

# PREA Facility Audit Report: Final

**Name of Facility:** New Outlook Academy

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 10/18/2020

**Date Final Report Submitted:** 01/12/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> William Benjamin	<b>Date of Signature:</b> 01/12/2021

AUDITOR INFORMATION	
<b>Auditor name:</b>	Benjamin, William
<b>Email:</b>	wbenjami@aol.com
<b>Start Date of On-Site Audit:</b>	08/19/2020
<b>End Date of On-Site Audit:</b>	08/21/2020

FACILITY INFORMATION	
<b>Facility name:</b>	New Outlook Academy
<b>Facility physical address:</b>	900 Agnew Road, Pittsburgh , Pennsylvania - 15227
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	900 Agnew Rd, Pittsburgh, Pennsylvania - 15227

<b>Primary Contact</b>	
<b>Name:</b>	Frank Wentzel
<b>Email Address:</b>	wentzef@theacademysystem.com
<b>Telephone Number:</b>	412-885-5200

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Frank Wentzel
<b>Email Address:</b>	wentzef@theacademysystem.com
<b>Telephone Number:</b>	412-885-5200

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	120
<b>Current population of facility:</b>	46
<b>Average daily population for the past 12 months:</b>	53
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Females
<b>Age range of population:</b>	13-19 years of age
<b>Facility security levels/resident custody levels:</b>	N/A
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	74
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	1
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	The Academy Schools
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	900 Agnew Road, Pittsburgh, Pennsylvania - 15227
<b>Mailing Address:</b>	900 Agnew Road, Pittsburgh, Pennsylvania - 15227
<b>Telephone number:</b>	412-885-5200

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Frank Wentzel
<b>Email Address:</b>	wentzef@theacademysystem.com
<b>Telephone Number:</b>	412-885-5200

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Cindy Boyce	<b>Email Address:</b>	boycec@theacademysystem.com

## AUDIT FINDINGS

### **Narrative:**

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

Community Specialists Corporation (CSC) on June 24, 2020 contracted with William Benjamin, DOJ certified PREA Auditor for adult and juvenile facilities, from Benjamin Correctional Consulting, LLC, to conduct the Prison Rape Elimination Act (PREA) on-site audit of the New Outlook Academy (NOA), starting on August 19, 2020 and ending on August 21, 2020. CDC owns and operates the New Outlook Academy, located in Pittsburgh, Pennsylvania, at 900 Agnew Road. The New Outlook Academy is a non-secure substance abuse treatment program for court adjudicated female adolescents, operated under licensure of the Pennsylvania Department Human Services. The contract stated that during the course of the PREA audit, the Auditor will have un-restricted access to all: areas of the facility; staff; residents; facility records and official reports.

### **Kick-off meeting:**

On June 24, 2020, a kick off phone call was held with Executive Director Frank Wentzel and Agency PREA Coordinator (PC) Ms. Cindy Boyce. The purpose of the meeting was to brief the facility on the PREA audit process, discuss the logistics and planning for the on-site audit, the Auditor's requirement that the facility use the "Online Audit System (OAS)" for the audit and the final submission due date of July 20, 2020 for the Pre-Audit Questionnaire (PAQ). Also discussed was the key date of July 9, 2020 for the Audit Notice to be posted at the facility, instructions for the posting, and the resident's mail access.

### **Audit Notice:**

On July 5, 2020, 46 days prior to the actual on-site portion of the audit, a notification was posted by the facility in all living areas, common areas, education areas, administrative areas, program areas, and medical areas of New Outlook Academy announcing the upcoming PREA audit along with the Auditor's contact information.

### ***NOTICE OF PRISON RAPE ELIMINATION ACT (PREA) AUDIT***

*The New Outlook Academy will be undergoing an audit for compliance with the United States Department of Justice's National PREA Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) for Prisons and Jail standards during the following period:*

*August 19-21, 2020.*

*Any person with information relevant to this compliance audit may confidentially\* correspond with the auditors via the following address:*

*Mr. William Benjamin*

*P.O. Box 1184*

*Versailles, Kentucky 40383*

*\*CONFIDENTIALITY – All written and verbal correspondence and disclosures provided to the designated auditor is confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must be legally breached. Exceptions include, but are not limited to the following:*

- if the person is an immediate danger to her/himself or others (e.g. suicide or homicide);*
- allegations of suspected of child abuse, neglect or maltreatment;*
- In legal proceedings where information has been subpoenaed by a court of appropriate jurisdiction.*

While on site, the Auditor observed the audit notification in various locations throughout the facility, including all resident living units, programming and work areas, visiting room, and staff access areas. This ensured that The New Outlook Academy staff, residents, and visitors had the information and opportunity to contact the Auditor. During the pre-audit document review, the Agency PREA Coordinator (PC) Ms. Boyce provided photos of the placement of these notices. The notices were verified to be in those locations during the on-site portion of the audit. The Auditor did not receive any correspondence prior to the date of the on-site audit, nor were any received while on-site or following the audit up to the date of this report.

#### **Pre-Audit Phase:**

On July 20, 2020, The Agency PREA Coordinator provided the completed Pre-Audit Questionnaire (PAQ) and other supporting documents, via the Online Audit System (OAS), allowing for a full review before the on-site portion of the audit. These documents were reviewed by the Auditor and communication with the Agency PREA Coordinator allowed for clarification as needed. The provided documents contained all relevant information pertaining to the PREA standards and the audit. This included, but was not limited to, the PAQ, relevant agency policies, facility procedures, memorandums of understanding and contracts, inmate posters, brochures and handbooks, compliance memorandums for each standard, and training documentation.

Prior to the on-site review, the Auditor reviewed all submitted documentation and exchanged numerous emails with the Executive Director and the Agency PREA Coordinator related to follow-up questions regarding the received documentation. An issue log was developed and provided to the facility requesting clarification of policies and procedures, additional information and supporting documents. The Auditor also reviewed the New Outlook Academy PREA Audit Reports from their last 2 PREA audits, The Academy Schools and the New Outlook Academy's public website and related PREA information, and the New Outlook Academy's annual PREA Report. Prior to the on-site portion of the audit, the Auditor conducted phone meetings with the Agency PREA Coordinator and PREA Compliance Manager. A daily audit schedule was provided to the facility and interviews with key staff were prescheduled.

Just Detention International (JDI) was contacted prior to the onsite audit. JDI reported that they had not been contacted by any resident from New Outlook Academy in the past 12 months. They also stated that if contacted by any resident from New Outlook Academy, they would provide a survivor package with resources to various local agencies and services.

#### **On-site Phase:**

On August 19, 2020, the Auditor arrived at New Outlook Academy at 8:30 am and began the on-site portion of the audit. Upon entry in the facility, the Auditor was processed in the front lobby of the administration building and he was COVID-19 screened. The Auditor's identification was verified and he

was directed to sign the visitor log. After this clearance, the Auditor was escorted to the Administrative building to begin the initial entrance interview meeting. The meeting was attended by members of the Facility Executive Management Team and key support staff.

This included:

- Frank Wentzel, Executive Director
- Salvatore Costanzo, Clinical Director
- Cindy Boyce, PREA Coordinator
- Gina Samosky, Corporate Compliance Officer
- Nate Gillis, Program Director
- Lucia Colaizzi, Program Coordinator

After the entrance meeting, the Auditor was provided with a work space in the administrative building and given rosters of all staff available at the facility for the three days of the audit, indicating post and shift hours. In addition, rosters were received indicating which individuals filled each specialized staff position. A roster was received detailing all residents housed at the facility on the first day of the audit along with rosters of all specialized categories of residents. These were used to select the staff and residents to participate in the random and specialized interviews.

### **Facility Site Review**

Shortly after the Auditor reviewed the documents and rosters provided on-site, he started the detailed facility site review. The review was led by the Facility's Program Director and Program Coordinator. The Auditor conducted a site review of the entire facility campus which included the administration areas, clinical and therapist areas, case management/intake area, food service/dining hall, education/programs building, medical offices/exam area, Resident living units, field housing/weight room building, and outdoor exercise areas. The total population the first day on site was 40 residents housed on two floors (25 on the second floor and 15 on the third floor).

The New Outlook Academy is a stand-alone three (3) story building, with the Lobby, Visitation area, Administrative Offices, vocational program, kitchen/dining hall, medical, Clinic offices, and the property and intake areas on the first floor. The second floor includes the school (computer lab, art classroom, bakery, video visitation room, and various other classrooms), two resident bathrooms (8 toilets and 14 sinks), and the case managers' offices. The other end of the second floor has resident housing (14 group bed rooms with 2-4 beds each), group therapy rooms, and one group bathroom (with 14 sinks, 8 toilet stalls, 16 individual showers). The third floor also has resident housing (15 group bed rooms with 2-4 beds each and their own individual full bathrooms), recreation rooms, group therapy rooms, and managed care offices. This floor is primarily used for drug and alcohol treatment. Outside the main building is a grass-covered common area, sports fields, a picnic area, and a field house, which includes a full-size basketball court and a fully equipped weight room.

While conducting the site review, the Auditor paid particular attention to staffing/resident ratios, staff/resident interactions, supervision of residents, camera and furniture placement, lines of sight/blind stops, privacy for residents in specified areas, PREA education/reporting/victim advocacy and audit notification posters, grievance forms access, door and physical security, resident movement, intake/receiving process, and phone/visitation access. The Auditor toured and thoroughly examined all

areas of the entire campus and all areas accessed by the residents. This included informal discussions with residents and the successful testing of the resident phone reporting system. The Auditor also had several informal discussions with staff and residents he encountered while conducting the site review.

The Auditor was able to observe cross gender announcements being made by staff. The Auditor noted that all staff encounters were extremely professional, friendly and helpful. The Auditor observed positive and productive interactions between staff and residents that exhibited a respectful working and living environment. Staff were observed monitoring residents and conducting quality security checks in work, program, and living areas.

During the three (3) hour facility site review, the Auditor observed some areas that were of concern. The facility staff were advised of these issues and they were corrected while the on-site portion of the audit was being conducted, in many cases while the Auditor was still present in the area. The deficiencies and recommendations identified during the site review are noted below.

### **Site Review Recommendations**

1. School Hallway Bathrooms - The 2nd floor school building has two bathrooms, limited to single student use only. Both bathrooms have two lower waist level clear glass windows that overlook the facility parking lot; all other windows are frosted. The clear glass windows potentially would allow for unsupervised interaction with outside individuals and students. It was recommended by the auditor that these windows be frosted or tinted. This recommendation was addressed by the facility and the windows were frosted. This was verified by the Auditor via photographs. This recommendation is deemed closed.
2. Kitchen Dry Storage Area – The facility has a dining hall for residents and employs residents in the kitchen. The Auditor noted that within the kitchen, there is a long, rectangular dry storage room whose interior is not viewable from the kitchen, especially when the overhead lights in the dry storage room are turned off. The Auditor noted that the lights were out due to the light switch being turned off. The Auditor required that the facility improve the artificial light illumination of the dry storage area when the kitchen is operational. This recommendation was immediately addressed by the facility and a motion-activated light switch was purchased and installed in this area. This was verified by the Auditor while onsite. This recommendation is deemed closed.
3. Shower Curtains - The 2nd floor living unit has a group resident bathroom that contains six (6) toilet stalls, five (5) sinks and 16 individual showers. The Auditor noted that four (4) out of 16 of the resident showers had one or two broken shower curtains hangers' clips. The plastic shower clips were immediately replaced and the facility states that this a consent maintenance issue. The shower clips are usually replaced by staff as they become aware of the broken ones and the facility is looking at more secure options. This recommendation is deemed closed.
4. PREA Resident Informational Poster - The Auditor noted four (4) common areas with daily access by the residents and families that should have a PREA poster displayed: the school hallway, the resident dining room, the field house, and the main visitation room. This was immediately corrected by the facility's maintenance staff and four (4) new PREA posters were hung. This was verified by the Auditor while onsite. This recommendation is deemed closed.

### **On-site Interviews:**

Following the facility site review tour, interviews began with specialized staff, randomly selected staff, and residents. The staff and resident interviews were conducted privately in a room without video surveillance. During this on-site portion of the audit, a total 22 interviews were conducted with staff



covering all three shifts, 11 of which were randomly selected staff and 11 were specialized staff, some who are responsible for more than one protocol. The staff interviewed were selected to ensure a representation from all shifts, all housing units, and different programming and operational areas of the facility. Since no correspondence was received prior to or during the audit, no additional interviews were conducted with staff. Interviews conducted were as follows:

- Random Staff – 10
- Agency Head/Designee – 1
- Program Director – 1
- Agency Contract Administrator – 1
- Agency PREA Coordinator – 1
- Intermediate or higher-level supervisors – 3
- Education and program staff who supervise residents – 1
- Medical Staff -1
- Mental Health Staff – 1
- Non-medical staff that conduct cross gender strip searches - 0
- Human resources staff – 1
- Volunteers/Contractors – 1
- Investigative staff – 1
- Staff who preform risk screening – 1
- Staff who monitor retaliation – 1
- Incident review team members – 1
- Intake Staff – 1
- First Responders – 1
- Community Based Victim Advocate – 1

The number of residents housed at New Outlook Academy on the first day of the on-site review was 40. A total of 14 interviews were conducted with residents, 10 of which were randomly selected and 4 were targeted residents. Note that no resident had specifically requested to speak with the Auditor nor had the Auditor received any written correspondence from residents or staff. Those resident interviews included:

- Random residents – 10
- Physically disabled, blind, deaf, and/or hard of hearing residents – 0 (No residents housed at New Outlook Academy matched this criteria)
- Cognitively disabled residents – 0 (No residents housed at New Outlook Academy matched this criteria)

- Limited English Proficient (LEP) residents – 0 (No residents housed at New Outlook Academy matched this criteria)
- Gay, lesbian and/or bisexual residents – 2
- Transgender or intersex residents - 0 (No residents housed at New Outlook Academy matched this criteria)
- Residents in segregation for risk of victimization - 0 (No residents housed at New Outlook Academy matched this criteria)
- Residents who reported sexual abuse – 1
- Residents who disclosed victimization during a risk assessment – 1

All residents interviewed were consistent in their responses. Residents confirmed the facility's compliance with the standards that require rules against sexual abuse and sexual harassment, their right to not to be sexually harassed or sexually abused, and how to report such incidents. Each resident was able to detail several different ways to report sexual abuse and sexual harassment allegations, including reporting anonymously and via third party. Residents stated that staff of the opposite gender announce their presence when entering the living units and that they are not seen by staff of the opposite gender while they are using the toilet, shower, or changing clothes. All residents reported feeling safe and sexually safe. The areas of concern noted by the Auditor were that only three residents reported seeing the facility's PREA education video, none understood how to request an advocate from the Child Abuse Hotline, and none were aware of who is the facility's PREA Compliance Manager or the facility's PREA Coordinator.

