYCC Nurse is on duty, she will assist in providing emergency medical care, assist in preserving evidence and prepare the resident to go to the hospital.

NCYCC Central Administration uses the PREA Transportation Guide, DJJ 8.131 form to prepare the youth for transport to the hospital. using the transportation protocol, to protect evidence, will transport the resident to NCYCC/San Joaquin Hospital.

In the case of sexual abuse of a resident at PGYCC, emergency medical services are provided at NCYCC, 60 miles from PGYCC, due to the limited medical and mental health services at PGYCC.

The resident is treated by an NCYCC physician or registered nurse on an emergent basis.

The Camp EO will call the SANE at San Joaquin County General Hospital (209-468-6000) and request to speak to a Sexual Assault Nurse Examiner (SANE).

The Camp EO will call Operation Care advocate (209-223-2600) and request an advocate to respond to the San Joaquin County General Hospital

The SANE will make a recommendation regarding whether or not to have the youth brought to San Joaquin County General Hospital to have a Forensic Medical Examination.

The Locally Designated Investigator, at PGYCC, makes the referral to mental health, at NCYCC, for any resident who has experienced sexual abuse. This mental health assessment and treatment occurs at NCYCC.

The PGYCC resident is not returned to PGYCC, after a forensic exam, but to NCYCC to ensure medical and mental health evaluation and services are provided to the resident based on the professional judgment of medical and mental health staff. This includes immediate HIV/AIDS prophylactic measures, information, and/or treatment, regarding sexually transmitted infections, and HIV. (115.381c)

Interviews confirm the above process for medical and mental health services for victims of sexual abuse at PGYCC.

Interim Report Compliance Assessment Statement for 115.382 a and c :

PGYCC is non-compliant for 115.382a and c, due to the PGYCC Coordinated Response Plan needing specificity and clarification on the actions, roles, and responsibilities of staff, management, and other agencies and/or facilities, to include:

(a) 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.

(c) 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.

During Corrective Action for 115.382a and c:

PGYCC created, implemented, and trained all staff on a new PREA Coordinated Response Plan (July 2021). This plan is specific and includes a detailed plan for resident victims of sexual abuse to receive timely, unimpeded access to emergency medical treatment and crisis intervention services-as determined by medical and mental health practitioners. The following parts of the Coordinated Response Plan document the practice already in place:

Following a suspected or alleged incident of sexual abuse:

Camp Medical Staff: 1. If on-site at the time of the allegation, collect basic information from the victim and conduct a cursory exam to assess for injuries and suicide risk. 2. Provide basic medical care for acute injuries. 3. Preserve forensic evidence, to the extent possible. 4. Advise the victim of his or her right to a medical forensic exam at no cost. 5. Contact the Sexual Assault Nurse Examiner (SANE) to provide the victim with additional information regarding the forensic exam process, as needed. 6. Confer with the Sexual Assault Nurse Examiner (SANE), as needed, to determine whether a medical forensic exam may be medically necessary. 7. Inform the Camp Superintendent and PCM if a medical forensic exam is medically necessary. 8. Send a Records Release Authorization Form with the victim to the exam site. 9. Document that the alleged victim and youth perpetrator(s) were examined. 10. If the victim will be immediately transported for a medical forensic exam,

conduct a follow-up with the victim within 24 hours of the allegation. 6 Refer the alleged victim for mental health follow-up within 48 hours. 12. Share information related to the incident as permitted by law and with only those people who need to know to ensure the victim's safety, conduct the investigation, or provide treatment to the victim or alleged perpetrator. 13. If not on-site at the time of the allegation, respond to the camp within an hour of being contacted, or upon the victim's return to the facility.

NCYCC Mental Health Staff: 1. If not on-site at the time of the allegation, respond to the camp no more than 12 hours after being contacted.

Sexual Assault Nurse Examiner or Sexual Assault Forensic Examiner: 1. Confer with the Camp Superintendent or designee, camp medical staff, PCM/Court Liaison, or law enforcement investigators regarding the need for a medical forensic exam, if contacted. 2. Be available by phone to provide the victim with additional information regarding the medical forensic exam, if requested. 15. Share information related to the incident as permitted by law and with only those people who need to know to ensure the victim's safety, conduct the investigation, or provide treatment to the victim or alleged perpetrator.

Rape Crisis Advocate: 1. Provide advocacy, support, and crisis intervention to the victim, if contacted. 2. Respond in person to the camp, when possible, to provide services to the victim. 3. Maintain confidentiality at all times, except as permitted by law.

During the Forensic Medical Exam:

Sexual Assault Nurse Examiner: 1. Communicate with the Sheriff's Office and any law enforcement officials present to gather needed information and arrange logistics of the exam, with consideration for the victim's comfort and privacy. 2. Interview the victim to gather a health history and information about the assault. 3. Obtain informed consent prior to performing the exam. 4. Complete the medical forensic exam, as permitted by the victim. 5. Collect and preserve forensic evidence. 6. Provide necessary medical care, including sexually transmitted infection (STI) prophylaxis and emergency contraception. When HIV prophylaxis is requested by the victim or indicated medically, provide a referral to the attending physician, and note in the discharge instructions. 7. Document all findings. 8. Provide resources, referrals, discharge instructions, and follow-up treatment planning to the victim. Discharge instructions will be provided to the Sheriff's Deputy, with the victim's release, or provided directly to the victim. 9. With the victim's permission, coordinate with camp medical staff to ensure continuity of care. 10. Retain custody of the medical forensic evidence until recovered by law enforcement. 11. Share exam findings with the investigating law enforcement agency and camp LDI, as permitted by law and by the victim.

Rape Crisis Advocate: 1. Give the victim the "Notice of Rights" and obtain informed consent before providing advocacy services. 2. Meet with the victim as privately as possible, as soon as possible after their arrival at the exam site. 3. Inform the victim of the right for a victim advocate to be present during the medical forensic exam and investigative interviews. 4. Answer the victim's questions about the medical forensic exam and investigation, as needed. 5. Provide support and crisis intervention to the victim. 6. Accompany the victim during the medical forensic exam, if requested. 7. Ensure the victim's privacy and comfort as much as possible. 8. Provide information about follow-up services.

If a Forensic exam is not conducted:

Camp Medical Staff: 1. Provide the victim with immediate medical care for acute injuries. 2. Obtain referrals from the camp physician for HIV and STI prophylaxis and emergency contraception, if necessary. 3. Offer tests for STIs, as medically appropriate. 4. Provide medical treatment to the victim at no cost and regardless of whether the victim names the abuser or cooperates with the investigation. 5. Collect and preserve any evidence. 6. Notify NCYCC mental health staff to ensure emergency mental health care.

NCYCC Mental Health Staff: 1. Conduct a diagnostic evaluation or crisis assessment to determine the victim's mental health needs and any risk of suicide. 2. Provide immediate crisis intervention and any needed emergency mental health care to the victim at no cost to him and regardless of whether the victim names the abuser or cooperates with the investigation.

Rape Crisis Advocate: 1. Respond to the camp in person, if possible, or by telephone. 2. Meet with the victim as privately as possible, as soon as possible. 3. Give the victim the "Notice of Rights" and obtain informed consent before providing advocacy services. 4. Provide the victim with confidential crisis intervention, support, information, and referrals. 5. Provide information about follow-up services.

Following the exam/after acute care is provided:

Camp Medical Staff: 1. Provide medical treatment to the victim related to the sexual assault at no cost and regardless of whether the victim names the abuser or cooperates with the investigation. 2. Offer a pregnancy test to all female victims of sexual abuse, if not previously administered. 3. Coordinate with the SANE regarding follow-up instructions and care for the victim. 4. Provide follow-up medical care, including testing and treatment for STIs and HIV. 5. Arrange for the victim to have follow-up services with a rape crisis advocate if desired.

NCYCC Mental Health Staff: 1. Provide mental health treatment to the victim at no cost to him and regardless of whether the

victim names the abuser or cooperates with the investigation.

Sexual Assault Nurse Examiner: 1. Follow up with other members of the coordinated response team, as needed. 2. Maintain medical forensic exam records in a secure location. Rape Crisis Advocate: 1. Provide the victim with resources, referrals, and information on healing from sexual abuse and the investigative process. 2. Offer follow-up rape crisis services, including in-person crisis intervention, if possible. 3. Provide the victim with a Victim Compensation Application, and assist the victim to complete the application, if requested. 4. Communicate with other coordinated response members to coordinate services, while maintaining victim confidentiality.

Follow-up/long term duties:

Camp Medical Staff: 1. Provide follow-up medical evaluation and treatment, including treatment plans, necessary care, and referrals for continued care following a victim's transfer to other facilities or their release from custody. 2. Offer tests for STIs, as indicated medically. 3. Offer serial pregnancy tests to all female victims of sexual abuse, when necessary (not applicable to camp youth residents). 4. Ensure the victim receives medical services consistent with the community level of care. 5. Attend Camp SART and Sexual Abuse Incident Review meetings.

NCYCC Mental Health Staff: 1. Provide mental health care and treatment, as needed, including follow-up services, treatment plans, and referrals for continued care following a victim's transfer to other facilities or release from custody. 2. Ensure the victim receives mental health care consistent with the community level of care. 3. Attempt to conduct a mental health evaluation of all youths who commit sexual abuse in custody within 60 days of learning of such abuse history and offer treatment and/or referrals for treatment, when indicated. 4. Attend Camp SART and Sexual Abuse Incident Review meetings. Sexual Assault Nurse Examiner: 1. Confer with prosecutors and participate in pre-trial depositions, as necessary. 2. Be available to testify as a witness in the criminal prosecution. 3. Attend Camp SART and Sexual Abuse Incident Review meetings.

Rape Crisis Advocate: 1. Provide the victim with confidential follow-up services, such as short-term counseling, advocacy, information, and referrals. 2. Provide accompaniment for victims during forensic exams, interviews with law enforcement, and court proceedings, as requested. 3. Review the SART evaluation form; share information in the Sexual Assault Incident Review meeting. 4. Attend Camp SART and Sexual Abuse Incident Review meetings.

PGYCC is compliant, after corrective action, with PREA standard 115.382a, and c. This was done by creating a detailed Coordinated Response Plan, that documents the practice already in place, to ensure 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.

115.382a and c: Compliant after corrective action

115.382b: Standard Requirement

(b) *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 take preliminary steps to protect the victim pursuant to 115.362 and shall immediately notify the appropriate medical and mental health practitioners.*

Policy/Procedure, Forms, Documentation, and Paperwork Assessment:

PREA First Responder read and sign Document:

· Reviews the roles and responsibilities of PREA first Responders for in-service training.

· Requires the first responder staff to separate the alleged victim and suspect/perpetrator; assess immediate medical and custody needs, ask the victim if they have any injuries or physical concerns or need immediate medical attention, and notify the medical personnel and contact the supervisor.

· Requires the Custody Supervisor ensures no visual or physical contact occurs between the victim and suspect, assign custody escort for the victim and separately for the suspect, explain right to victim support person and victim advocate, contact victim advocate, ensure medical assessment has been initiated,

First Responder PREA Contact Guide:

Requires the first responder to ensure no contact between the victim and suspect, assess immediate medical and custody needs, contact the supervisor, and escort to designated medical location.

Requires the Watch Commander to notify Child Protective Services, San Joaquin Hospital SANE, and the local Rape Crisis Center to obtain a victim advocate,

PREA Quick Series Flipbook Guide:

· Victims of sexual abuse must be given emergency medical treatment and crisis intervention services quickly.

·Decisions about these critical services must be made by medical and mental health professionals.

· Agencies cannot delay access to the services.

·If there are no qualified medical or mental health practitioners on duty, first responders must protect the victim (see the tab for 115.362 responding standards), immediately contact medical and mental health practitioners.

Watch Commander PREA Notification Checklist:

· Specific checklist to ensure all notifications are made investigator PC, superintendent, DJJ headquarters staff, CPS, Medical, Rape Crisis Center, a trained victim advocate from the facility, assign staff to transportation to ensure safe and orderly transportation of youth and collection of evidence.

Facility Coordinated Response Plan:

· Separate the victim, by sight and sound, from the suspect/perpetrator.

· If a youth needs immediate medical attention, the youth will be examined and treated by an NCYCC physician or registered nurse on an emergent basis.

· All staff shall display sensitivity to the potential emotional impact of the situation.

· Fill out a form, DJJ 1.143 to protect the name of the victim from becoming a public record. (Must be done for victims under 18 and can be done for victims over 18, if they choose)

· Call Operation Care, for a counselor

· Submit a referral to Mental Health.

The Practice Assessment, of PGYCC-compliant:

Staff at PGYCC have received First Responder Training and interviews confirmed that in the case of a sexual abuse incident, staff, including first responders and supervisors, would ensure the safety of the victim by separating, by sight and sound, the victim and suspect/perpetrator; notify the supervisor, ensure the preservation of evidence, assess medical needs, notify the nurse, or arrange transportation of the victim to NCYCC for emergency medical services, and make a mental health referral.

In addition, staff had a half sheet First Responders Guide and a Quick Series PREA Guide Flip Book, which they could refer to ensure they take all steps necessary for the safety of the victim.

100% of the staff interviewed were able to describe what they would do if there was an incident of sexual abuse at PGYCC. To protect the victim and ensure medical care. The LDI, who does the initial interview of the victim, makes a referral to mental health, to ensure all services are provided to the victim.

Compliance Assessment for 115.382b:

Paperwork:

Review of checklists and the Coordinated Response Plan confirmed the required steps to protect the victim and the documenting of those steps-including separation of the victim and suspect and medical, and mental health services/referral; however, the Coordinated Response Plan is in corrective action (see 115.365) for clarification of roles and responsibilities, as well as clarity of the process.