The Auditor conducted a test of the PREA reporting hotline. Administrative investigations are conducted by the Allegheny County Office of Children, Youth and Families. Criminal investigations are conducted exclusively by the Pittsburgh Bureau of Police. There are no SANE or SAFE staff employed at the facility. These services are available at the Children's Hospital of Pittsburgh via the Child Advocacy Center. The Auditor interviewed members of the Incident Review Team and the staff member charged with monitoring retaliation.

The Auditor also conducted a phone interview with Just Detention International (JDI) which provides sexual abuse advocacy and tracking services. They have received no reports of issues at New Outlook Academy within the past 12 months or at any other time. They also stated that if contacted by any resident from New Outlook Academy, they would provide a survivor package containing resources to various local agencies and services. Throughout the on-site review, staff were observed engaging in positive interactions with the resident population and with other staff. The Auditor was very impressed when every staff member's response to questions regarding the reporting of allegations was to first ensure the safety of the resident and others.

#### **Record Review:**

A facility record review was completed by the Auditor while on site. This included staff and resident PREA related records and PREA investigative reports.

#### **Staff:**

The Auditor selected and reviewed a variety of documents, files, and records discussed in detail below.

Document sample sizes were derived from direction in the PREA Auditor Handbook.

The Auditor requested the employee records specific to the items listed in the Document Review Checklist Employee Records (background checks, training records and disciplinary sanctions etc.). The Auditor reviewed 22 personnel records (21 employees and one contractor) which included evidence of background checks and discipline, and the training records of those same employees, which included evidence of PREA-related training. The file selections, as with the interview selections, span a variety of job functions and post assignments, including supervisory, line staff, and specialized jobs. In addition, the PREA refresher training records for the past year for all staff were reviewed. Based on the files reviewed, all staff appear to be up to date on PREA refresher training.

#### **PREA Investigations:**

The Auditor requested and was provided the investigative files for the four (4) investigative reports. The Auditor reviewed the Investigative files for completeness and objectivity, using the PREA Document Review-Investigations Checklist as a guide.

#### **Residents:**

The Auditor requested the resident (student) records specific to the items listed in the Document Review Checklist-Resident Records. The Auditor reviewed 14 resident files for documentation of PREA education, medical and mental health records, screening risk assessment, and appropriate bed and housing assignment. As part of the audit, the Auditor observed a resident intake and viewed the video used for resident PREA education.

#### **Grievance Program:**

The Auditor also reviewed the resident grievance program. During an interview, the PC explained the facility's grievance process. There were zero (0) PREA-related grievances reported in the past 12 months preceding the PREA Audit.

#### **Exit Briefing:**

The Auditor concluded the on-site portion of the audit on August 21, 2020. An out-brief was conducted and attended by:

- Frank Wentzel, Executive Director
- Salvatore Costanzo, Clinical Director
- Cindy Boyce, PREA Coordinator
- Gina Samosky, Corporate Compliance Officer
- Nate Gillis, Program Director
- Lucia Colaizzi, Program Coordinator

The Auditor thanked the facility for their hospitality, and transparency, identified compliance-related strengths and weakness, briefly discussed compliance-related opportunities, and explained the post-onsite phase, which may include requests for clarification or additional documentation, a detailed standards analysis, corrective action plan development, if appropriate, report writing, and the issuance of an interim and/or final report.

**Post-Site Audit Phase:**

After the on-site portion of the audit, the Auditor began the Evidence Review phase, utilizing the Auditor Compliance Tool for Juvenile Facility as a guide to determine compliance with each standard. The Auditor utilized information from the PAQ as provided prior to the audit, policies and procedures, information observed from the site review, documents collected while on-site, and information obtained from both the staff and resident interviews to complete a systematic review and determination of compliance for each provision of every standard and to write a professional and thorough audit report. The Auditor also had several follow-up conversations with the PREA Coordinator during this phase. At the completion of all phases of this PREA Audit, the Auditor identified seven (7) standard provisions that require corrective action, causing an interim report to be issued. The interim report was forward to the facility on October 18, 2020.

Following this, the facility and the Auditor entered into a 180-day corrective action phase. Throughout the 180 days, the facility maintained a correction action plan, which was updated monthly and provided to the Auditor. The facility provided supporting documentation and other evidence to the Auditor throughout this period to support compliance with the corrective action and recommendations. The final corrective action items were received, reviewed, and accepted on December 30, 2020. The final PREA Audit Report was completed and issued to the facility on January 12, 2021.

## AUDIT FINDINGS

### Facility Characteristics:

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

The New Outlook Academy is a non-secure treatment program for court adjudicated female adolescents operated under licensure of the Pennsylvania Department Human Services. New Outlook Academy, located in Pittsburgh, Allegheny County, Pennsylvania, at 900 Agnew Road was established in 1997 in order to provide comprehensive rehabilitative, residential treatment for female offenders. Remaining consistent with the philosophies and objectives of existing programs offered by New Outlook Academy utilizes a positive, holistic approach in addressing the unique needs and complex challenges facing young women in the juvenile justice system. Students who range from ages 13-19 and grades 7 – 12 attend New Outlook Academy from numerous Pennsylvania counties and several surrounding states based on adjudication of delinquents and dependents by a juvenile court judge. Students wear a preparatory school uniform, which includes slacks and a blouse, sweater and/or blazer. New Outlook Academy stresses the value and critical importance of education as the cornerstone for success and self-sufficiency.

Outside of the school day, students also participate in counseling sessions, trades training, work programs, community service projects, and recreational activities which are designed to support and promote the Balanced Approach to Restorative Justice (BARJ) principals. New Outlook Academy is a licensed, private, year-round school for grades 7 through 12. Upon admission, individual student evaluations are completed to determine appropriate grade level placement. The core subjects of English, Mathematics, Science, and Social Studies are scheduled during the school day for five, forty-five minute periods per week. Physical Education, Health, Humanities and Life Skills are presented in the curriculum for two, forty-five minute periods per week. All credits earned at New Outlook Academy are transferable to a student's transcript at their school of residence. In addition, any student who completes her graduation requirements will earn a New Outlook Academy high school diploma, as well as a \$2,000 scholarship to the school of her choice for post-secondary study. For those students whose academic needs would best be met by earning a General Equivalency Diploma (GED), New Outlook offers a comprehensive program which includes both preparation and testing. GED testing is conducted off-site.

New Outlook students have access to The Academy Drug & Alcohol Program (both inpatient and outpatient) and The Academy Specialized Behavioral Health Program (SBHP), both of which have been accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) since 2007. The Drug & Alcohol Program is licensed by the Pennsylvania Department of Drug and Alcohol Programs (DDAP) while the SBHP is licensed by the Pennsylvania Department of Human Services. Students will participate in either program based on medical necessity following assessment and evaluation. This highly-rated program utilizes a multi-dimensional, eclectic approach, which is designed to meet the individual needs of the adolescent client. Led by the Program Director, Medical Director and Licensed Social Worker, the certified Drug and Alcohol Clinical Supervisor and master's-level Mental Health Therapists engage students in both individual and group treatment. Every student attending New Outlook Academy is eligible to participate in Post-Traumatic Stress Disorder (PTSD) Awareness and Treatment group counseling based on need and assessment.

Certified counselors specifically trained in this group process, conduct these intensive group sessions and provide the feedback, counseling, and support needed to effectively address these difficult issues. On a daily basis, all students participate in various evidence-based group counseling curricula. These include Aggression Replacement Training, Victim Awareness, and Stress in Adolescents. PREA Audit Report 4 Individual counseling is also provided to target additional, critical developmental topics including parenting, conflict resolution, self-esteem, and grief counseling. Staff members holding the position of Counselor Specialists must have at a minimum a bachelor's degree. The Trades Training and Job-Readiness Program provide learning opportunities and hands-on experience for students in a variety of industries. The intent is for students to acquire valuable capabilities which are designed to equip them with the tools necessary to live an independent and successful lifestyle. This component further instills a solid and positive work ethic and paves the way to a means of self-sufficiency and accomplishment. Industrial Trades training is an excellent method for fostering a pro-social value system while building positive character traits.

All students at New Outlook Academy are required to perform at least 50 hours of community service; and in many cases, they are able to utilize the skills and techniques they acquire within their trade training and job readiness classes. Community Service projects occur both on and off-campus and include volunteering at senior citizens' centers, food banks, and local community events. New Outlook Academy also offers several on-campus student work programs. These opportunities enable students to demonstrate the positive decision-making and social-interaction skills that they have acquired. Students are expected to not only display positive performance and a strong work ethic in these positions but also serve as mentors and role models for their peers. When a student has a restitution obligation, the money she earns is utilized to fulfill that court-ordered requirement. It is the goal of New Outlook Academy to assist as many students as possible to meet this important aspect of their court order whenever possible.

Students at New Outlook Academy find enjoyment and recreation in the many intramural and campus activities. These activities provide a positive outlet while fostering an atmosphere of teamwork and pro-social interaction skills. Students are also eligible to attend field trips and other off-campus events. New Outlook Academy students attend the ballet, the symphony and other theatrical performances, high school, college and professional sporting events, as well as the circus, zoo, aquarium, aviary, conservatory, and amusement parks. Visits to museums, science and history centers, and historical landmarks are also scheduled. This plethora of opportunities helps to broaden the students' experiences and exposure to new situations, cultures and activities. Each of the programs maintains 24 hour supervisory coverage as well as an On-Call Administrator.

## AUDIT FINDINGS

### Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy ). 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.

<b>Number of standards exceeded:</b>	1
<b>Number of standards met:</b>	42
<b>Number of standards not met:</b>	0

On August 19-21, 2020, a three (3) day PREA compliance audit was completed at New Outlook Academy located in Pittsburgh, PA. The final results indicate the facility was found to be in substantial compliance with all of the requirements of the Juvenile Facility Standards, United States Department of Justice Final Rule, National Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act (PREA), 28 C.F.R. Part 115, dated May 17, 2012.

### Standard Summary List:

#### Standard Exceeded:

115.317 Hiring and promotion decisions - The facility conducts criminal background records checks every year of all current employees and contractors who may have contact with residents. This exceeds the five-year requirement of criminal background checks. Compliance with this provision was verified by a review of employee records and through interviews with the HR Director and the Program Director.

**Standards Met:** 115.311; 15.312; 115.313; 115.315; 115.316; 115.318; 115.321; 115.322; 115.331; 115.332; 115.333; 115.335; 115.341; 115.342; 115.351; 115.352; 115.353; 115.354; 115.361; 115.362; 115.363; 115.364; 115.365; 115.354; 115.366; 115.367; 115.368; 115.371; 115.372; 115.373; 115.376; 115.377; 115.378; 115.381; 115.382; 115.383; 115.386; 115.387; 115.388; 115.389; 115.401; & 115.403

**Standards Not Met:** N/A

#### Required Corrective Actions:

1. 115.313 (a): The facility's staffing plan must take into consideration all 11 criteria as per the standard. The facility's staffing plan was missing information for three (3) criteria and the facility needs to amend its staffing plan to include statements to address the required information (even if no finding exists) on: 1) any judicial findings of inadequacy; 2) any findings of inadequacy from Federal investigative agencies, and 3) any findings of inadequacy from internal or external oversight bodies. Such statements should indicate that there is no current finding of inadequacy for each criterion. NOA revised its PREA Policy Section IV. Procedure, Subsection A, wherein the criteria considered by the staffing and monitoring plan has been revised to include all of the regulatory requirements. This was verified by the Auditor on December 30, 2020. This corrective action is deemed closed.

2. 115.322 (c). The facility must include a publication (website or paper) that describes the investigative responsibilities of both the agency and the separate entity that conducts criminal investigations for the agency (Pittsburgh Police Department). The facility amended its website to explain NOA's role in a PREA investigation, the Pittsburgh Police Department's responsibility for conducting criminal sexual abuse investigations, and that the Pittsburgh Police Department has the legal authority to conduct criminal investigations. This was verified by the Auditor on December 30, 2020. This corrective action is deemed closed.

3. 115.341 (b - c): The facility develop and implement an objective PREA vulnerability assessment screening instrument designed 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. All resident PREA screening assessments are conducted using the combination of the Youth's Intake Questionnaire and the Youth's Medical Screening. These two documents don't equate to an objective screening instrument used to conduct PREA screening assessments. Both forms were used for intake proposes prior to the mandate of the PREA standards. However, even though some of the information is collected, it is not objectively rated and a level of risk is not assigned as required by the PREA standards. The PREA Auditor provided New Outlook Academy with various examples of screening instruments. New Outlook Academy adopted and implemented for its use a PREA Vulnerability Assessment Instrument created by the State of Florida Department of Juvenile Justice that the Auditor provided. This corrective action was verified by the Auditor on December 30, 2020. This corrective action is deemed closed.

4. 115.373 (a) (e): The facility claims to maintain supporting documentation that all of its residents were notified verbally or in writing, of the results of a PREA investigation. The Program Director and the PREA Coordinator claim the residents are notified verbally, however, no notification document was in the residents' files or the investigation files. NOA's PREA policy did not contain guidelines for documenting all such notifications or attempted notifications described in this standard. Corrective action was required. New Outlook Academy updated their PREA policy so that they now document all verbal conversations notifying residents of the results of PREA investigations. This corrective action was verified by the Auditor on December 30, 2020. This corrective action is deemed closed.

5. 115.373 (b): The Program Director and the PREA Coordinator claim that they had requested relevant information from the investigative agencies but there was no supporting documentation that the facility requested the relevant information from the investigative agency in order to inform the residents. Corrective action was required. Post-audit, several emails requesting status updates were shown to the Auditor, confirming that there was documentation supporting the facility's status requests to the investigative agency. However, the investigative agency would reply with, e.g. "case closed, no witness, no supporting evidence, and does not raise to level of criminal activity," which is not enough information to adequately inform residents. The New Outlook Academy's response is that they will attempt to obtain, when possible, information from investigative agencies in order to inform residents regarding the outcome of PREA investigations. This corrective action was verified by the Auditor on December 30, 2020. This corrective action is deemed closed.