During Corrective Action: A new more detailed Coordinated Response Plan for PGYCC was developed and implemented to clarify all actions and zero cost to the resident. All staff received training and documentation of understanding is included in audit documentation, even though a training requirement was not required in corrective action.

Practice: Compliant

PGYCC is practice compliant with standard 115.382b.

Staff is trained as first responders and sign their understanding on the PREA First Responder Read and Sign. In addition, they have the PREA Guide Flip Book and the half-page 1st Responder PREA Contact Guide to refer to and ensure all requirements are complete when acting as a first responder. In addition, during corrective action, a new and detailed Coordinated Response Plan was developed and implemented. Staff was trained on the new plan. Documentation uploaded to this audit.

Staff interviews confirmed practice knowledge of their first responder duties to protect the victim.

115.382d: Compliant after corrective action:

Standard Requirements:

(d) *Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.*

Policy/Procedure, Forms, Documentation, and Paperwork Assessment:

Pre-Audit Questionnaire:

· States that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperated with any investigation arising out of the incident.

DJJ contract with San Joaquin Hospital:

· Provides specifications on the services the hospital will provide to DJJ victims and suspects of sexual abuse. This includes costs that are to be billed to the DJJ and paid by the DJJ. The costs are specifically specified and allow for no deviation, due to additional individual medical needs.

DJJ MOU with Operation Care:

· This agreement specifies services Operation Care will provide to DJJ sexual abuse victims. These include victim advocates and follow-up services, as well as emotional support services. All costs involved are billed to the DJJ and not to the victim.

DJJ Institutions and Camps Manual 6163 General Policy:

· Financial Responsibility: "The Department is financially responsible for the health care of all youthful offenders in Youth Authority institutions, camps, and reception centers and clinics, including those on a day pass or furlough status. Financial responsibility also includes wards on escape status if, at the time of apprehension, the ward is injured. The Youth Authority may underwrite medical costs or provide medical or dental care for parolees when such care cannot be authorized in the community."

The Coordinated Response Plan

· This does not clarify that it is the DJJ's financial responsibility to ensure resident sexual abuse victims receive medical, mental health, advocate, and emotional support services at no cost to the victim.

During Corrective Action: A new Coordinated Response Plan was developed and implemented. It included the following, which documented the practice in place of providing services at no cost to the victim:

· Camp Medical Staff: 1. Provide medical treatment to the victim related to the sexual assault at no cost and regardless of whether the victim names the abuser or cooperates with the investigation.

· NCYCC Mental Health Staff: 1. Provide mental health treatment to the victim at no cost to him and regardless of whether the victim names the abuser or cooperates with the investigation.

115.382d: Compliant after corrective action

There have been zero allegations of sexual abuse at PGYCC and so there are zero records or staff that have experienced the practice required by paperwork, policy, and PGYCC Coordinated Response Plan requirements.

Practice: Interviews with management staff confirmed that the DJJ has never and would not charge a resident for the required services, for an incident of sexual abuse.

Paperwork, policy, and documentation confirm that resident victims are not charged for services related to sexual abuse.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115. 383 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers **Compliance Determination: Exceeds Compliance** Acronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp • NCYCC: Northern California Youth Center Documentation Reviewed for Compliance: PREA Policy 1445: page 14.15 Medical Services Responsibilities; The Resident Rights Handbook; Contract with San Joaquin Hospital, MOU with Operation Care. Interviews: Medical and Mental Health Staff NCYCC, Residents, Staff, PC, Superintendent, Medical staff at PGYCC Site Review Observations: included: observations and interviews. The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. **115. 383 a-h:** Standard Requirements: (a) *The facility shall 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.* *(b) 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) The facility shall provide such victims with medical and mental health services consistent with the community level of care.* *(f) Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.* *(g) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.* (h) The facility 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. **Policy/Procedure, Forms, Documentation, and Paperwork Assessment:** PREA Policy 1445: page 14-17 Medical Services Responsibilities; Page 17-18 Mental Health Responsibilities Medical: Victims of staff sexual misconduct or sexual violence that included sexually abusive vaginal penetration shall be offered pregnancy tests and, if pregnancy results, victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Victims of staff sexual misconduct or sexual violence shall be offered tests for sexually transmitted infections as medically appropriate. Mental Health: All victims of sexual violence or staff sexual misconduct shall be referred for a routine evaluation by a mental health clinician upon his/her return to the facility unless the referral is upgraded to “urgent” due to signs of trauma as discussed above. The mental health clinician completing the mental health evaluation shall ensure that the victim receives appropriate mental

health services.

Any stressors related to the reported sexual violence/staff sexual misconduct (e.g., safety/security issues or fear of retaliation) shall be documented in the Unified Health Record and considered in the decision regarding the victim's need for mental health services.

Any victim who requests mental health services related to reported sexual violence/ staff sexual misconduct shall be provided services as deemed appropriate (i.e., individual and/or group therapy, referral to a psychiatrist for medication evaluation, etc.).

Specific responsibilities of mental health staff shall be consistent with DJJ policies and procedures supplemented by local operating policies and procedures.

The Residents Rights Handbook: PGYCC Camp Criteria:

Residents are trained by CAL Fire and are certified to participate in wildland firefighting operations.

Eligibility: has at least 4 months and no more than 36 months detention time to serve; age range from 17.6 years and up to 25 years of age; free of any serious DDMS for the past 60 days; residents' behavior and history considered, including incentive level and staff and community recommendations.

Exclusions: medically unfit for firefighting duties and in-camp duties; history of escape by force or violence from any state or county facility; history of sustained juvenile court petition or criminal court conviction of arson, history of possession of manufacture of an explosive device; history of an offense that is sex-related; active holds or pending court actions.

Needs exemption approval: runaway or AWOL history; mental health history—requires the resident to be free from psychotropic medications for 4 months and no self-injurious behavior for 2 years; Serious DDMS within 60 days; sexual misconduct DDMS; Medically unfit for firefighting duties, but suitable for in-camp placement.

The Practice Assessment: Interviews

NCYCC 45-day intake facility:

Prior to residents being transferred to PGYCC, they are at a 45-day intake facility (NCYCC) where they receive all their assessments, including medical, mental health, PREA Risk Assessment, disability, and education, including cognitive abilities, and learning disabilities, and a treatment interviews and tests.

Reports of prior sexual abuse receive a referral to mental health and screening by the senior psychologist the same day or the next day – or up to 10 days if the abuse is long ago.