## Recommendations

1. 115.311 (b): The Facility amends its agency's Organizational Chart to show the PREA Coordinator position in addition to her primary duty as the HR Coordinator. The facility accepted the recommendation and updated their organizational chart which lists the PREA Coordinator's title. This was verified by the Auditor by document review. This recommendation is deemed closed.
2. 115.311 (b): The Facility amends its PREA policy to include the roles and responsibilities of the PREA Coordinator (PC). It should state the position be allowed sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards in the facility. As recommended, the facility revised its PREA Policy, Section I, B, wherein the role and responsibility of the PREA coordinator is identified and it now states that the PREA Coordinator be allowed sufficient time and authority to develop, implement and oversee the agency's efforts to comply with PREA standards. This was verified by the Auditor by document review. This recommendation is deemed closed.
3. 115.333 (a): PREA Policy - Although not required by the standard, it is recommended that the facility add to its PREA policy a statement for residents to receive information during intake explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. As recommended, the facility revised its PREA Policy and it now states that residents will receive information during intake explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. This was verified by the Auditor by document review. This recommendation is deemed closed.
4. 115.333 (a): Student Handbook - The facility should incorporate the information from the PREA Student Brochure into a potential Student (Resident) Handbook. The facility replied that it has chosen not to develop and implement a student handbook at this time as information is provided to the students through various other materials. This reply is deemed acceptable by the Auditor and this recommendation is closed.
5. 117.371 (a): Investigation Reports - That the facility continues to request copies of the completed alleged sexual abuse/misconduct investigation reports from the Pennsylvania ChildLine and Abuse Registry's Intake Unit. The facility replied that will attempt to obtain, when possible, information from investigative agencies in order to inform residents regarding the outcome of PREA investigations. This reply is deemed acceptable by the Auditor and this recommendation is closed.

## 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	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. New Outlook Academy- PREA Policy (revised 08/14/16)</li> <li>3. New Outlook Academy Organizational Chart (revised 1/20).</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Program Director</li> <li>4. Agency Head (Executive Director)</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.311 (a): Community Specialist Corporation (CSC), which operates the New Outlook Academy (NOA), has a comprehensive PREA Policy which was reviewed by the Auditor. The policy mandates zero-tolerance towards all forms of sexual abuse and sexual harassment and outlines the agency's strategies on preventing, detecting and responding to such conduct within the facility and the designation of regional agency PREA Coordinators (PC). The PREA policy addresses prevention planning of sexual abuse and sexual harassment; Responsive Planning through the following major provisions: Staff hiring and screening processes (which includes the requirements to conduct criminal history background checks and to check child abuse registries); Staff Training (Staff, Volunteers, and Contractors); Staffing Plans: Risk Screening of Sexual Victimization and abusiveness; Resident PREA Education and Staff Training, Reporting Sexual Abuse/Misconduct; "Responding" to allegations of sexual abuse and sexual harassment is addressed through provisions detailing Reporting, Investigations, Victim Services, Medical and Mental Health care; Discipline; Incident Review: and Data Collections and Analysis.</p> <p>This PREA policy is detailed, comprehensive and consistent with the PREA standards and outlines the agency's overall approach to sexual safety. Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the Agency Head and the Program Director.</p> <p>115.311 (b): The agency has designated an upper-level, agency-wide PREA Coordinator (PC). The PC was interviewed and states that she reports directly to the agency's Executive Director and she has enough time to manage the PREA program and can implement policies</p>	

and practices as necessary to ensure sexual safety requirements. She has the freedom to divert responsibilities to other staff as needed so she can focus on implementing and sustaining the PREA efforts. She stated that she has been the PC for 2 years, during which time she has overseen the agency's comprehensive ongoing PREA efforts. The evidence shows that the agency has designated an upper-level, agency-wide PC as verified through interviews and policy. The PC has worked in her position and has been directing the successful implementation of the agency's comprehensive ongoing PREA efforts.

Her primary duties are the Human Resources Coordinator which was verified through the organizational chart and does fall within the upper-level agency hierarchy. Although it is not required by the standard, the Organizational Chart did not originally show her PC title, only her HR Coordinator Title. The Auditor recommended that the facility amend its agency's Organizational Chart to show the PREA Coordinator position in addition to her primary duty as the HR Coordinator. The facility accepted the recommendation and updated organizational chart which lists the PREA Coordinator's title. This was verified by the Auditor by document review. This recommendation is deemed closed.

Also not required by the standard, the agency's PREA policy did not outline the roles and responsibilities of the PREA Coordinator (PC). It was recommended by the Auditor that the facility amend its PREA policy to state the job description of the position and state that the PC be allowed sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards. As recommended, the facility revised its PREA policy, wherein the role and responsibility of the PREA coordinator is identified and it now states that the PREA Coordinator be allowed sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with PREA standards. This was verified by the Auditor by document review. This recommendation is deemed closed.

Compliance with this provision was determined upon the Auditor's observations during the tour of the facility and was supported by review of the Organizational Chart and interviews with the Program Director and the PREA Coordinator.

115.311 (c): Non-applicable - CSC/NOA does not have PREA Compliance Manager (PCM).

Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is in compliance with this standard, requiring a zero-tolerance policy and the designation of a PC. No Corrective action is required.

115.312	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. New Outlook Academy- PREA Policy (revised 08/14/16)</li> <li>3. New Outlook Academy Organizational Chart (revised 1/20).</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Exective Director</li> </ol> <p>Findings (by provision)</p> <p>115.312 (a): This standard is not applicable; Community Specialist Corporation (CSC) is a private company and does not enter into or renew contracts for the confinement of residents.</p> <p>Compliance with this provision was confirmed by interview of the Executive Director and a review of the agency mission and vision statements.</p> <p>115.312 (b): This provision is not applicable, New Outlook Academy (NOA) does not contract with other entities for the confinement of residents. The Academy Schools does not contract with other entities for the confinement of residents.</p> <p>Compliance with this provision was confirmed by interview of the Executive Director and a review of the facility's resident records.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.</p>

115.313	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. New Outlook Academy- PREA Policy (revised 08/14/16)</li> <li>3. New Outlook Academy Staffing Plan</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. Staff Deployment</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. Intermediate or Higher-Level Facility Staff</li> <li>2. PREA Coordinator</li> <li>3. Program Director</li> <li>4. Executive Director</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.313 (a): NOA has developed, implemented, and documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse. The facility's staffing plan now takes into consideration the 11 criteria in calculating adequate staffing levels and determining the need for video monitoring. The plan was missing information on any judicial findings of inadequacy, any findings of inadequacy from Federal investigative agencies, and any findings of inadequacy from internal or external oversight bodies. Even though the facility has not been cited for any of these items, they must state their current status regarding any such findings in the staffing plan. These considerations were added to the staffing plan by the facility and verified by the Auditor.</p> <p>Compliance with this provision is based upon interviews with the Program Director and PREA Coordinator and a review of the facility's staffing plan.</p> <p>115.313 (b): CSC/NOA complied with the staffing plan except during limited and discrete exigent circumstances. The facility has not deviated from its staffing plan during this audit period.</p> <p>Compliance with this provision is based upon interviews with the Program Director and PREA Coordinator and a review of the facility's staffing plan.</p> <p>115.313 (c): CSC/NOA maintain the minimum staffing levels of one (1) staff to every eight (8)</p>

residents (1:8 ratio) during waking hours and one (1) staff to every 16 residents (1:16 ratio) during sleeping hours for the reporting period. For the past eight months, the facility has been averaging minimum staffing levels of one (1) staff to every eight (8) residents (1:8 ratio) during waking hours and one (1) staff to every 16 residents (1:16 ratio) during sleeping hours.

Compliance with this provision is based upon interviews with the Program Director and PREA Coordinator and a review and observations of the facility's staffing deployment.

115.313 (d): Annual review meeting minutes were provided by the facility, in collaboration with the agency's PREA Coordinator, to review the staffing plan to see whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan. The PREA Coordinator states review meetings happen annually. This was supported by an annual staffing plan review meeting report, which was signed by the Program Director and the PREA Coordinator.

Compliance with this provision is based upon interviews with the Program Director and PREA Coordinator and a review of the facility's Staffing Plan.

115.313 (e): NOA supervisory staff conduct and document unannounced rounds on all shifts. Such rounds are recorded on a shift supervisor unannounced form and are maintained by the PREA Manager. Supported by interviews with Intermediate or Higher-Level Facility Staff.

Compliance with this provision was based upon the Auditor's observation from the site tour, a review of the facility's records of announced rounds, and interviews the mid-level supervisors and three (3) shift supervisors.

Evidence used to determine standard compliance includes: Auditor's observations from the site tour, the facility's staffing plan, the facility's policy for having intermediate and higher-level supervisors conduct and document unannounced rounds; review of staffing records and interviews of Intermediate or Higher-Level Facility Staff, the Agency Head, the Program Director, and the PREA Coordinator.

The final analysis of the evidence indicates the facility has a policy for holding annual meetings to assess, determine, and document whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan. The plan was missing information on any judicial findings of inadequacy, any findings of inadequacy from Federal investigative agencies, and any findings of inadequacy from internal or external oversight bodies. Even though the facility has not been cited for any of these items, they need to state their current status regarding any such findings in the staffing plan. These considerations were added to the staffing plan by the facility and verified by the auditor on December 30, 2020. Based upon this analysis, the Auditor finds the facility is in compliance with this standard and no corrective action is required.

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. New Outlook Academy- PREA Policy (revised 08/14/16)</li> <li>3. NOA Staffing Training Presentation (revised 6/17).</li> <li>5. The Academy Staff Training Records.</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. Auditor Observation</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Randomly selected Staff</li> <li>3. Randomly selected Residents</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.315 (a) NOA prohibits cross-gender strip searches and cross-gender visual body cavity searches of residents. In the past 12 months, zero (0) number of cross-gender strip searches and cross-gender visual body cavity searches of residents.</p> <p>Compliance with this provision was based upon the Auditor's review of the facility's policy and supported by interviews with randomly selected residents and staff.</p> <p>115.315 (b): NOA prohibits cross-gender pat-down searches of residents under all circumstances. In the past 12 months, zero (0) number of cross-gender pat-down searches of residents were conducted.</p> <p>Compliance with this provision was based upon the Auditor's review of the facility's policy and supported by interviews with randomly selected residents and staff.</p> <p>115.315 (c): NOA prohibits cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches under all circumstances. There is no documentation or documented justification for any cross-gender strip searches, cross-gender visual body cavity searches, or cross-gender pat-down searches of residents. In the past 12 months, zero (0) number of cross-gender pat-down searches of residents were conducted.</p> <p>Compliance with this provision was based upon the Auditor's review of the facility's policy and supported by interviews with randomly selected residents and staff.</p>



115.315 (d): NOA does require staff of the opposite gender to announce their presence when entering a resident housing unit. This practice was observed by the Auditor and confirmed during resident interviews. Residents shower, perform bodily functions, and change clothing without being viewed by staff.

Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with randomly selected residents and staff.

115.315 (e): NOA has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with randomly selected resident and staff.

115.315 (f): All NOA staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs, as verified by training records.

Compliance with this provision was based upon the Auditor's review of the facility staff training records and a review of the lesson plan. Also supported by interviews with randomly selected staff and review of the training material and records.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. New Outlook Academy - PREA Policy (revised 08/14/16)</li> <li>3. NOA Student Handbook – English (revised 2/17)</li> <li>4. New Outlook Academy Service Agreement (Translation Services)</li> <li>5. New Outlook Local Wellness Policy</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. Posted information – PREA Informational Poster</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. Randomly selected Staff</li> <li>2. PREA Coordinator</li> <li>3. Randomly selected Residents</li> <li>4. Program Director</li> <li>5. Agency Head (Executive Director)</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.316 (a): New Outlook Academy provides non-English residents with access to interpreters through Language Line Solutions. Non-English PREA Informational Posters and other signage were noted throughout the facility during the tour. NOA takes 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; who are blind or have low vision; who have intellectual disabilities; who have psychiatric disabilities; and who have speech disabilities. The facility ensures that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who have intellectual disabilities, have limited reading skills, and who are blind or have low vision.</p> <p>Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the Agency Head and the Program Director.</p> <p>115.316 (b): NOA takes reasonable steps to ensure meaningful access to all aspects of the</p>

agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient. This includes providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, through the Language Line Solutions. No residents with disabilities were available to interview at the facility during the time of the audit. Randomly selected staff and other resident interviews support this policy and practice.

Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the Agency Head and the Program Director.

115.316 (c): NOA policy prohibits residents from being used as interpreters. There was no documented use of residents as interpreters in the past 12 months.

Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the Agency Head and the Program Director.

Evidences used to determine standard compliance includes: a review of case files and interviews of randomly selected staff and residents, the Agency Head, and the Program Director.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) to 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. No corrective action is required.

115.317	<b>Hiring and promotion decisions</b>
	<p data-bbox="252 168 925 201"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="252 246 523 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1273 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="252 403 399 436">Documents</p> <ol data-bbox="252 470 1252 728" style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. The Academy Schools - Policy #103 Basic Requirement for Employment</li> <li>3. New Outlook Academy Employee Files</li> <li>4. New Outlook Academy Organizational Chart (revised 1/20).</li> </ol> <p data-bbox="252 772 587 806">Site Review Observations</p> <ol data-bbox="252 840 651 873" style="list-style-type: none"> <li>1. HR Office Record Security</li> </ol> <p data-bbox="252 918 383 952">Interviews</p> <ol data-bbox="252 985 622 1310" style="list-style-type: none"> <li>1. Human Resources Staff</li> <li>2. PREA Coordinator</li> <li>3. Program Director</li> <li>4. HR Coordinator</li> <li>5. Executive Director</li> </ol> <p data-bbox="252 1355 550 1388">Findings (by provision)</p> <p data-bbox="252 1422 1484 1892">115.317 (a): By policy, Community Specialist Corporation (CSC) - Policy #103 Basic Requirement for Employment, NOA prohibits 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 or 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. Personnel files were reviewed for all staff hired or promoted within the past 12 months to determine whether proper criminal record background checks have been conducted and questions regarding past conduct were asked and answered. The facility conducts criminal record checks and child abuse record checks of all new employees prior to hiring and again every five years thereafter.</p> <p data-bbox="252 1926 1369 2004">Compliance with this provision was based upon a review of the employee records and supported by interviews the Human Resources Staff.</p> <p data-bbox="252 2038 1476 2116">115.317 (b): NOA policy considers any incident of sexual harassment or sexual abuse prior to hiring and promoting any staff or enlisting the services of any contractor.</p>

Compliance with this provision was based upon the review of Community Specialist Corporation (CSC) - Policy #103 Basic Requirement for Employment and interviews with the HR Staff and the Program Director.