If a resident is a former sex abuser or reports a sex offense he has not been adjudicated for, the resident receives a mental health evaluation within the 45 days at NCYCC and is screened for the level of treatment needed and provided with sex offender treatment or ongoing individual work for youth not adjudicated. (Not normal sexual acting out).(115.383h)

At the end of all assessments, referrals, and evaluations, the resident is screened for an appropriate placement, follow-up services, and referrals for continued care to the facility they are being transferred to. (115.383a, b)

PGYCC:

Residents who have former sex offenses or ongoing need for mental health services are not sent to PGYCC. This is a wildfire conservation camp that specialized in training for and fighting wildfires, as well as the forest conservation measures needed to maintain the forests. The residents are 17 and 6 months to 25 years of age and are screened for high functioning ability to work under the stressful conditions of fighting fires in the communities of California. Other exclusions include medically unfit for firefighting duties and in-camp duties; history of escape by force or violence from any state or county facility; history of sustained juvenile court petition or criminal court conviction of arson, history of possession of manufacture of an explosive device; history of an offense that is sex-related; active holds or pending court actions.

PGYCC does not have mental health staff and has limited medical staff.

There has never been an allegation of sexual abuse at PGYCC; however, if there was, the resident would be transferred to NCYCC for treatment, tests, and services-including tests for sexually transmitted infections as medically appropriate. This treatment would be covered by the DJJ contracts with the San Joaquin Hospital, NCYCC mental health staff, and the MOU with Operations Care for advocate and emotional support services. (115.383f, g)

Standards that do not apply to PGYCC, due to being an all-male facility:

(d) *Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. N/A all-male facility*

	(e) If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. N/A All male facility **Compliance Assessment statement for 115.383** PGYCC, along with supportive services from NCYCC, exceeds compliance with standard 115.383 a-h, with d and e being N/A-due to being an all-male facility.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115. 386: Sexual Abuse Incident Reviews **Compliance Determination:** Compliant Acronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp • PCM: PREA compliance Manager Documentation Reviewed for Compliance: PREA Policy 1445, pg. 22-23.30; Institutional PREA Review Committee. PCM; Incident Review Team; IPRC PREA Review and Analysis Report. Interviews: Superintendent, Superintendent. Site Review Observations included site observations and interviews. The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. **115.386 a, b, d, e:** Standard Requirements: (a) *The facility 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.* *(b) Such review shall ordinarily occur within 30 days of the conclusion of the investigation.* *(c) The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.* *(d) 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 facility head and PREA compliance manager.* *15.386 (e) The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.* **Policy/Procedure, Forms, Documentation, and Paperwork Assessment:** The following is the policy that outlines how Sexual Abuse Incident Reviews are required to be conducted at PGYCC. This policy complies with this standard's requirements that PGYCC conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation unless the investigation is determined to be unfounded. (115.386a) PREA Policy 1445, pg. 22-23.30; Institutional PREA Review Committee. • Each facility is required to conduct an incident review at the conclusion of every sexual violence or staff sexual misconduct investigation, including allegations that have not been substantiated. A review is not required for allegations that have been determined to be unfounded. (115.386a • The PREA Compliance Manager shall schedule these PREA incidents for review by the Institutional PREA Review Committee (IPRC) within 30 days of the conclusion of any investigation. P 23: Institutional Review Committee. (115.386b

- The IPRC is a committee of facility staff chaired by the Superintendent tasked with reviewing these PREA related incidents except those determined to be unfounded.
- The IPRC shall normally be comprised of the following staff: Superintendent or designee, as chairperson and final decision-maker, PREA Compliance Manager, at least one other manager, Training Officer, Health Care Clinician, Mental Health Clinician, and Chief of Security. (115.386c)
- The IPRC shall: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. Assess the adequacy of staffing levels in that area during different shifts; Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. (115.386d)
- Prepare a report of its findings and any recommendations for improvement. Determine a plan to correct findings and document in the report. Document implementation of the Action Plan or reasons for not doing so and submit the report to the Superintendent for final review before submission to the DJJ PREA Coordinator. (115.386e)
- This is the form that is required to be used by PGYCC to document the review and report on the findings: IPRC Review and Analysis Report Form.
- This form includes the date of review, attendees, allegation, incident time and date, type of incident and description, checkboxes for findings; approved by signature, and date.

PGYCC Practice Assessment:

PGYCC has not had any allegations of sexual abuse, so there were no completed IPRC Review and Analysis Forms to review.

Interviews confirmed the following:

The Superintendent of PGYCC chairs the IPRC. However, zero reviews have been conducted at PGYCC due to zero allegations of sexual abuse.

Upon competition of the investigation, the PREA folder will be created. This will consist of the applicable reports; medical report of injury or Occurrence DJJ form 8.412 Section Five (Medical Attention); The Confidential Memoranda from the Locally Designated Investigator (LDI); DDMS Reports, as appropriate; and the SSV-IJ form. This folder is routed to the PGYCC PREA Compliance Manager (PCM) where staff suspect names are redacted.

The PCM would schedule a review within 30 days of the conclusion of the investigation. (115.386a, b)

For an incident of sexual abuse, the IPRC would consist of the superintendent, the PCM, another supervisor, medical staff, with input from other relevant staff. (115.386c)

The IPRC would use the IPRC Review and Analysis Report Form and assess all required areas (the IPRC conducted within 30 days of the investigation; is there a need to change policy or practice; was the allegation or incident motivated by race, ethnicity, gender identity, LGBTI identification, or other status or perceived status; was the area examined to determine if any physical barriers in the area may enable abuse; were there adequate staffing levels in the area, during different shifts assessed; and was the daily schedule reviewed. (115.386d)

The IPRC then prepares a report of its findings and any recommendations for improvement. A plan is made to correct findings and document this in the report. The IPRC will document the implementation of the action plan or reason for not doing so and then submit the report to the Superintendent for final review before it is then submitted to the DJJ PREA Coordinator. (115.386e)

The PREA Compliance Manager follows up on the action plan and documents and the DJJ PREA Coordinator follows up with quarterly and annual reviews.

Compliance Assessment statement for 115.386 a-e:

PGYCC is compliant with standard 115.386 a-e.

DJJ PREA Policy, PREA Policy 1445, pg. 22-23.30: Institutional PREA Review Committee covers all requirements of this standard.

Interviews confirmed that there have been zero allegations of sexual abuse, therefore zero Sexual Abuse Incident Reviews were completed. Interviews also confirmed knowledge of this required process, timelines, forms to use for documentation, members of the IPRC, reporting, and actions required to either document the implementation of the required actions, or the reason they were not completed.