115.317 (c): NOA considers any incident of sexual harassment or sexual abuse before hiring new employees who may have contact with residents. NOA consults any child abuse registry maintained by the State or locality in which the employee would work and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Compliance with this provision was based upon the review of The Academy Schools - Policy #103 Basic Requirement for Employment and interviews with the HR Staff and the Program Director.

115.317 (d): A criminal background records check is completed and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents. Department of Human Services Child Abuse Clearance, State Criminal Background checks, Federal Bureau of Investigation background checks will be completed periodically as required or more often if deemed desirable by The Academy.

Compliance with this provision was verified through interviews with the HR Coordinator and the Program Director.

115.317 (e): NOA conducts criminal background records checks every year for all current employees and contractors who may have contact with residents. The annual criminal record is managed via a spreadsheet tracking system. This exceeds the minimum five-year requirement of criminal background checks.

Compliance with this provision was verified by a review of employee records and through interviews with the HR Coordinator and the Program Director.

115.317 (f): NOA requires all employees to disclose any previous misconduct and imposes upon them a continuing affirmative duty to disclose any allegations of sexual misconduct or abuse.

Compliance with this provision was verified during through interviews with the HR Staff and the Program Director.

115.317 (g): NOA policy and practice is that material omissions regarding misconduct or the provision of materially false information by an employee, is grounds for termination.

Compliance with this provision was based upon the review of Community Specialist Corporation (CSC) - Policy #103 Basic Requirement for Employment and interviews with the HR Staff and the Program Director.

115.317 (h): NOA provides 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.

Compliance with this provision was based upon interviews with the HR Staff and the Program Director.

Evidences used to determine provision compliance include a review of Community Specialist Corporation (CSC) - Policy #103 Basic Requirement for Employment and employee files and interviews with the Human Resources Staff and the Program Director.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is exceeding the requirements of this standard by conducting criminal background checks of all employees and contractoes annually and meets the standards for all other hiring and promotion decision requirements. No corrective action is required.

115.318	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. NOA PREA Policy</li> <li>3. NOA Student Handbook – English</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. Tour areas of the facility</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. Executive Director</li> <li>2. PREA Coordinator</li> <li>3. Program Director</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.318 (a): N/A, CSC/NOA has not acquired a new facility or made a substantial expansion to existing facilities since the last PREA audit. By Policy, CSC would consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse if it designed or acquired any new facility or planned any substantial expansion or modification of existing facilities.</p> <p>Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews the Executive Director and the Program Director.</p> <p>115.318 (b): N/A, CSC/NOA has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>Compliance with this provision was based upon the Auditor's observations during the tour of the facility, a review of the video monitoring system, and supported by interviews the Executive Director and the Program Director.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring upgrades to facilities and technologies to consider the protection of residents from sexual abuse if it designed or acquired any new facility or planned any substantial expansion or modification of existing facilities. No corrective action is required.</p>

115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> <li>3. New Outlook Academy's MOU with Children's Hospital of Pittsburgh (dated 8/24/20)</li> <li>4. New Outlook Academy's MOU with the Pittsburgh Bureau of Police (dated 8/24/20)</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. Randomly selected Residents</li> <li>2. PREA Coordinator</li> <li>3. Program Director</li> <li>4. Medical Staff</li> <li>5. Agency Head (Executive Director)</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.321 (a): N/A; By policy, CSC/NOA is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. Administrative investigations are conducted by the Allegheny County Office of Children, Youth and Families and they follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings. The Pittsburgh Police Department is responsible for conducting criminal sexual abuse investigations, including resident-on-resident sexual abuse or staff sexual misconduct.</p> <p>Compliance with this provision was based upon the Auditor's observations during the tour of the facility, review of agency policy, and supported by interviews with the Program Director and Medical Staff.</p> <p>115.321 (b): N/A; CSC/NOA is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.</p> <p>Compliance with this provision was based upon the Auditor's observations during the tour of the facility, review of agency policy and supported by interviews with the Program Director and Medical Staff.</p>



115.321 (c): Facility does not conduct SAFE/SANE exams as confirmed by Medical Staff. All victims of sexual abuse have access to forensic medical examinations at an outside facility, the Children's Hospital of Pittsburgh. No supporting documentation. The facility claims they have never had a request nor requirement for a SAFE/SANE exam

Compliance with this provision was based upon the Auditor's observations during the tour of the facility, review of agency policy, and supported by interviews with Medical staff.

115.321 (d): NOA makes available to the victim, a victim advocate from a rape crisis center. The facility has a Memorandum of Agreement (MOU) dated 8/24/2020, with the Children's Hospital of Pittsburgh, a full-service rape crisis center, to secure those services. This was supported by interview with the Program Director and a review of the Children's Hospital of Pittsburgh's website.

Compliance with this provision was based upon the Auditor's review of the MOU, review of the Children's Hospital of Pittsburgh's website, and the agency policy, and supported by interviews with the Program Director.

115.321 (e): By policy, NOA would provide, upon request by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews. There were no residents at the facility who reported a sexual abuse. The PREA Compliance Manager reports the Children's Hospital of Pittsburgh would provide emotional support, crisis intervention, information, and referrals.

Compliance with this provision was based upon the Auditor's review of the facility's policy and interviews with the Agency Head and the PREA Coordinator.

115.321 (f): The Pittsburgh Police Department is responsible for conducting criminal sexual abuse investigations, including resident-on-resident sexual abuse or staff sexual misconduct. The facility has a Memorandum of Agreement (MOU) dated August 24, 2020 with the Pittsburgh Police Department on following the requirements of paragraphs §115.321.

Compliance with this provision was based upon the Auditor's review of the MOU, review of the Pittsburgh PD's website, and the agency policy, and is supported by interviews with the Program Director.

115.321 (g): The Auditor is not required to audit this provision.

115.321 (h): This provision is not applicable, CDC/NOA attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d). Compliance with this provision was based upon the Auditor's review of the facility's policy and interviews with the agency head and the PREA Coordinator.

Evidences used to determine standard compliance include a review of residents' medical files and interviews of Medical Staff, randomly selected residents, the Program Director, and the PREA Coordinator.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility has demonstrated compliance with all provisions of this standard. No corrective action is required.



115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> <li>3. New Outlook Academy's website</li> <li>4. New Outlook Academy PREA Investigative Files</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Program Director</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.322 (a): CDC/ NOA ensures that all administrative investigations of allegations of sexual abuse and sexual harassment are completed. In the past 12 months, there were four (4) allegations resulting in an administrative investigation. By policy, all allegations were referred for criminal investigation and none resulted in criminal charges.</p> <p>Compliance with this provision was based upon the Auditor's review of the facility's PREA investigative case files and is supported by interviews with the Program Director and the PREA Coordinator.</p> <p>115.322 (b): The facility has a policy that states "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". The facility has document all such referrals. Investigative policies were verified on the facility's website and the referral form for third-party reporting was also verified on-line.</p> <p>Compliance with this provision was based upon the Auditor's review of the facility's policy to ensure referrals of allegations for investigations and supported by interviews with the Program Director and the PREA Coordinator.</p> <p>115.322 (c): NOA's website now explains that the Pittsburgh Police Department is responsible for conducting criminal sexual abuse investigations and has the legal authority to conduct criminal investigations. Per the Auditor's recommendation, NOA amended its website to describe the investigative responsibilities of both NOA and the Pittsburgh Police Department.</p>

This was verified by the Auditor on December 30, 2020.

Compliance with this provision was based upon the Auditor's review of the facility's website and supported by interviews with the Program Director and the PREA Coordinator.

Evidences used to determine standard compliance include a review of the facility's policies to ensure referrals of allegations for investigations, a review of PREA investigative case files, and the facility's website, and interviews with the Program Director and the PREA Coordinator.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is in full compliance with this standard requiring policies to ensure referrals of allegations for investigations. No corrective action is required.

115.331	<b>Employee training</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> <li>3. CDC PREA Staff Training Presentation (revised 6/17)</li> <li>4. Random Staff Training Records</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. Staff training classroom</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. Randomly selected staff</li> <li>2. PREA Coordinator</li> <li>3. Training Coordinator (Trauma Informed Coordinator)</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.331 (a): NOA's employee training program includes all of the required elements for this standard. A review of the facility's lesson plan shows they train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment; How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in juvenile facilities; The common reactions of juvenile victims of sexual abuse and sexual harassment; 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; How to avoid inappropriate relationships with residents; How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and the relevant laws regarding the applicable age of consent. This was supported by the interview of 11 randomly selected staff.</p> <p>Compliance with this provision was based upon the Auditor's review of the facility's PREA Training Lesson Plan and supported by interviews of randomly selected staff and the facility's Trauma Informed Coordinator.</p> <p>115.331 (b): NOA's training lesson plans are tailored to the unique needs and attributes of</p>	

residents of juvenile facilities and to the gender of the residents at NOA.

Compliance with this provision was based upon the Auditor's review of the facility's PREA Training Lesson Plan and supported by interviews of randomly selected staff and the facility's Trauma Informed Coordinator.

115.331 (c): NOA provided PREA training to all current employees and all new employees hired within this audit period at the start of their employment. All employees are provided refresher training every every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. This exceeds the standard's two-year requirement for refresher training.

Compliance with this provision was based upon the Auditor's review of the facility employees' PREA training records and supported by interviews of randomly selected staff and the facility's Trauma Informed Coordinator.

115.331 (d): NOA maintains training documents in both hard copy and digital versions with all employees' signatures, verifying comprehension of training.

Compliance with this provision was based upon the Auditor's review of the facility employees' PREA training records.

Evidences used to determine standard compliance include a review of the facility's PREA Training Lesson Plans and NOA employees' PREA training records. This was supported by interviews of randomly selected staff and the facility's Trauma Informed Coordinator.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard by providing all employees with PREA training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. No corrective action is required.

115.332	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> <li>3. CSC PREA Contractor and Volunteer Training Presentation (revised 7/15)</li> <li>4. Contractor Training Records</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. Staff training classroom</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. Contractor Staff</li> <li>2. PREA Coordinator</li> <li>3. Training Coordinator (Trauma Informed Coordinator)</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.332 (a): All contractors who have contact with residents have been trained on their responsibilities under NOA PREA policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>Compliance with this provision was based upon a review of the training records and interviews with a contractor and the facility's Trauma Informed Coordinator.</p> <p>115.332 (b): NOA training records for contractors who have contact with residents were reviewed by the Auditor. The Auditor verified that volunteers and contractors have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and have been informed how to report such incidents.</p> <p>Compliance with this provision was based upon the Auditor's review of the contractors' PREA training records.</p> <p>115.332 (c): NOA maintains very good documentation confirming that the contractors understand the training they have received. NOA maintains training documents in both hard copy and digital versions with all employees' signatures verifying comprehension of training.</p> <p>Compliance with this provision was based upon the Auditor's review of the contractors' PREA training records.</p>

Evidences used to determine standard compliance includes a review of the facility's training records for their volunteers and contractors and interviews with a contractor and the facility's Trauma Informed Coordinator.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring volunteer and contractor PREA training. No corrective action is required.



115.333	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> <li>3. CSC PREA Student Brochure English (revised 6/20)</li> <li>4. NOA PREA Information Posters</li> <li>5. NOA Student Training Records</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. Tour of common areas of the facility</li> <li>2. Tour of Living Units</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. Informal discussion with randomly selected residents during site tour</li> <li>2. PREA Coordinator</li> <li>3. Intake Staff</li> <li>4. Program Director</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.333 (a): NOA provides all PREA required information to residents upon intake. Residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment and this information is presented in an age-appropriate fashion. This was confirmed during resident interviews. All residents sign a PREA acknowledgement training record document. Although not required by the standard, it was noted by the Auditor that the PREA policy lacks information on the residents receiving information during intake explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. It is recommended that this statement be added to the policy. Also, the Auditor noted the facility does not have a singular Student (Resident) Handbook. The PREA information is provided to the residents in the form of handouts and via the PREA information posters.</p> <p>Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the Intake Staff, interviews with randomly selected residents, and review of residents' files.</p> <p>115.333 (b): NOA has comprehensive PREA education via a CSC-developed video that is to</p>

be provided to the residents in an orientation program no more than 3 days after intake. During interviews of randomly selected residents, all confirmed that they had seen the PREA education video. This was also confirmed by interviews with the Intake Staff.

Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the Intake Staff, interviews with randomly selected residents, and review of residents' files.

115.333 (c): The comprehensive PREA education video was provided to all residents within 3 days after intake and all residents signed a PREA training record. All 14 of the residents interviewed stated they has seen the PREA video and it was age appropriate. The training includes the resident's rights to be free from sexual abuse and retaliation and the facility's procedures for responding to such incidents.

Compliance with this provision was based upon the Auditor's review and verification of the resident's training records and confirmed by interviews with Intake Staff and randomly selected residents.

115.333 (d): PREA education is in formats accessible to all residents, including those who have limited reading skills. The facility has access to Language Line Solution and maintains a list of bilingual staff.

Compliance with this provision is based upon the Auditor's observations during the tour of the facility and is supported by interviews with the PREA Coordinator and the Program Director.

115.333 (e): All resident-signed PREA training records were provided to and verified by the Auditor. The Auditor confirmed the training records were also securely maintained.

Compliance with this provision is based upon the Auditor's review of the PREA training records for all residents. The Auditor verified the initial PREA acknowledgement forms were signed by residents and were securely maintained.

115.333 (f): PREA education and reporting posters are placed throughout the facility. The facility does not issue a Student (Resident) Handbook, but provides the PREA education and information in other written format to the resident at intake and has comprehensive PREA posters. The Auditor recommended that additional PREA poster be added to the dining hall, the school hallway and the visitation area. This recommendation was done and verified by the Auditor while on site.

Evidences used to determine standard compliance includes a review of case files and interviews of randomly selected residents, the PREA Coordinator, Intake Staff, and the Program Director.

New Outlook Academy's residents are informed about CSC' zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment during the intake process. The facility does show an age-appropriate, comprehensive educational PREA video to all residents. In addition to providing such education, key PREA information is continuously and readily available or visible to residents through posters and other written formats. New Outlook Academy has access to the Language Line and maintains a list of all bilingual facility staff. The facility never uses other residents for resident's training.

Based upon the review and analysis of all the available evidence, the Auditor finds the facility is substantially compliant with this standard. No corrective action is required.