115.387	Data collection
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115. 387 Data Collection **Compliance Determination:** Exceeds Compliance Acronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp • PCM: PREA compliance Manager • LDI: Locally Designated Investigator • SSV-IJ: Survey of Sexual Violence-Incident Juvenile Form • BJJ: Bureau of Juvenile Justice Statistics • PC: DJJ PREA Coordinator Documentation Reviewed for Compliance: PREA Policy 1445, pg. 23, section 33: SSV-Ij Form; CDCR 2029 PREA Report; Website: https://www.cdcr.ca.gov/juvenile-justice/division-of-juvenile-justice-djj/prea/prea-reports-and-audits/; Sexual Victimization Reported by Juvenile Justice Authorities, 2013–2018. Interviews: PCM, PC, LDI Site Review Observations included observations and interviews. The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. **115. 387 a, b** Standard Requirements: (a) *The agency 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.* *(b) The agency shall aggregate the incident-based sexual abuse data at least annually.* *(c) 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.* *(d) The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.* *e) The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.* *(f) Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.* Policy/Procedure, Forms, Documentation, and Paperwork Assessment: PREA Policy 1445, pg. 24-25, sections 33 and 34: The PREA Compliance Manager shall report investigations into allegations of sexual violence and staff sexual misconduct on the monthly update of the Annual Tracking Report (ATR), including whether the perpetrator was a staff member or offender, disposition, or current status. This information shall be reported to the Division's PREA Coordinator by the fifth day of every month. Additionally, the Locally Designated Investigator shall be responsible for completing the Survey of Sexual Violence-Incident Juvenile (SSV-IJ). The SSV-IJ will be submitted to the Division PREA Coordinator no later than the next business day from the date of the allegation. (115.387 a, b) The OIA shall maintain records of investigations into allegations of staff/offender sexual misconduct and will report by case number, the type of sexual misconduct, subcategory (male staff with the female offender, female staff with the male offender,

etc.); whether the allegations were sustained; and whether a DA referral was made. (115.387d)

The California DJJ shall aggregate the incident-based data at least annually. The 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 United States Department of Justice. (115.387d)

California DJJ shall maintain, review, and collect data as needed from all available documents including incident reports, investigation files, and PREA incident reviews. Upon request, the agency shall provide all such data from the previous calendar year to the United States Department of Justice no later than June 30. (115.387d, e, f)

Reports 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 division's progress in addressing sexual violence and staff sexual misconduct.

The report shall be approved by the California DJJ Secretary and made readily available to the public through the California DJJ website. Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility; however, the report must indicate the nature of the material redacted.

California DJJ shall ensure that all PREA data collected are securely retained. All aggregated PREA data shall be made readily available to the public at least annually through the California DJJ website. Before making aggregated PREA data publicly available, all personal identifiers shall be removed. PREA data collected shall be maintained for 10 years after the date of the initial collection. (115.387d)

SSV-IJ Form

This form has all the required information and standard definitions necessary to report yearly to the BJJ. (115.387c) It includes date of incident, facility, where it occurred, video monitoring in the area, time of the incident, number of victims, victims sex or gender identity, victims age, race or ethnicity, any injury sustained, medical treatment, who reported the allegation, confirmation of medical testing and treatment provided, placement of victim after the incident was reported; type of sexual violence, number of perpetrators and same information collected on victim except adding if there was the pressure of physical force used, what sanction was imposed. If a staff: demographic information plus the type of staff (full or part-time, contractor, volunteer, other), position description of the staff involved, sanction, and how long the staff worked at the facility.

California DJJ 2019 Annual PREA Report:

This report includes statistics on all DJJ facilities. This includes by category of abuse, the total for all facilities, a summary of the comparison from the previous year, trends since 2015, PREA related activities for compliance, and is signed by the Director of DJJ.

Juvenile Correctional Facilities, 2018 - Statistical Tables

- Zero allegations at PGYCC were reported.

SSV5 2019 Agency Report:

- California DJJ Yearly SSV agency report. Four Juvenile Facilities, 760 residents in facilities in 2019, zero substantiated reports of non-consensual sexual acts, one substantiated sexual harassment report, one substantiated allegation of staff sexual misconduct for all facilities.

PGYCC Practice Assessment (Interviews)

The Locally Designated Investigator fills out the SSV-IJ form, which is a standardized instrument provided by the US Department of Justice Bureau of Justice Statistics, for every allegation of sexual abuse. (115.387c)

The completed SSV-IJ form is sent, by the LDI, to the DJJ PREA Coordinator (PC) the next business day, after the allegation is made. The DJJ aggregates the SSV-IJ form monthly on the Annual Tracking Form. (115.387b).

The information, from the Annual Tracking Form and the SSV-IJ forms, are aggregated annually, by California DJJ, and sent to the BJJ. (115.387e, f)

The DJJ does not contract for the confinement of residents with any outside facility and so does not collect incident-based aggregated data from them. (115.387e)

Compliance Assessment statement for 115.387

The DJJ and PGYCC are Exceed Compliance with 115.387 a-f.

There have been zero allegations of sexual abuse at PGYCC and so zero SSV-IJ's have been filled out for this facility.

	Interviews confirm knowledge of what is required for compliance with this standard and actions taken to fill out an SSF-IJ for any allegation of sexual abuse or sexual harassment. A review of the latest report on juvenile facilities, from the BJJ, confirms there have been zero allegations from PGYCC and that agency submitted the SSV-IJ's required for all their facilities.

115.388	Data review for corrective action
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115. 388 Data Review for Corrective Action **Compliance Determination:** Exceeds Compliance Acronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp • PCM: PREA compliance Manager PC: Division PREA Coordinator LDI: Locally Designated Investigator OIA: Office of Internal Affairs Documentation Reviewed for Compliance: PREA Policy 1445, pg. 23-25, section 33 and 34; PREA Annual Report; website: https://www.cdcr.ca.gov/juvenile-justice/juvenile-justice/prea/prea-re ports-and-audits/; SSV-IJ form; PREA Annual Tracking Form; SSV5 agency 2018 and 2019 report to the BJJ. Interviews: PC, PCM, LDI Site Review Observations included observations and interviews. The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. **115.388 a, b, c, d** Standard Requirements: (a) *The agency shall 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: (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 each facility, as well as the agency as a whole.* *(b) 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.* *(c) The agency's report shall be 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.* *(d) The agency 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.* **Policy/Procedure, Forms, Documentation, and Paperwork Assessment:** PREA Policy 1445, pg. 23-25, sections 33 and 34: Division PREA Coordinator: • The Division PREA Coordinator shall select headquarters staff including the Deputy Director, Associate Director of Facility Operations, Associate Director of Mental Health, and the PREA Analyst, to participate in a quarterly review of all PREA Incidents that have been received by the DJJ (Division) PREA Coordinator. • The Division PREA Coordinator and identified staff shall: identify problem areas; Take corrective action (or follow-up on status provided by the facility) on an ongoing basis; and prepare an annual report of the group's findings and corrective actions for each facility, as well as the division as a whole. • The annual report will be routed through the chain of command to the Agency Secretary for review and approval. • Once the Secretary has approved the quarterly report, it will be forwarded to the Office of Public and Employee Communication for placement on the CDCR website. 28 CFR, Standard

PREA Policy 1445, pg. 23-25, sections 33 and 34:

- 115.388, requires the agency to review data collected pursuant to standard 115.387 in order to assess and improve the effectiveness of its sexual violence prevention, detection, and response policies, practices, and training
- Reports 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 division's progress in addressing sexual violence and staff sexual misconduct.
- The report shall be approved by the CDCR Secretary and made readily available to the public through the CDCR website. Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility; however, the report must indicate the nature of the material redacted.
- California DJJ shall ensure that all PREA data collected are securely retained. All aggregated PREA data shall be made readily available to the public at least annually through the CDCR website. Before making aggregated PREA data publicly available, all personal identifiers shall be removed. PREA data collected shall be maintained for 10 years after the date of the initial collection. (115.388c, d)

PREA Annual Report 2018:

Includes statistics for all DJJ facilities for each category of sexual abuse. It includes definitions of each category and comparisons of the previous years-back to 2015; shows a decrease of PREA allegations of 44%, includes a summary of actions taken to reduce allegations and an evaluation of improvements, training, and increased awareness; notes an increase of residents reporting prior abuse and the increase in questions to assess this prior victimization at intake; includes efforts to ensure PREA compliance, audits, need for monitoring equipment and assess physical plant limitations. (115.388a, b)

PREA Annual Report 2019:

Includes statistics for all DJJ facilities for each category of sexual abuse. It includes definitions of each category and comparisons of the previous years, back to 2015; noted that PREA allegations increased by 43%; however, the number of substantiated allegations only increased by one; notes improvement in training for youth and staff; again, historical sexual abuse allegations have increased; however that is seen as a positive for increased screening and services provided; includes efforts to ensure PREA compliance, audits, increase in monitoring equipment at NCYCC, MOU with RCC, revised PREA posters, revisions to searches policy, refresher training, contract with hospital for forensic exams, enhanced PREA screening tool, PREA pocket guides, and Block and LDI ongoing training. (115.388a, b)

PGYCC Practice Assessment:

Interviews confirmed the following:

For all reports of sexual abuse, the LDI fills out an SSV-IJ and sends it to the Division PC, within a day of the allegation.

For staff-on-resident allegations, the Office of Internal Affairs (OIA) reports the case number, type of sexual misconduct, if the allegation was substantiated, and if there was a DA referral made.

The Division PC aggregates all data in the Annual Tracking form and reviews it quarterly with the Deputy Director, Associate Director of Facility Operations, Associate Director of Mental Health, and the PREA Analyst.

The Division PC prepares an annual report (2018 and 2019 included in audit documentation) that includes statistics for all categories of abuse, identifies problem areas, identifies corrective action needed, provided, and being worked on, for each facility and the division, as well as identifies the progress made and/or needed in PREA compliance. This report compares statistics for previous years, back to 2015. (115.388a, b)

The report is reviewed to ensure all specific material that may jeopardize the safety or security of the facility or personal information of the safety of residents or staff. (115.388d)

This report is added to other division's reports, goes through an approval process by the Agency Secretary (to endure all safety material is redacted), and then is placed on the CDCR website: https://www.cdcr.ca.gov/juvenile-justice/juvenile-justice/prea/prea-re
ports-and-audits/. (115.388c, d)

Compliance Assessment statement for 115.388

The CDCR, DJJ, and PGYCC exceed compliance with 115.388 a-d.

PGYCC and the DJJ ensure ongoing collection of all allegations and information required for the SSV-JI. They go beyond the scope of this standard by compiling the information required on an ongoing basis and reviewing the information quarterly to ensure they quickly identify areas of concern, develop, and institute corrective action, and ensure all data is up to date and available to create the annual report that is published on the agency website.

	In addition, the facility and agency ensure all safety, security, and personal identifiers are redacted from the report to ensure the ongoing safety of residents and staff.

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115. 389 Data Storage, publication, and destruction **Compliance Determination:** Exceeds Compliance Acronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp • PCM: PREA compliance Manager • PC: Agency PREA Coordinator • OIA: Office of Internal Affairs Documentation Reviewed for Compliance: PREA Policy 1445, pg. 23-25; https://www.cdcr.ca.gov/juvenile-justice/juvenile-justice/prea/prea-re ports-and-audits/; DJJ Records Retention Schedule document: Interviews: PC, PCM Site Review Observations included observations and interviews. The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. **115.389 a, b, c, d:** Standard Requirements: (a) *The agency shall ensure that data collected pursuant to 115.387 are securely retained.* *(b) The agency 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.* *(c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.* *(d) The agency shall maintain sexual abuse data collected pursuant to 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.* Policy/Procedure, Forms, Documentation, and Paperwork Assessment: PREA Policy 1445, page 25 CDCR shall ensure that all PREA data collected are securely retained. All aggregated PREA data shall be made readily available to the public at least annually through the CDCR website. Before making the compiled PREA data publicly available, all personal identifiers shall be removed (115.389c.) PREA data collected shall be maintained for 10 years after the date of the initial collection. (115.389 a-d) PREA-Instructions for Records Retention Schedule (RRS): • The Investigatory File is to be retained within (each DJJ site PCM office through continuity provided to any subsequent PCM) for a minimum of 10 years for as long as the alleged abuser is committed or employed by the agency plus five years, whichever is longer. (115.389a, • For Youth-on-Youth Allegations; a copy of all items created in connection with the allegation, incident, investigation, is to be maintained in an Investigatory File/PREA File (coinciding with your PREA Allegation Log Numbers) and is retained by the (HQ PREA Coordinator & site PCM). (115.389b, c) • For Staff on Youth Allegations, a copy of all items created in connection with the allegation, incident, or inquiry are to be maintained in an Investigatory File retained by the (HQ PREA Coordinator & site PCM). • The OIA will maintain all referred, received, created PREA investigative documents and reflect the required retention in their RRS. All PREA data is to be retained for a minimum of 10 years. (115.389a, b, c) • Each facility is directed to maintain all data in a centralized location accessible to the PREA Compliance Manager

(PCM) during a PREA audit. This may include any aggregated data, any data not identified which pertains to a PREA. (115.389 a,)

- CDCR shall ensure that all PREA data collected are securely retained. All aggregated PREA data shall be made readily available to the public at least annually through the CDCR website. Before making aggregated PREA data publicly available, all personal identifiers shall be removed. PREA data collected shall be maintained for 10 years after the date of the initial collection. (115.389b, c, c)

Agency Website: https://www.cdcr.ca.gov/juvenile-justice/juvenile-justice/prea/prea-reports-and-audits/

- Annual Reports for DJJ since 2016. (115.389b
- Audit Reports for all DJJ facilities

PGYCC Practice Assessment:

Interviews confirmed the following:

There have been zero allegations of sexual abuse or sexual harassment in the last 12 months at PGYCC; all investigations of resident-on-resident sexual abuse or sexual harassment would be securely kept in the PGYCC PCM office files for a minimum of 10 years for as long as the alleged abuser is committed or employed by the agency plus five years, whichever is longer. In addition, a copy is kept in the secure files of the agency PC. (115.389a, c)

All staff-on-resident allegations/investigations would be kept in the secure investigation file with the agency PC, for a minimum of 10 years for as long as the alleged abuser is committed or employed by the agency plus five years. (115.389a, c)

For staff-on-resident sexual abuse or sexual harassment allegations. referred and investigated to the OIA are retained in a secure OIA investigative file, for a minimum of 10 years for as long as the alleged abuser is committed or employed by the agency plus five years. (115.389a, c)

PGYCC maintains all aggregated PREA data in secure PCM PREA files, for a minimum of 10 years for as long as the alleged abuser is committed or employed by the agency plus five years. (115.389a, c)

The DJJ aggregates the SSV-IJ form monthly on the Annual Tracking Form., and the information, from the Annual Tracking Form and the SSV-IJ forms, are aggregated annually, by CDCR, and sent to the BJJ. (115.387e, f)

In addition, the facility and agency ensure all safety, security, and personal identifiers are redacted from the report to ensure the ongoing safety of residents and staff. (115.389b)

Compliance Assessment statement:

PGYCC and DJJ exceed Compliance with 115.389.