115.334	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> <li>3. The Allegheny County Department of Human Services (DHS) Office for Children, Youths and Families (CYF) website: <a href="https://www.alleghenycounty.us/Human-Services/Programs-Services/Children-Families/When-a-Report-is-Made.aspx">https://www.alleghenycounty.us/Human-Services/Programs-Services/Children-Families/When-a-Report-is-Made.aspx</a></li> <li>3. Pennsylvania ChildLine and Abuse Registry</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Program Director</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.334 (a): N/A; CDC/NOA does not conducts administrative investigations nor criminal sexual abuse investigations. The Child Protective Services Law (CPSL) requires the Pennsylvania Department of Human Services (DHS) conduct such investigations. The administrative investigations are conducted by the Allegheny County Department of Human Services (DHS) Office for Children, Youths and Families (CYF), and the criminal sexual abuse investigations are conducted by the Pittsburgh Bureau of Police. The DHS doesn't allow the facility to conduct any investigation prior to the completion of their external administrative investigation. All sexual abuse allegations are also reported to the Pittsburgh Bureau of Police who make the determination of whether the allegation is criminal and investigate it accordingly.</p> <p>115.334 (b): N/A - CDC/NOA does not conducts administrative investigations nor criminal sexual abuse investigations. Such investigations are conducted by Allegheny County Department of Human Services (DHS) Office for Children, Youths and Families (CYF), and the Pittsburgh Bureau of Police. No specialized training required.</p> <p>115.334 (c): N/A - CDC/NOA does not conducts administrative investigations nor criminal sexual abuse investigations. Such investigations are conducted by Allegheny County Department of Human Services (DHS) Office for Children, Youths and Families (CYF), and the Pittsburgh Bureau of Police. No specialized training records required.</p>

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring specialized training for investigators in a confinement setting. No corrective action is required.

115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> <li>3. Medical and Mental Health Staff's Training Records</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. Informal discussion during site tour</li> <li>2. PREA Coordinator</li> <li>3. Medical Staff</li> <li>4. Mental Health Staff</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.335 (a): Training and personnel records were reviewed by the Auditor and verified that all Medical and Mental Health Staff have been PREA trained. The training includes: How to detect and assess signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>Compliance is based upon training and personnel records being reviewed by the Auditor and verifying that Medical and Mental Health Staff have been PREA trained. This is supported by interviews with Medical and Mental Health staff.</p> <p>115.335 (b): N/A; NOA's Medical Staff do not conduct forensic medical exams. Residents are taken to an outside hospital as needed.</p> <p>115.335 (c): Medical and Mental Health Staff training and personnel records were reviewed by the Auditor. All seven (7) Medical and Mental Health Staff were found to have completed the PREA training. This was also supported by interviews of Medical and Mental Health Staff.</p> <p>Compliance is based upon training and personnel records being reviewed by the Auditor and verifying that all Medical and Mental Health Staff have been PREA trained.</p> <p>115.335 (d): All Medical and Mental Health Staff employed and contracted by facility, and</p>

those volunteering at the facility, received training mandated for employees.

Compliance is based upon training and personnel records being reviewed by the Auditor and verifying that all Medical and Mental Health Staff have received PREA training.

Evidences used to determine standard compliance includes a review of medical staff training records and interviews with the Medical and Mental Health Staff.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring that medical and mental health care practitioners employed and contracted by facility, and those volunteering at the facility, received specialized PREA training. No corrective action is required.

115.341	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> <li>3. CDC Youth's Intake Questionnaire (not dated)</li> <li>4. CDC Youth's Medical Screening form (not dated)</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. Site review of living units</li> <li>2. Caseworker's Offices (resident record security)</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. Informal discussion with Residents on site tour</li> <li>2. Randomly selected Residents</li> <li>3. PREA Coordinator</li> <li>4. Caseworker (staff responsible for the Risk Screening).</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.341 (a): CDC /NOA has a policy, <i>New Outlook Academy's - PREA Policy (revised 08/14/16)</i> , that requires screening in the intake process using an intake questionnaire for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened within 24 hours of their intake for risk of sexual victimization or risk of sexually abusing other residents. The Caseworkers completes the Youth's Intake Questionnaire. The Youth's Medical Screening form includes the resident's sexual ID and preference and is completed by the medical staff. Residents who are identified as high risk of sexually assaultive behavior are at risk for sexual victimization are referred to a Mental Health Therapist, the resident is monitored, counseled, provided appropriate treatment and assigned them to appropriate housing/bed assignment. This policy was confirmed by interview with the caseworker and medical staff. The facility also updates the resident's information periodically throughout the resident's stay. 14 randomly selected resident files were reviewed and verified by the Auditor to have completed forms within 24 hours of the resident's arrival at the facility.</p> <p>Compliance with this provision is based upon the Auditor's assessment of the intake process and the screening instrument used, the resident case files, and observations during the tour of</p>



the facility. This is supported by interviews with randomly selected residents and the staff responsible for Risk Screening.

115.341 (b): All resident PREA screening assessments are conducted using the combination of the Youth's Intake Questionnaire and the Youth's Medical Screening. These two documents don't equate to an objective screening instrument used to conduct PREA screening assessments. Both forms were used for intake proposes prior to the mandate of the PREA standards. However, even though some of the information is collected, it is not objectively rated and a level of risk is not assigned as required by PREA standards. The Auditor required the facility to implement an objective screening instrument used to conduct PREA screening assessments.

The Auditor provided the facility with several sample objective screening instruments for consideration. New Outlook Academy adopted and implemented a PREA Vulnerability Assessment Instrument for its use, provided by the PREA Auditor that was created by the State of Florida Department of Juvenile Justice. This form was deemed to be an objective risk screening instrument and this corrective action was verified by the Auditor on December 30, 2020.

Compliance with this provision is based upon the Auditor's assessment of the intake process and the screening instrument used and review of the screening records from the residents' case files. This is supported by an interview with the Caseworker.

115.341 (c): The Youth's Intake Questionnaire does ask current charges and offense history and age, and some prior sexual victimization and abuse questions. The Medical Screening Form does inquire as to if they identify as lesbian, gay, bisexual, transgender, or intersex and some prior additional sexual victimization and abuse questions, Level of emotional and cognitive development; Physical size and stature; Mental illness or mental disabilities; Intellectual or developmental disabilities; and Physical disabilities. The information collected on the Medical Screening Form, with the Intake Questionnaire used by the case worker or the Mental Health Therapist, will determine risk and assign the resident to the proper housing unit and whether a roommate would be allowed.

Resident files were reviewed and completed forms were verified by the Auditor. The Auditor noted that there is no singular objective screening vulnerability assessment instrument used by the facility to determine risk and both of the current forms lack objective questions regarding gender nonconforming appearance or manner and whether the resident may therefore be vulnerable to sexual abuse. Therefore, corrective action was required.

The PREA Auditor provided New Outlook Academy with various examples of screening instruments. New Outlook Academy adopted and implemented a PREA Vulnerability Assessment Instrument for its use, provided by the PREA Auditor that was created by the State of Florida Department of Juvenile Justice. This instrument was found to contain all of the required determination factors and this corrective action was verified by the Auditor on December 30, 2020.

Compliance with this provision is based upon the Auditor's assessment of the intake process and the screening instrument used and review of the screening records from the residents' case files. This is supported by an interview with the Caseworker.

115.341 (d): During the PREA screening assessment, the necessary information is

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.

Compliance with this provision is based upon the Auditor's observation from the facility tour and is supported by interviews with the staff responsible for Risk Screening.

115.341 (e): NOA has implemented appropriate controls on the dissemination of all sensitive information ascertained at intake. Resident files are secured and controlled at all times. This was verified by the Auditor's observations. Only the Caseworkers, Clinical Managers, and Therapeutic Managers have access to the Youth's intake questionnaire.

Compliance with this provision is based upon the Auditor's assessment of the intake process and the screening instrument used and review of review of the screening records from the residents' case files. This is supported by interviews with randomly selected residents and with the PREA Coordinator, and the Caseworker.

Evidences used to determine standard compliance includes NOA Policy, review of 11 randomly selected resident case files, completed and comprehensive resident vulnerability assessment instruments, and interviews with randomly selected residents, the PREA Coordinator, and the Caseworker

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is in compliances with this standard requiring that residents be screened for risk of sexual victimization or risk of sexually abusing. Corrective action is not required.

115.342	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> <li>3. NOA PREA Resident Room Assignment Instruments (Not dated)</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. Site review of living units</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. Informal discussion with Residents on site tour</li> <li>2. Randomly selected Residents</li> <li>3. PREA Coordinator</li> <li>4. Caseworker (staff responsible for the Risk Screening)</li> <li>6. Program Director</li> <li>7. Randomly selected Staff</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.342 (a): NOA uses information from the risk assessment for housing, bed and work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The living unit bed assignment is made by the Unit Manager in conjunction with the resident's Caseworker, based upon the information collected in the risk screening. Currently, only single rooms are being used for resident housing at the facility. The Auditor reviewed 14 of the resident room assignment instruments and they were found to be complete and consistent with the risk assessment screening instrument.</p> <p>Compliance assessment of this provision was based upon the Auditor's review of the screening records and is supported by interviews with the PREA Coordinator and the Caseworker (staff responsible for the screening).</p> <p>115.342 (b): NOA does not isolate residents. Resident files were reviewed by the Auditor to verify residents were not placed in isolation.</p> <p>Compliance with this provision was based upon the Auditor's review of resident files, observations during the tour of the facility, and interviews with the Program Director and randomly selected residents.</p>

115.342 (c): NOA prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility refrains from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive.

Compliance with this provision was based upon the Auditor's review of the PREA policy and supported during interviews with the PREA Coordinator and Caseworkers.

115.342 (d): NOA, by policy, makes facility, housing, and program assignments for transgender or intersex residents in the facility on a case-by-case basis, considering whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems. Currently and previously, there are and have been no transgender or intersex residents at the facility

Compliance with this provision was based upon the Auditor's review of the PREA policy and supported by interviews with the PREA Coordinator and the Caseworker (staff responsible for the screening).

115.342 (e): NOA, by policy, reassesses the placement and programming assignments for each transgender or intersex resident at least twice each year to review any threats to safety experienced by the resident.

Compliance with this provision was based upon the Auditor's review of the PREA policy and supported by interviews with the PREA Coordinator, and the Caseworker.

115.342 (f): NOA, by policy, states that a transgender or intersex resident's own view with respect to his or her own safety shall be given serious consideration when making facility and housing placement decisions and programming assignment. The Auditor verified this by interview with the PREA Coordinator.

Compliance with this provision was based upon the Auditor's review of the PREA policy and supported by interviews with the PREA Coordinator and the Caseworker.

115.342 (g): All residents shower separately from other residents. The Auditor verified this by observation of the shower areas and interviews with randomly selected staff and residents.

Compliance with this provision was based upon the Auditor's observations during the tour of the facility and interviews with the Program Director and randomly selected staff and residents.

115.342 (h): N/A; NOA does not isolate residents for protection from sexual victimization.

115.342 (i): NOA does not isolate residents. By policy, and only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, would NOA use isolation. Also, by policy, the need for isolation would be reviewed every 30 days by the Program Director.

Compliance with this provision was based upon the Auditor's review of the PREA policy, observations during the tour of the facility, and interviews with the Program Director and randomly selected residents.

Evidences used to determine standard compliance include review of NOA Policy, a review of

14 randomly selected residents' case files, bed assignment documents, and interviews with randomly selected staff and residents, the PREA Coordinator, the Program Director, and the staff responsible for Risk Screening.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring the proper placement of residents.

115.351	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> <li>3. New Outlook Academy PREA - A Students Guide to Rights, Protections, and Reporting Sexual Abuse (not dated)</li> <li>4. NOA PREA investigative case files</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. Posted information – PREA Poster</li> <li>2. Site review tour of all Living units</li> <li>3. Site review tour of all common areas</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. Informal discussions during site tour</li> <li>2. PREA Coordinator</li> <li>3. Randomly selected Staff</li> <li>5. Randomly selected Residents</li> <li>6. Residents who reported sexual abuse</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.351(a): NOA provides multiple ways for residents to privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect, or violation of responsibilities that may have contributed to such incidents. This could include, but is not limited to, the following: Student Grievance Form; Student Statement Form; Medical Request Form; Student One-on-One Request Form; The Grievance Procedure; direct verbal reporting to any staff member, and/or calling the abuse hotline number. Phones are accessible through staff in living units. New Outlook Academy’s residents have weekly calls home, are allowed visits at the facility every weekend, and may also be allowed to go on home visits.</p> <p>Compliance with this provision was confirmed by the Auditor's personal observations and by interviews with randomly selected staff and residents.</p>

115.351 (b): NOA residents can report sexual abuse or sexual harassment to a public or private entity or office that is not part of TAS/New Outlook Academy via the Child Abuse Hotline (1-800 241-KIDS) and allows the resident to remain anonymous upon request. The hotline information is received and immediately forwarded to agency officials. The New Outlook Academy 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. No residents are detained solely for civil immigration purposes.

Compliance with this provision was confirmed by the Auditor's personal observations and by interviews with randomly selected residents.

115.351 (c): NOA staff members are required to accept reports of sexual abuse and sexual harassment that are made verbally, in writing, anonymously, and from third parties, and promptly document any verbal reports.

Compliance with this provision was confirmed by interviews with randomly selected staff and residents and a review of the PREA investigative case files.

115.351 (d): NOA provide residents with access to tools (pens and paper) necessary to make written reports. This was supported by the Auditor's observation and resident interviews.

Compliance with this provision was confirmed by interviews with the PREA Compliance Manager and a resident who reported a sexual abuse, and the Auditor's observations of the written material.

115.351 (e): NOA provides a method for staff to privately report sexual abuse and sexual harassment of residents via Policy..

Compliance with this standard is supported by interviews with randomly selected staff.

Evidences used by the Auditor to determine compliance with the standard include review of the facility's policy, the Resident's Handbook, and the facility's website; observations of reporting information during the site tour; and interviews with randomly selected staff and residents and with the PREA Compliance Manager.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring third-party reports of sexual abuse and sexual harassment. No corrective action is required.

115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. New Outlook Academy's Grievance Policy (not dated)</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. Resident Grievance Forms</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. Randomly selected Residents</li> <li>2. Randomly selected Staff</li> <li>3. Program Director</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.352 (a): NOA has an administrative procedure for dealing with resident grievances regarding sexual abuse. Therefore, the facility is not exempt from this standard for dealing with resident grievances regarding sexual abuse. The administrative procedure is the "Student Grievance Process" and information about how to utilize the grievance process is provided in the Student Handbook.</p> <p>Compliance with this provision was confirmed by the Auditor's personal observations and by interviews with randomly selected residents, the Program Director, and the PREA Compliance Manager.</p> <p>115.352 (b): According to the NOA Grievance Policy, the facility permits residents to submit a grievance regarding an allegation of sexual abuse without any type of time limit and does not require an informal grievance process.</p> <p>Compliance with this provision is based upon the Auditor's observations during the tour of the facility and is supported by interviews with randomly selected residents and the Program Director.</p> <p>115.352 (c): NOA Grievance Policy, allows a resident who alleges sexual abuse to submit a grievance without submitting it to a staff member who is the subject of the complaint and such grievance is not referred to a staff member who is the subject of the complaint. Residents have free access to grievance forms and each living unit. Grievance can be passed to any staff and forwarded to the supervisor on duty.</p> <p>Compliance with this provision is based upon the Auditor's observations during the tour of the</p>



facility and is supported by interviews with the Program Director and the PREA Compliance Manager.

115.352 (d): TAS/NOA issues 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, but may extend the period longer if needed, up to 70 additional days. The facility incorrectly marked this section, they had no grievances that reported alleging sexual abuse.

Compliance with this provision is based upon the Auditor's review of the grievance files and is supported by an interview with the Program Director.

115.352 (e): NOA policy permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing grievances. Residents can decline third-party assistance. There were zero (0) grievances alleging sexual abuse filed by residents or filed with third party assistance in the past 12 months.

Compliance with this provision is based upon the Auditor's observations during the tour of the facility and is supported by interviews with randomly selected residents and the Program Director.

115.352 (f): NOA Grievance Policy allows for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. In cases involving student allegations regarding any type of abuse, it is the responsibility of the staff member to submit this information immediately to the supervisor on duty. Failure to do so may result in termination. The supervisor in charge will interview the student. That supervisor also has the responsibility to request an incident report from the staff member before the shift ends or before that staff member leaves the facility. The supervisor will report all allegations to the Program Director and to the Child Abuse Hotline. The agency reported that there were zero (0) emergency grievance alleging substantial risk of imminent sexual abuse filed in the past 12 months.

Compliance with this provision is based upon the Auditor's review of the grievance files and is supported by an interview with the Program Director.

115.352 (g): NOA Grievance Policy does not allow the facility to discipline a resident for filing a grievance alleging sexual abuse where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months, no residents' grievances alleging sexual abuse were filed that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith.

Compliance with this provision is based upon the Auditor's review of the grievance files and is supported by an interview with the Program Director.

Evidences used to determine standard compliance include a review of NOA Grievance Policy, remedies, the resident grievance files, and interviews with randomly selected staff and residents, the PREA Compliance Manager, and the Program Director.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring the exhaustion of administrative remedies. No corrective action is required.

115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> <li>3. NOA PREA Student Poster</li> <li>4. The Academy Schools MOU with UPMC Children’s Hospital of Pittsburgh (dated 8/24/20)</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. Resident's Video Visitation room</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. Randomly selected Residents</li> <li>2. PREA Coordinator</li> <li>3. Program Director</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.353 (a): NOA provides residents with access to outside victim advocates for emotional support services related to sexual abuse via the Pittsburgh Action Against Rape (PAAR). The Pittsburgh Action Against Rape (PAAR) was contacted by the Auditor and found to be acceptable. This information is published in the Student (Resident) PREA Poster. Residents stated they believed outside services are available to them, but could not name who or where. The facility does not detain civil immigration individuals, therefore no mailing addresses and telephone numbers of the National Immigrant Services Agency is provided.. The facility allows reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.</p> <p>The compliance determination with those two provisions was based on a review of the Student PREA posters and the resident PREA education material and interviews with randomly selected residents and the PREA Coordinator.</p> <p>115.353 (b): NOA informs the 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. NOA policy requires all staff to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of</p>

responsibilities that may have contributed to an incident or retaliation.

Compliance with this provision was supported by interviews with randomly selected residents, the Program Director, and the PREA Coordinator.

115.353 (c): NOA does have a signed MOU request with a Sexual Assault Response's Advocacy Community service provider, the Pittsburgh Action Against Rape (PAAR). The facility has entered into a Memorandum of Understanding (MOU) with the UPMC Children's Hospital of Pittsburgh to provide residents with confidential emotional support services related to sexual abuse. The facility maintains a copy of the MOU agreements.

Compliance determination with this provision was based upon a review of the facility's MOU's and interview with the Program Director and the PREA Coordinator.

115.353 (d): NOA provides residents with reasonable and confidential access to their attorneys or other legal representation and provides residents with reasonable access to their parents or legal guardians.

Compliance with this provision was supported by interviews with randomly selected residents, the Program Director, and the PREA Coordinator.

Evidences used to determine standard compliance include a review of NOA Policy and an MOU providing residents with access to outside confidential support services and legal representation that is consistent with the requirements of this PREA standard, and interviews with randomly selected residents, the Program Director, and the PREA Coordinator.

Based upon the review and analysis of all the available evidence, the Auditor finds the facility is substantially compliant with this standard requiring resident access to outside confidential support services and legal representation. No corrective action is required.

115.354	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> <li>3. Pennsylvania Department of Human Services Website (<a href="https://www.dhs.pa.gov/docs/Publications/Pages/Child-Abuse-Reports.aspx">https://www.dhs.pa.gov/docs/Publications/Pages/Child-Abuse-Reports.aspx</a>)</li> <li>4. NOA Website (<a href="http://www.New Outlook-academy.com">www.New Outlook-academy.com</a>)</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. Facility's Main Lobby/Visitation Area</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Program Director</li> <li>3. Resident who report a sexual abuse</li> <li>4. Randomly selected Residents</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.354 (a): NOA accepts all verbal, written, and anonymous reports of sexual abuse and sexual harassment, from any source including third parties. Notices of how to report allegations are posted in the lobby and other areas of the facility with the toll-free hotline number and other available reporting options. This information is also included in the PREA Orientation materials and the PREA education video for residents.</p> <p>Compliance with this provision was supported by a review of the facility's policy, the facility's website, observations during the site tour, and interviews with a resident who report a sexual abuse, other randomly selected residents, the Program Director, and the PREA Coordinator.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring third-party reports of sexual abuse and sexual harassment. No corrective action is required.</p>

115.361	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA)</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. Randomly selected Staff</li> <li>2. PREA Coordinator</li> <li>3. Program Director</li> <li>4. Medical and Mental Health Staff</li> <li>5. Case Workers</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.361 (a): NOA policy requires all staff to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any facility, 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.</p> <p>Compliance with this provision was supported by randomly selected staff interviews.</p> <p>115.361 (b): NOA requires all staff to comply with any applicable mandatory child abuse reporting laws. Mandated reports are required by the Pennsylvania Child Protective Services Law (CPSL), which requires reporting of all concerns of child abuse or neglect. The Allegheny County Department of Human Services (DHS), Office of Children, Youth and Families (CYF) provides a secure website for mandated reports of child abuse and neglect and to report non-emergency concerns. This policy was supported by staff interviews and a review of Allegheny County Department of Human Services (DHS), Office of Children, Youth and Families (CYF) website.</p> <p>Compliance with the provision was supported by interviews with the PREA Coordinator, interviews with randomly selected staff, and the Auditor's review of in the Pennsylvania Child Protective Services Law (CPSL) and the Allegheny County Department of Human Services (DHS), Office of Children, Youth and Families (CYF) website.</p>

115.361 (c): NOA prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Compliance with this provision was supported by interviews with Mental Health Staff, Case Workers, and randomly selected staff.

115.361 (d): NOA policy requires all Medical and Mental Health Staff to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any facility. This policy was supported by staff interviews.

Compliance with this provision was supported by interviews with Medical and Mental Health staff.

115.361 (e): NOA reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. When the facility receives any allegation of sexual abuse, the Program Director promptly reports the allegation to the alleged victim's parents or legal guardians. If the alleged victim is under the guardianship of the child welfare system, the Program Director reports the allegation to the alleged victim's caseworker instead of the parents or legal guardians.

Compliance with this provision is supported by an interview with the PREA Coordinator and a review of investigation reports.

115.361 (f): NOA reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators who then reports it to Child Protective Services.

Compliance for this provision was supported by interviews with the Program Director and the PREA Coordinator and a review of investigation reports.

Evidences used to determine standard compliance includes a review of case files and interviews with randomly selected staff, Medical and Mental Health Staff, Case Workers, the Program Director, and the PREA Coordinator.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring staff and agency reporting duties. No corrective action is required.

115.362	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA)</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. Randomly selected Staff</li> <li>2. Shift Supervisors</li> <li>3. Agency Head (Executive Director)</li> <li>4. Program Director</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.362 (a): NOA PREA Policy (revised 08/14/16) , states that "when it learns that a resident is subject to a substantial risk of imminent sexual abuse, it will take immediate action to protect the resident." There have been no determinations that a resident was subject to a substantial risk of imminent sexual abuse in the past 12 months. The policy is consistent with the standard.</p> <p>Compliance for this provision was supported by interviews with the Agency Head, Program Director, Shift Supervisors, and randomly selected staff.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring agency protection duties. No corrective action is required.</p>

115.363	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. Tour areas of the facility</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. Informal discussion during site tour</li> <li>2. PREA Coordinator</li> <li>3. Executive Director</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.363 (a): NOA's PREA Policy (revised 08/14/16) requires that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the Executive Director must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The facility received zero (0) allegations in the past 12 months that a resident was abused while confined at another facility. Compliance with this provision is supported by policy and interview with the Executive Director.</p> <p>115.363 (b): By policy, the Executive Director would notify the facility where the alleged abuse occurred via an immediate telephone call, following up within 24 hours with an email. None yet needed or recorded.</p> <p>115.363 (c): By policy, the Executive Director would document that such notification was provided within 72 hours of receiving the allegation that a resident was abused while confined at another facility. The facility received zero (0) allegations in the past 12 months that a resident was abused while confined at another facility. Therefore, no documentation for such notification exists to verify. Compliance with this provision is supported by policy and interview with the Executive Director.</p> <p>115.363 (d): By policy, the Executive Director would follow up by email to ensure that the allegations were appropriately investigated. Compliance of this standard was determined by policy review and by interviews with the PREA Coordinator and the Executive Director.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring facility's official response duties for reporting to other confinement facilities. No corrective action is required.</p>





115.364	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. The Academy Schools (TAS) - PREA Policy (revised 08/14/16)</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. Randomly selected staff</li> <li>2. Security Staff and Non-Security Staff First Responders</li> <li>3. PREA Coordinator</li> <li>4. Resident who Reported a Sexual Abuse</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.364 (a): NOA's PREA Policy (revised 08/14/16) requires the first responder to an alleged resident sexual abuse incident: to separate the alleged victim from the abuser; preserve and protect the crime scene; and ensure the victim and the abuser don't destroy evidence. This policy and procedure were supported by interviews of staff first responders who all answered the questions consistently with the facility policy.</p> <p>Compliance with this provision was supported by policy review and interviews with Security Staff First Responder and a Resident who reported a sexual abuse.</p> <p>115.364 (b): All staff are trained as first responders to ensure that alleged victims do not destroy any physical evidence. This policy was confirmed by Security Staff and Non-Security Staff First Responders interviewed, who all stated that they would request that the alleged victim not take any actions that could destroy physical evidence, and then notify Security Staff.</p> <p>Compliance with this provision was supported by policy review and interviews with Security Staff First Responder and randomly selected Staff.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring staff first responder duties. No corrective action is required.</p>

115.365	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. Shift Supervisors</li> <li>2. PREA Coordinator</li> <li>3. Program Director</li> </ol> <p>Findings (by provision)</p> <p>115.365 (a): NOA has 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. NOA's PREA Incident Response is very comprehensive.</p> <p>Compliance with this provision was confirmed by interviews with the Program Director and the Shift Supervisors and a review of the coordinate response procedures.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring coordinated response. No corrective action is required.</p>

115.366	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA)</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> <li>3. Employee Records</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. Agency Head (Executive Director)</li> <li>2. PREA Coordinator</li> <li>3. Human Resources Staff</li> <li>4. Program Director</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.366 (a): CDC does not have a collective bargaining agreements at New Outlook Academy 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. Nothing in the facility's policies inhibits the facility's ability to protect residents from contact with abusers.</p> <p>This was verified by interviews with the Agency Head and the Program Director. Compliance with this standard was determined by reviewing the facility's employment records and by interviews with the PREA Coordinator and Human Resource Staff.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring preservation of ability to protect residents from contact with abusers. No corrective action is required.</p>

115.367	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> <li>3. NOA PREA Investigative files</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. Case Worker (Staff Member Charged with Monitoring Retaliation)</li> <li>2. Executive Director</li> <li>3. PREA Coordinator</li> <li>4. Program Director</li> <li>5. Shift Supervisors</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.367 (a): CDC/NOA has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The facility has designated its Program Director as the person charged with monitoring retaliation from staff-to-staff and staff-to-residents. Resident-to-resident retaliation is monitored by the Director of Student Services and the Program Director.</p> <p>Compliance with this provision was determined by a review of the facility's investigative policy and by interviews with the Case Worker, the Program Director, the Executive Director and the PREA Coordinator.</p> <p>115.367 (b): CDC/NOA employs multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Such measures include housing changes, transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services. No documentation of protective measures exists as there has not been any reported fears of retaliation from residents or staff.</p> <p>Compliance with this provision was determined by a review of the facility's investigative files</p>

and by interviews with the Executive Director, the PREA Coordinator, and Shift Supervisors.

115.367 (c): CDC/NOA monitors 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. No incidents of retaliation occurred in the past 12 months.

Compliance with this standard was determined by a review of the facility's investigative files and by interviews with the Program Director, the PREA Coordinator, and Shift Supervisors.

115.367 (d): NOA's retaliation monitoring does include periodic status checks of residents based upon policy and according to the PCM.

Compliance with this provision was determined by a review of the facility's investigative files and by interviews with the Program Director, the PREA Coordinator, and Shift Supervisors.

115.367 (e): CDC/NOA, by Policy, monitors the conduct and treatment of other individual who cooperates with an investigation for expression of a fear of retaliation and take appropriate measures to protect that individual against retaliation to see if there are changes that may suggest possible retaliation by residents or staff. No incidents of retaliation occurred in the past 12 months.

Compliance with this provision was determined by a review of the facility's investigative files and by interviews with the Executive Director, and the PREA Coordinator.

Evidences used to determine compliance with this standard include a review of investigative files and interviews of randomly selected staff and residents, the PREA Coordinator, Executive Director, and the Program Director.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring agency protection against retaliation. No corrective action is required.

115.368	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> <li>3. NOA Resident case files</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. Tour all areas of the facility</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. Medical and Mental Health Staff</li> <li>2. PREA Coordinator</li> <li>3. Program Director</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.368 (a): CDC/NOA does not isolate residents. However, their policy states that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. No resident who alleged to have suffered sexual abuse has been placed in isolation in the past 12 months.</p> <p>Compliance with this standard was determined by a review of the facility's case files and by interviews with the Program Director, the PREA Coordinator, and Medical Staff.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring Post-allegation protective custody. No corrective action is required.</p>

115.371	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> <li>3. New Outlook Academy PREA Investigative Files</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. Investigative Staff</li> <li>2. PREA Coordinator</li> <li>3. Program Director</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.371 (a): N/A; CDC/NOA does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. Administrative Investigations are conducted by the Allegheny County Office of Children, Youth and Families. NOA does not 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 a resident or staff. The Pennsylvania ChildLine and Abuse Registry's Intake Unit accepts reports for the Commonwealth of Pennsylvania 24 hours a day. ChildLine staff provides information to callers and assigns reports of child abuse to the Allegheny County Office of Children and Youth Agencies for investigation, assessment, and child protective services.</p> <p>ChildLine may also refer allegations to the Allegheny County Office of Children and Youth Agencies for further assessment and (general) protective services when children seem to be at risk of abuse, but allegations are not as severe. When allegations appear to meet Pennsylvania's legal definition of child abuse, ChildLine will assign a unique number to the report and track the outcome of the investigation. Depending on the nature of the allegations, ChildLine may also forward reports directly to law enforcement. The Pittsburgh Bureau of Police conducts the investigations of allegations that rise to the level of criminal behavior.</p> <p>Compliance with this provision was verified by interviews with the PREA Coordinator and the Program Director and the Auditor's review of PREA investigative reports.</p> <p>115.371 (b): N/A; Administrative Investigations are conducted by the Allegheny County Office of Children, Youth and Families. The Pittsburgh Bureau of Police conducts the investigations</p>



of allegations that rise to the level of criminal behavior. The facility has no specialized trained sexual abused investigators.

Compliance with this provision was verified by interviews with the PREA Coordinator and the Program Director and the Auditor's review of PREA investigative reports.

115.371 (c): CDC/NOA does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. The facility would not gather, but preserve direct and circumstantial evidence, including any available physical and DNA evidence until the outside investigators were to arrive at the facility. However, they would gather and preserve any available electronic monitoring data. They would not interview alleged victims, suspected perpetrators, or witnesses who reported or were involved in allegation of sexual abuse involving the suspected perpetrator per the request of the investigating agencies.

Compliance with this provision was verified by interviews with the PREA Coordinator and the Program Director and reviews of the PREA investigative reports.

115.371 (d): N/A; CDC/NOA does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. Administrative Investigations are conducted by the Allegheny County Office of Children, Youth and Families. NOA, by policy, does not terminate an investigation solely because the source of the allegation recants the allegation. This was supported by review of this policy and interviews of Investigative Staff who state that the facility always refrains from terminating an investigation solely because the source of the allegation recants the allegation.

Compliance with this provision was verified by interviews with the Investigative Staff and the Program Director and the Auditor's review of the facility's PREA policy.

115.371 (e): N/A; CDC/NOA does not conduct any form of criminal investigations of sexual abuse or harassment. Administrative Investigations are conducted by the Allegheny County Office of Children, Youth and Families. NOA refers sex abuse cases for criminal investigation when the quality of evidence appears to support criminal prosecution, this was supported by reviews of investigate reports and interviews of the investigative staff. NOA does not conduct compelled interviews; it would be beyond the scope of their authority.

Compliance with this provision was verified by interviews with the PREA Coordinator and the Program Director and reviews of the PREA investigative reports.

115.371 (f): N/A; CDC/NOA does not conduct any form of administrative or criminal investigations of sexual abuse or harassment.

Compliance with this provision was verified by interviews with the PREA Coordinator and reviews of the PREA investigative reports.

115.371 (g): N/A; CDC/NOA does not conduct administrative investigations. Therefore, there is no effort to determine whether staff actions or failures to act contributed to the abuse. The facility does not receive completed reports from the Pennsylvania ChildLine and Abuse Registry's Intake Unit. They receive an email summary of the final resolution and the documentation is limited to the original compass report which does include a description of alleged incident and basic other information. The physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings, is not

shared with facility. It is recommended that the facility continue to request copies for the completed reports from the Pennsylvania ChildLine and Abuse Registry's Intake Unit.

Compliance with this provision was verified by interviews with the PREA Coordinator and the Program Director and reviews of the PREA investigative reports.

115.371 (h): CDC/NOA does not conduct criminal investigations

Compliance with this provision was verified by interviews with the PREA Coordinator and the Program Director and reviews of the PREA investigative reports.

115.371 (i): TAS/NOA appears to refer all substantiated allegations of sexual misconduct or abuse that appear to be criminal for prosecution. Four (4) allegations of conduct that appear to be criminal were referred for prosecution in the last 12 months.

Compliance with this provision was verified by interviews with the PREA Coordinator and the Program Director and reviews of the PREA investigative reports.

115.371 (j): 115.371 (j): CDC/NOA retains all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is placed or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter retention period. However it should be noted that not all investigative files contained a complete investigative report for the outside agency.

Compliance with this provision was verified by interviews with the PREA Coordinator and the Program Director and reviews of the PREA investigative reports.

115.371 (k): CDC/NOA appears to 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.

Compliance with this provision was verified by interviews with the PREA Coordinator and the Program Director and reviews of the PREA investigative reports.

115.371 (l): Auditor is not required to audit this provision.

115.371 (m): When an outside entity investigates sexual abuse, NOA appears to provide full cooperation to outside investigators and endeavors to remain informed of the investigation's progress.

Compliance with this provision was verified by interviews with the Program Director and the PREA Coordinator.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring criminal and administrative agency investigations. No corrective action is required.

115.372	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA)</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> <li>3. NOA PREA Investigation Files</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Program Director</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.372 (a): N/A; CDC/NOA does not conduct Administrative Investigations; they are conducted by the Allegheny County Office of Children, Youth and Families. The evidentiary standard for those administrative investigations appear to impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Compliance with this provision was verified by interviews with the PREA Coordinator and the Program Director and the Auditor's review of investigative reports.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring evidentiary standards of no higher than a preponderance of the evidence for administrative investigations. No corrective action is required.</p>

115.373	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> <li>3. NOA PREA Investigative Files</li> <li>4. NOA Resident case files</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Program Director</li> <li>3. Investigative Staff</li> <li>4. Resident who reported a sexual abuse</li> </ol> <p><b>Findings (by provision):</b></p> <p>115.373 (a): NOA has a comprehensive policy, the NOA PREA Policy (revised 08/14/16), that now requires any resident who makes an allegation of having suffered sexual abuse to be informed verbally and in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. There were three (3) alleged sexual harassment investigations completed and one (1) pending in the past 12 months. There was no supporting documentation that any of residents were notified verbally or in writing of the results of the such investigations nor was there a requirement in the NOA Policy to do so. Corrective action was required and the New Outlook Academy updated their PREA policy so that they now document all verbal conversations notifying residents of the results of PREA investigations. This corrective action was verified by the Auditor on December 30, 2020.</p> <p>Compliance with this provision was verified by interview with the Program Director, PREA Coordinator and the Auditor's review of resident case files.</p> <p>115.373 (b): There were three (3) alleged sexual harassment investigations completed and one (1) pending in the past 12 months. The Program Director and the PREA Coordinator claim that they had requested relevant information from the investigative agencies but there was no supporting documentation that the facility requested the relevant information from the</p>

investigative agency in order to inform the residents. Corrective action was required.

Post-audit, several emails requesting status updates were shown to the Auditor, confirming that there was documentation supporting the facility's status requests to the investigative agency. However, the investigative agency would reply with, e.g. "case closed, no witness, no supporting evidence, and does not raise to level of criminal activity," which is not enough information to adequately inform residents. The New Outlook Academy's response is that they will attempt to obtain, when possible, information from investigative agencies in order to inform residents regarding the outcome of PREA investigations. This corrective action was verified by the Auditor on December 30, 2020.

Compliance with this provision was verified by interviews with the Program Director and the PREA Coordinator and supporting documentation.

115.373 (c): CDC/NOA by policy, does subsequently inform a resident, following a substantiated or unsubstantiated resident's allegation that a staff member has committed sexual abuse against the resident, that the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. This policy was confirmed by interviews with the Program Director and the PREA Coordinator and a review of the facility's safety plans. One (1) of the (4) alleged sexual harassment investigations was staff on resident and the resident was advised that the staff member was no longer to be near the resident.

Compliance with this provision was verified by interview with the PREA Coordinator and the Auditor's review of investigative files.

115.373 (d): CDC/NOA, by policy, informs the resident victim when it learns that an alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. There was no case within the past 12 months that an alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.

Compliance with this provision was verified by interviews with the resident who reported a sexual abuse and PREA Coordinator and a review of the facility's PREA policy Reporting to Students.

115.373 (e): CDC/NOA, by policy, documents all such notifications or attempted notifications described in this standard. The Program Director and the PREA Coordinator claim the residents are notified verbally, However, no notification document was in the resident's file or the investigation files and corrective action was required. New Outlook Academy will now document all verbal conversations notifying residents of the results of PREA investigations. This corrective action was verified by the Auditor on December 30, 2020.

Compliance with this provision was verified by interview with the PREA Coordinator and the Auditor's review of resident case files.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring reporting to residents. Corrective action is not required.



115.376	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA)</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> <li>3. NOA Employee Records</li> <li>4. NOA Investigative Files</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. Human Resource Staff</li> <li>2. PREA Coordinator</li> <li>3. Program Director</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.376 (a): CDC/NOA's PREA Policy states that staff are subject to disciplinary sanctions up to and including termination for violating NOA's sexual abuse or sexual harassment policies.</p> <p>Compliance with this provision was confirmed by interview with the PREA Coordinator and a review of the PREA policy.</p> <p>115.376 (b): The facility has not terminated staff or had staff resign prior to termination for violating the agency's sexual abuse or sexual harassment policies in the past 12 months.</p> <p>Compliance with this provision was confirmed by interviews with the PREA Coordinator and the Program Director.</p> <p>115.376 (c): There is no record of discipline against facility staff for violations of the agency sexual abuse or sexual harassment policies in the past 12 months. The facility's disciplinary sanction policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed.</p> <p>Compliance with this provision was confirmed by a review of the Employee Records and interviews with the Human Resource Staff, the PREA Coordinator, and the Program Director.</p> <p>115.376 (d): No facility staff were terminated or resigned (who would have been terminated if they hadn't resigned) in the past 12 months for violations of agency sexual abuse or sexual</p>

harassment policies. By CDC policy, the facility would report sexual abuse or sexual harassment violations to law enforcement unless clearly not criminal.

Compliance with this provision was confirmed by interview with the Program Director and review of investigative files.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring disciplinary sanctions for staff. No corrective action is required.



115.377	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA)</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> <li>3. NOA PREA Investigative Files</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Program Director</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.377 (a): CDC/NOA Policy: The NOA's PREA Policy (revised 08/14/16), requires any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. They would also be reported to law enforcement and any relevant licensing bodies. There was no documented referral to law enforcement in the past 12 months for any incident of a contractor or volunteer engaging in sexual abuse with residents.</p> <p>Compliance with this provision was confirmed by interview with the PREA Coordinator and a review of the PREA policy.</p> <p>115.377 (b): The New Outlook Academy's - PREA Policy (revised 08/14/16) states the facility would take appropriate remedial measures and consider whether to prohibit a contractor or volunteer having further contact with residents following any other violation of agency sexual abuse or sexual harassment policies. An interview with the Program Director supports the facility's policy where any contractor or volunteer alleged to have conducted sexual abuse would be barred from the facility and not have any further contact with the resident.</p> <p>Compliance with this provision was confirmed by interview with the Program Director and a review of PREA policy.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring corrective action for contractors and volunteers. No corrective action is required.</p>

115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA)</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> <li>3. NOA PREA Investigative Reports</li> <li>4. NOA Residents' Case Files</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. Medical and Mental Health Staff</li> <li>2. PREA Coordinator</li> <li>3. Program Director</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.378 (a): By policy, <i>The NOA's PREA Policy (revised 08/14/16)</i>, NOA residents may be subject to disciplinary sanctions 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. The resident may be subject to disciplinary sanctions but only pursuant to a formal disciplinary process. This policy was confirmed by interview with the PREA Coordinator. In the past 12 months, there has been no administrative findings nor criminal findings of guilt for resident-on-resident sexual abuse that have occurred at this facility.</p> <p>Based upon this, the facility was found to be in compliance with the requirements of this provision.</p> <p>115.378 (b): In the past 12 months, no residents were placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse. It appears that this provision of the standard is not applicable. This was supported by interviews with the Program Director and the PREA Coordinator and the Auditor's review of residents' case files.</p> <p>Based upon this, the facility was found to be in compliance with the requirements of this provision.</p> <p>115.378 (c): By policy, the disciplinary process does consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of</p>

sanction, if any, should be imposed. This was supported by interviews with the Program Director and the Auditor's review of investigative reports.

Based upon this, the facility was found to be in compliance with the requirements of this provision.

115.378(d): CDC/NOA offers therapy, counseling, and other interventions designed to address and correct the underlying reasons or motivations for abuse. The Program Director conducts a Multi-Disciplinary Team (MDT) meeting to consider whether to offer the offending resident participation in such interventions. The program 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 of access to general programming or education. This policy was confirmed by interviews with the Medical and Mental Health Staff.

Based upon this, the facility was found to be in compliance with the requirements of this provision.

115.378 (e): CDC/NOA, by policy, may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. There was no record of disciplinary action against residents for sexual conduct with staff in the last 12 months. This policy and information were confirmed by interview with the PREA Coordinator.

Based upon this, the facility was found to be in compliance with the requirements of this provision.

115.378 (f): CDC/NOA, by policy, prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred. This policy was confirmed by interview with the PREA Coordinator.

Based upon this, the facility was found to be in compliance with the requirements of this provision.

115.378 (g): CDC/NOA, by policy, prohibits all sexual activity between residents. This policy was confirmed by interview with the PREA Coordinator.

Based upon this, the facility was found to be in compliance with the requirements of this provision.

After review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring interventions and disciplinary sanctions for residents. No corrective action is required.

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA)</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> <li>3. NOA Student Medical and mental health screenings records</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. Medical and Mental Health Staff</li> <li>2. PREA Coordinator</li> <li>3. Program Director</li> <li>4. Case Workers</li> <li>5. Intake Staff</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.381 (a): All students meet with their therapeutic managers within 14 days of intake. By policy, residents at NOA who disclose any prior sexual victimization during a screening are offered a follow-up meeting with a mental health practitioner within 14 days of intake. This policy is supported by interviews with the Case Workers and Medical Staff. In the past 12 months, no residents disclosed prior victimization during screening. There is supporting evidence that Medical and Mental Health Staff maintain secondary materials (e.g., form, log) documenting compliance with the required services.</p> <p>Compliance with this provision was supported by a review of the facility's medical and mental health screenings records and from interviews with the Case Workers and Medical Staff.</p> <p>115.381 (b): NOA, by policy, offers all residents who have ever previously perpetrated sexual abuse a follow-up meeting with a mental health practitioner within 14 days of the intake screening. This was supported by interviews with the facility's Medical Staff.</p> <p>Compliance with this provision was supported by a review of the facility's medical and mental health screenings records and from interviews with the Intake Staff and Medical Staff.</p> <p>115.381 (c): Access to information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other</p>

staff as necessary to inform treatment plans and security management. This was supported by the Auditor's observations and questions noted during site reviews of the medical area.

Compliance with this provision was supported by a review of the facility's medical and mental health screenings records and from interviews with the Intake Staff and Medical Staff.

115.381 (d): 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.

Compliance with this provision was supported by a review of the facility's medical and mental health screenings records and from an interview with the Intake Staff and Medical Staff.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring medical and mental health screenings and history of sexual abuse. No corrective action is required.

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA)</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. Medical and Mental Health Staff</li> <li>2. Resident who reported a sexual abuse</li> <li>3. Program Director</li> <li>4. Intake Staff</li> <li>5. Security Staff</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.382 (a): NOA, by policy, provides resident victims of sexual abuse 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.</p> <p>Compliance with this provision was supported by interviews with the Intake Staff and Medical Staff and a resident who reported a sexual abuse.</p> <p>115.382 (b): When Medical and Mental Health Staff are not on duty and a facility learns that a resident is subject to a substantial risk of imminent sexual abuse, first responders take preliminary steps to protect the victim and the appropriate Medical and Mental Health Staff are immediately notified.</p> <p>Compliance with this provision was supported by interview with Security Staff.</p> <p>115.382 (c): By policy, NOA offers resident victims of sexual abuse timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care and where medically appropriate.</p> <p>Compliance with this provision was supported by interviews with the Intake Staff and Medical Staff and a resident who reported a Sexual Abuse.</p>

115.382 (d): NOA provides treatment services to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Compliance with this provision was supported by interviews with the Medical Staff and Program Director.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring access to emergency medical and mental health services. No corrective action is required.

115.383	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA)</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> <li>3. NOA Residents' Medical Records</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. Medical and Mental Health Staff</li> <li>2. Resident who reported a sexual abuse</li> <li>3. PREA Coordinator</li> <li>4. Program Director</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.383 (a): NOA, by policy, offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>Compliance for this provision was determination and supported by interviews with the Medical and Mental Health Staff.</p> <p>115.383 (b): NOA's evaluation and treatment of victims does 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.</p> <p>Compliance for this provision was supported by interviews with the Medical and Mental Health Staff.</p> <p>115.383 (c): NOA, by policy, provides such victims with medical and mental health services consistent with the community level of care.</p> <p>Compliance for this this provision was determined by the Auditor's review of medical records and interviews with Medical Staff.</p> <p>115.383 (d): By policy, NOA offers pregnancy tests to resident victims of sexually abusive vaginal penetration while incarcerated.</p>



Compliance determination of this provision was supported by interviews with Medical Staff and the Auditor's review of the PREA policy.

115.383 (e): By policy, NOA resident victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Compliance determination of this provision was supported by interviews with Medical Staff and the Auditor's review of the PREA policy.

115.383 (f): By policy, NOA offers tests for sexually transmitted infections as medically appropriate to resident victims of sexual abuse while incarcerated.

Compliance determination of this provision was supported by interviews with Medical Staff and the Auditor's review of the PREA policy..

115.383 (g): NOA provides treatment services to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Compliance determination of this provision was supported by interviews with Medical Staff and the Auditor's review of the PREA policy.

115.383 (h): NOA does 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.

Compliance determination of this provision was supported by the Auditor's review of medical records and interviews with Medical and Mental Health Staff.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

115.386	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. The Academy Schools (TAS) - PREA Policy (revised 08/14/16)</li> <li>3. PREA Incident Review Reports</li> <li>4. NOA PREA Investigative Review Reports</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Program Director</li> <li>2. Executive Director</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.386 (a): NOA conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse/misconduct investigations, unless the allegation has been determined to be unfounded. In 2020, there was three (3) completed allegation of sexual misconduct incidents which were determined to be unsubstantiated. The PREA Coordinator states that sexual abuse incident reviews were conducted. There is supporting documentation of a review team meeting with a report produced documenting such review.</p> <p>Compliance was determined by a review of PREA Incident Review Reports and an interview with the PREA Coordinator.</p> <p>115.386 (b): NOA PREA Policy states: The facility conducts a sexual abuse incident review within 30 days of the conclusion of a sexual abuse investigation. A review of the PREA Incident Review Reports show that all 3 were completed within 30 days of the conclusion of the sexual abuse investigation. The policy and the practice were also supported by interview with the PREA Coordinator.</p> <p>Compliance was confirmed by interview with the PREA Coordinator and a review of PREA Incident Review Reports.</p> <p>115.386 (c): The Sexual Abuse Incident Review Team includes the Program Director, the Exective Director and the PREA Coordinator. The sexual abuse incident review team reviews</p>

all sexual abuse incidents and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Compliance was confirmed by interviews with the PREA Coordinator and review of PREA Investigative Review Reports.

115.386 (d): The facility has a PREA policy and prepares a report of its findings from sexual abuse incident reviews and submits a completed Administrative and Response Review Form to the Executive Director within 30 days of the conclusion of an investigation. The PREA policy and the review report state: 1) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abused; 2) 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; 3) adequacy of staffing levels in that area during different shifts; and 4) whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Compliance was confirmed by interviews with the PREA Coordinator and Program Director and a review of PREA Investigative Review Reports.

115.386 (e): CDC/NOA implements recommendations for improvement or documents its reasons for not doing so. The Facility prepares a report of its findings, including but not necessarily limited to, determinations made and any recommendations for improvement. The report is submitted to the CDC Executive Director.

Compliance was confirmed by interviews with the Executive Director and a review of PREA Investigative Review Reports.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is compliant with this standard requiring sexual abuse incident reviews. The PREA policy and the Incident review reports need required standard information No corrective action is required.

115.387	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> <li>3. CDC/NOA Annual PREA Report 2019</li> <li>4. NOA PREA Incident Reports</li> <li>5. Survey of Sexual Violence conducted by the Department of Justice Form</li> <li>6. Administrative and Response Review Form</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Program Director</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.387 (a): NOA collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>Compliance with this provision was determined based upon review of all incident reports for the prior 12-month reporting period and an interview with the PREA Coordinator.</p> <p>115.387 (b) NOA aggregates the incident-based sexual abuse data annually as stated by the Program Director. Aggregated sexual abuse data is included in the facility's Annual Report.</p> <p>Compliance with this provision was determined based upon review of the Annual Report as published and an interview with the Program Director.</p> <p>115.387 (c) CDC's incident-based data includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>Compliance with this provision was determined based upon the completed "Survey of Sexual Violence conducted by the Department of Justice Form" and an interview with the Program Director.</p>

115.387 (d): CDC maintains and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The Administrative and Response Review Form is completed as supporting documentation after every sexual abuse incident review and updated with all current data collected, reviewed, and maintained. This policy was supported by review of the Administrative and Response Review Forms.

Compliance with this provision was determined based upon review of the completed Administrative and Response Review Forms and an interview with the Program Director.

115.387 (e): N/A; CDC/NOA does not contract for the confinement of its residents.

115.387 (f): N/A; DOJ has not requested agency data.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring data collection of sexual abuse incidents for corrective action. No corrective action is required.

115.388	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA)</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> <li>3. NOA PREA Annual Report 2019</li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Executive Director</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.388 (a): NOA claims to review data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training.</p> <p>Compliance for this provision was supported by interviews with the Executive Director and the PREA Coordinator and a review of the PREA Annual Report.</p> <p>115.388 (b): The facility's Annual Report does include a comparison of the current year's data and corrective actions with those from prior years. It also provides an assessment of the agency's progress in addressing sexual abuse.</p> <p>Compliance for this provision was supported by interviews with the Executive Director and the PREA Coordinator and a review of the PREA Annual Report.</p> <p>115.388 (c): NOA makes its Annual Report readily available to the public, at least annually, through its website via a request to the the facility and the Annual report is approved by the Executive Director.</p> <p>Compliance for this provision was supported by interviews with the Executive Director, a review of the facility website and the PREA Annual Report.</p> <p>115.388 (d): CDC/NOA's policy allows for redacting material from the Annual Report for publication. The redactions are limited to specific material where publication would present a clear and specific threat to the safety and security of the facility. No redactions appear in the current Annual Report.</p>

Compliance for this provision was supported by interviews with the Executive Director and a review of the PREA Annual Report.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring data review of sexual abuse for corrective action. No corrective action is required.

115.389	<b>Data storage, publication, and destruction</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA)</li> <li>2. New Outlook Academy's - PREA Policy (revised 08/14/16)</li> <li>3. NOA PREA Annual Report 2019</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Executive Director</li> </ol> <p>Findings (by provision)</p> <p>115.389 (a): CDC ensures that data collected pursuant to §115.387 are securely retained. Incident reports are retained by the Executive Director in a secure location. Compliance with this provision was verified by interviews with the PREA Coordinator and the Executive Director.</p> <p>115.389 (b): CDC policy requires that aggregated sexual abuse data from facilities under its direct control be made readily available to the public, at least annually, through its website.</p> <p>A review of all of the reports on the CDC facilities' websites demonstrates compliance with this provision.</p> <p>115.389 (c): CDC has removed all personal identifiers from reports containing aggregated sexual abuse data published on its website.</p> <p>Compliance with this provision was verified by the Auditor's review of the facility's PREA Annual Report published on its website.</p> <p>115.389 (d): NOA policy, <i>The New Outlook Academy's - PREA Policy (revised 08/14/16)</i>, requires that it maintains sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection. The Auditor reviewed facility's PREA records and verified that the facility has maintained 10 years of all sexual abuse incident data after the date of its initial collection.</p> <p>Compliance with this provision was verified by the Auditor's review of facility's PREA records.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined</p>	



that the agency is fully compliant with this standard requiring data storage, publication, and destruction. No corrective action is required.

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA).</li> <li>2. The Academy Schools, Agency Website - <a href="https://theacademyschools.com/">https://theacademyschools.com/</a></li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. Tour all areas of the facility</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Informal discussion during site tour</li> <li>2. PREA Coordinator</li> <li>3. Program Director</li> <li>4. Executive Director</li> </ol> <p>Findings (by provision)</p> <p>115.401 (a): CDC has ensured that each of its operated facilities has been audited during a three-year period, starting in August 20, 2013. This is New Outlook Academy's third PREA Audit in 7 years. Based upon a review of all TAS facility PREA Reports posted on the agencies' websites, the agency has met this standard during the prior three-year audit cycle.</p> <p>115.401 (b): This is the first year of the current audit cycle. TAS has ensured that at least one-third of each facility type operated by TAS will be audited during the first year of the current audit cycle.</p> <p>115.401 (h): The Auditor had access to, and the ability to observe, all areas of the audited facility without restrictions, and during all shifts.</p> <p>115.401 (i): CDC provided the Auditor with copies of all requested documents and information, including electronically stored information and videos.</p> <p>115.401 (m): The Auditor was allowed to conduct private interviews with staff and residents, selected at random and without restrictions.</p> <p>115.401 (n): PREA Notice of Audit postings were provided by the Auditor and contained all of the required information. The Notices of Audit were reported posted in all living units on July 5, 2020. This was observed during the facility tour and the posting date was confirmed by interviews with residents. Residents were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal</p>

counsel.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard requiring frequency and scope of audits. No corrective action is required.

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p><b>Documents</b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for New Outlook Academy (NOA)</li> <li>2. The Academy Schools, Agency Website - <a href="https://theacademyschools.com/">https://theacademyschools.com/</a></li> </ol> <p><b>Site Review Observations</b></p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p><b>Interviews</b></p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> </ol> <p><b>Findings (by provision)</b></p> <p>115.403 (f): A review of the websites of all TAS-operated facilities supports that CDC posted all finalized PREA Audit Reports on its facilities' websites.</p> <p>Compliance was verified by a review of the websites of all CDC-operated facilities and confirmed by an interview with the PREA Coordinator.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard requiring publishing audit contents and findings. No corrective action is required.</p>

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	

	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	yes

	and determining the need for video monitoring: The number and placement of supervisory staff?	
	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
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	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.)	yes
	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.)	yes
	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.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes

<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes



<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

	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?	
	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	yes

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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

<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	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?	yes

<b>115.317 (c)</b>	<b>Hiring and promotion decisions</b>	
	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?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	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?	yes
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	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.)	yes
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	na

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	na
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	na
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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?	yes
	Does the agency document all such referrals?	yes



115.322 (c)	Policies to ensure referrals of allegations for investigations	
	<p>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))</p>	yes

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

<b>115.331 (b)</b>	<b>Employee training</b>	
	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
<b>115.331 (c)</b>	<b>Employee training</b>	
	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
<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.333 (a)</b>	<b>Resident education</b>	
	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
<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	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
<b>115.333 (c)</b>	<b>Resident education</b>	
	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
<b>115.333 (d)</b>	<b>Resident education</b>	
	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

<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	
	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
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	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).)	na
<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	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).)	na

<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	no

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



<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	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

<b>115.342 (d)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	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?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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.	no
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	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.)	yes
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

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.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

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.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes



<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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?	no
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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

<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	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
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	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

<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes

<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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?	no
<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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).)	na
	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).)	na
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	no
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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?	no
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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?	no
<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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?	no
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	no
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	no
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	no
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	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?	no
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	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



<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	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

<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes

<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	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
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	yes
<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	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
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes



<b>115.387 (c)</b>	<b>Data collection</b>	
	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
<b>115.387 (d)</b>	<b>Data collection</b>	
	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
<b>115.387 (e)</b>	<b>Data collection</b>	
	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
<b>115.387 (f)</b>	<b>Data collection</b>	
	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.)	na
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS 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