PGYCC and the DJJ ensure ongoing collection of all allegations and information required for the SSV-JI. They go beyond the scope of this standard by compiling the information required on an ongoing basis and reviewing the information quarterly to ensure they quickly identify areas of concern, develop, and institute corrective action, and ensure all data is up to date and available to create the annual report that is published on the agency website.

In addition, all data is retained for a minimum of 10 years for as long as the alleged abuser is committed or employed by the agency plus five years as shown by documentation and interviews.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115. 401 Frequency and Scope of Audits **Compliance Determination:** Compliant Acronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp • PCM: PREA compliance Manager Documentation Reviewed for Compliance: Website with prior facility audit reports https://www.cdcr.ca.gov/juvenile-justice/division-of-juvenile-justice-djj/prea/prea-reports-and-audits/; Dated photographs of posting of auditors posting and contact information 6 weeks before the site-visit. Interviews: PCM, PC, PC assistant, Residents Site Review Observations include observations and interviews. The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. **115.401 a, b, h, i, m, n:** Standard Requirements: (a) *During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.* *(b) August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.* *(h) The auditor shall have access to and shall observe, all areas of the audited facilities.* *(i) The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).* *(m) The auditor shall be permitted to conduct private interviews with residents.* *(n) Residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.* **Policy/Procedure, Forms, Documentation, and Paperwork Assessment:** https://www.cdcr.ca.gov/juvenile-justice/division-of-juvenile-justice-djj/prea/prea-reports-and-audits/: Prior audits for all DJJ facilities are posted on their website. (115.401 a, b) PGYCC Practice Assessment: This is the second audit for PGYCC, and the other three DJJ facilities have audits scheduled during this audit cycle. (115.401a, b) PGYCC and DJJ gave this auditor access to all areas of the facility and the ability to observe all areas of PGYCC. (115.401h) This auditor requested and received copies of all relevant documents needed to complete this PREA audit of PGYCC. (113.401i) This auditor was permitted to conduct private interviews with all random and targeted residents at PGYCC. (115.401m)

	The auditor's contact information and information about contacting this auditor were posted in all areas of the facility. Photo documentation is included in this audit. This information was uploaded to the OAS on 3/8/2021 and the on-site audit was conducted April 20-23, 2021, 6 weeks before the site visit. Resident Interviews and dated photo documentation (115.401n) This auditor received zero confidential information or correspondence. **Compliance Assessment statement for 115.401** The DJJ and PGYCC are compliant with standard 115.401.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.403 Audit Contents and Findings **Compliance Determination**: compliant 115.403 Audit Contents and Findings Compliance Determination: Compliant Acronyms used in this standard report: • CDCR: California Department of Corrections and Rehabilitation • DJJ: Division of Juvenile Justice • PGYCC: Pine Grove Youth Conservation Camp • PCM: PREA Compliance Manager Documentation Reviewed for Compliance: https://www.cdcr.ca.gov/juvenile-justice/division-of-juvenile-justice-djj/prea/prea-reports-and-audits/ Interviews: Site Review Observations included site observations and interviews. The Division of Juvenile Justice (DJJ) PREA Coordinator (PC), PGYCC and DJJ site reviews, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations. **115.403 f** Standard Requirements: (f) The agency shall ensure that the auditor's final report is published on the agency's website if it has one or is otherwise made readily available to the public. PGYCC Practice Assessment: All previous audits are posted on the following agency website: https://www.cdcr.ca.gov/juvenile-justice/division-of-juvenile-justice-djj/prea/prea-reports-and-audits/ **Compliance Assessment statement for 115.403** The DJJ and PGYCC are compliant with 115.403.

Appendix: Provision Findings		
115.311 (a)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.311 (c)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	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
	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
115.312 (a)	**Contracting with other entities for the confinement of residents**	
	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.)	na
115.312 (b)	**Contracting with other entities for the confinement of residents**	
	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 OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	**Supervision and monitoring**	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	**Supervision and monitoring**	
	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 only until October 1, 2017.)	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 only until October 1, 2017.)	na
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	na
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	na
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	no
115.313 (d)	**Supervision and monitoring**	
	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
	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
	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
	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
115.313 (e)	**Supervision and monitoring**	
	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
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	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
115.315 (a)	**Limits to cross-gender viewing and searches**	
	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
115.315 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility implement policies and 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
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	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
115.315 (e)	**Limits to cross-gender viewing and searches**	
	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
	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
115.315 (f)	**Limits to cross-gender viewing and searches**	
	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
	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

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	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
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	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
	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
	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: Who are blind or have low vision?	yes
115.316 (b)	**Residents with disabilities and residents who are limited English proficient**	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.316 (c)	**Residents with disabilities and residents who are limited English proficient**	
	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
115.317 (a)	**Hiring and promotion decisions**	
	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
	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
	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 bullet immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes
115.317 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	no
115.317 (c)	**Hiring and promotion decisions**	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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?	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?	no
115.317 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	no

115.317 (e)	**Hiring and promotion decisions**	
	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?	no
115.317 (f)	**Hiring and promotion decisions**	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	**Hiring and promotion decisions**	
	Unless prohibited by law, 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.)	no
115.318 (a)	**Upgrades to facilities and technologies**	
	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.)	na
115.318 (b)	**Upgrades to facilities and technologies**	
	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.)	na
115.321 (a)	**Evidence protocol and forensic medical examinations**	
	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

115.321 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	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
115.321 (c)	**Evidence protocol and forensic medical examinations**	
	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 evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	**Evidence protocol and forensic medical examinations**	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	**Evidence protocol and forensic medical examinations**	
	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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na

115.322 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	no
	Does the agency document all such referrals?	yes
115.322 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	no
115.331 (a)	**Employee training**	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	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
	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
	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
	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
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	**Employee training**	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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
115.331 (c)	**Employee training**	
	Have all current employees who may have contact with residents received such training?	yes
	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
	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
115.331 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	**Volunteer and contractor training**	
	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
115.332 (b)	**Volunteer and contractor training**	
	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
115.332 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	**Resident education**	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	**Resident education**	
	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
	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
	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
115.333 (c)	**Resident education**	
	Have all residents received such education?	yes
	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
115.333 (d)	**Resident education**	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	**Resident education**	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	**Resident education**	
	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
115.334 (a)	**Specialized training: Investigations**	
	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

115.334 (b)	Specialized training: Investigations	
	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
	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
	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
	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
115.334 (c)	**Specialized training: Investigations**	
	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
115.335 (a)	**Specialized training: Medical and mental health care**	
	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
	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
	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
	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
115.335 (b)	**Specialized training: Medical and mental health care**	
	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.)	na
115.335 (c)	**Specialized training: Medical and mental health care**	
	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

115.335 (d)	**Specialized training: Medical and mental health care**	
	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
	Do medical and mental health care practitioners contracted by and 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
115.341 (a)	**Obtaining information from residents**	
	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
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	**Obtaining information from residents**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	**Obtaining information from residents**	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: 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
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	**Obtaining information from residents**	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	**Obtaining information from residents**	
	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
115.342 (a)	**Placement of residents**	
	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
	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
	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
	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
	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
115.342 (b)	**Placement of residents**	
	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?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	**Placement of residents**	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	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
	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
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	**Placement of residents**	
	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
	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
115.342 (e)	**Placement of residents**	
	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
115.342 (f)	**Placement of residents**	
	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
115.342 (g)	**Placement of residents**	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	**Placement of residents**	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	**Placement of residents**	
	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?	yes

115.351 (a)	**Resident reporting**	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	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
115.351 (b)	**Resident reporting**	
	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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	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?	no
115.351 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	**Resident reporting**	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	**Exhaustion of administrative remedies**	
	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
115.352 (b)	**Exhaustion of administrative remedies**	
	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.)	na
	Does the agency always refrain from requiring an 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.)	na

115.352 (c)	**Exhaustion of administrative remedies**	
	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.)	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.)	na
115.352 (d)	**Exhaustion of administrative remedies**	
	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.)	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.)	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.)	na
115.352 (e)	**Exhaustion of administrative remedies**	
	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.)	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.)	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.)	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.)	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.)	na

115.352 (f)	**Exhaustion of administrative remedies**	
	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.)	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.)	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.)	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.)	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.)	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.)	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.)	na
115.352 (g)	**Exhaustion of administrative remedies**	
	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.)	na
115.353 (a)	**Resident access to outside confidential support services and legal representation**	
	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 accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	**Resident access to outside confidential support services and legal representation**	
	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
115.353 (c)	**Resident access to outside confidential support services and legal representation**	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	**Resident access to outside confidential support services and legal representation**	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	**Third-party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	**Staff and agency reporting duties**	
	Does the agency require 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?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	**Staff and agency reporting duties**	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	**Staff and agency reporting duties**	
	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
115.361 (d)	**Staff and agency reporting duties**	
	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
	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

115.361 (e)	**Staff and agency reporting duties**	
	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
	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
	If the 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? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	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
115.361 (f)	**Staff and agency reporting duties**	
	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
115.362 (a)	**Agency protection duties**	
	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
115.363 (a)	**Reporting to other confinement facilities**	
	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
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	**Reporting to other confinement facilities**	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	**Staff first responder duties**	
	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
	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
	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
	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
115.364 (b)	**Staff first responder duties**	
	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
115.365 (a)	**Coordinated response**	
	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
115.366 (a)	**Preservation of ability to protect residents from contact with abusers**	
	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
115.367 (a)	**Agency protection against retaliation**	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, 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?	yes

115.367 (c)	**Agency protection against retaliation**	
	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
	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
	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
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	**Agency protection against retaliation**	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	**Agency protection against retaliation**	
	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
115.368 (a)	**Post-allegation protective custody**	
	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
115.371 (a)	**Criminal and administrative agency investigations**	
	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 does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	**Criminal and administrative agency investigations**	
	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
115.371 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	**Criminal and administrative agency investigations**	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	**Criminal and administrative agency investigations**	
	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
115.371 (f)	**Criminal and administrative agency investigations**	
	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
	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
115.371 (g)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.371 (h)	**Criminal and administrative agency investigations**	
	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
115.371 (i)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	**Criminal and administrative agency investigations**	
	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
115.371 (k)	**Criminal and administrative agency investigations**	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	**Criminal and administrative agency investigations**	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	**Evidentiary standard for administrative investigations**	
	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
115.373 (a)	**Reporting to residents**	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	**Reporting to residents**	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	**Reporting to residents**	
	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
	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
	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
	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
115.373 (d)	**Reporting to residents**	
	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
	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
115.373 (e)	**Reporting to residents**	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	**Disciplinary sanctions for staff**	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	**Disciplinary sanctions for staff**	
	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
115.376 (d)	**Disciplinary sanctions for staff**	
	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
	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
115.377 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	**Corrective action for contractors and volunteers**	
	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
115.378 (a)	**Interventions and disciplinary sanctions for residents**	
	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

115.378 (b)	**Interventions and disciplinary sanctions for residents**	
	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
	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
	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
	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
	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
115.378 (c)	**Interventions and disciplinary sanctions for residents**	
	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
115.378 (d)	**Interventions and disciplinary sanctions for residents**	
	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
	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
115.378 (e)	**Interventions and disciplinary sanctions for residents**	
	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
115.378 (f)	**Interventions and disciplinary sanctions for residents**	
	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
115.378 (g)	**Interventions and disciplinary sanctions for 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
115.381 (a)	**Medical and mental health screenings; history of sexual abuse**	
	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
115.381 (b)	**Medical and mental health screenings; history of sexual abuse**	
	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

115.381 (c)	**Medical and mental health screenings; history of sexual abuse**	
	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
115.381 (d)	**Medical and mental health screenings; history of sexual abuse**	
	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
115.382 (a)	**Access to emergency medical and mental health services**	
	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
115.382 (b)	**Access to emergency medical and mental health services**	
	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
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	**Access to emergency medical and mental health services**	
	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
115.382 (d)	**Access to emergency medical and mental health services**	
	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
115.383 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	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
115.383 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	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
115.383 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	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.)	na

115.383 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	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
115.383 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	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
115.386 (a)	**Sexual abuse incident reviews**	
	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
115.386 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	**Sexual abuse incident reviews**	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.386 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	**Data collection**	
	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
115.387 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	**Data collection**	
	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
115.387 (d)	**Data collection**	
	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
115.387 (e)	**Data collection**	
	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.)	na
115.387 (f)	**Data collection**	
	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
115.388 (a)	**Data review for corrective action**	
	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
	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
	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
115.388 (b)	**Data review for corrective action**	
	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
115.388 (c)	**Data review for corrective action**	
	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
115.388 (d)	**Data review for corrective action**	
	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
115.389 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	**Data storage, publication, and destruction**	
	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

115.389 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	**Data storage, publication, and destruction**	
	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
115.401 (a)	**Frequency and scope of audits**	
	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
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	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
	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.)	na
115.401 (h)	**Frequency and scope of audits**	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	**Frequency and scope of audits**	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	**Frequency and scope of audits**	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	**Frequency and scope of audits**	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes