

PREA Facility Audit Report: Final

Name of Facility: The Summit Academy

Facility Type: Juvenile

Date Interim Report Submitted: 07/29/2021

Date Final Report Submitted: 10/21/2021

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"/>
Auditor Full Name as Signed: William Benjamin	Date of Signature: 10/21/2021

AUDITOR INFORMATION	
Auditor name:	Benjamin, William
Email:	wbenjami@aol.com
Start Date of On-Site Audit:	06/07/2021
End Date of On-Site Audit:	06/09/2021

FACILITY INFORMATION	
Facility name:	The Summit Academy
Facility physical address:	839 Herman Road, Herman, Pennsylvania - 16039
Facility Phone	
Facility mailing address:	839 Herman Rd, PO Box 13, Herman, Pennsylvania - 16039

Primary Contact	
Name:	Harry Stasik
Email Address:	stasikh@theacademyschools.com
Telephone Number:	724-282-1995

Superintendent/Director/Administrator	
Name:	Harry Stasik
Email Address:	stasikh@theacademyschools.com
Telephone Number:	724-282-1995

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	302
Current population of facility:	89
Average daily population for the past 12 months:	101
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	13-19
Facility security levels/resident custody levels:	N/A
Number of staff currently employed at the facility who may have contact with residents:	123
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

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

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

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

On March 5, 2021, the Summitt Schools Inc. 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 Summit Academy (TSA), starting on June 7, 2021 and ending on June 9, 2021, located at 839 Herman Road, Herman, Pennsylvania 16039. The Summit Academy is a staff secure treatment program for court referred male adolescents, operated under licensure of the Pennsylvania Department of 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 April 13, 2021, a kick off phone call was held with Executive Director Harry Stasik 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 June 1, 2021 for the Pre-Audit Questionnaire (PAQ). Also discussed was the key date of April 23, 2021 for the Audit Notice to be posted at the facility, instructions for the posting, and the residents' mail access.

Audit Notice

On April 23, 2021, 45 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 The Summit Academy announcing the upcoming PREA audit along with the Auditor's contact information. The facility provided the auditor with time stamped digital photos of all the audit notices with the location clearly marked along with the posting date.

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 Summit 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 May 24, 2021 the facility's PREA Coordinator submitted 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 PREA Coordinator allowed for clarification as needed. The provided documents contained relevant information pertaining to the PREA standards and the audit. This included, but was not limited to, the PAQ, relevant facility PREA policies and procedures, memorandums of understanding and contracts, PREA informational posters, reporting forms, and training documentation. An issue log was sent to the facility requesting copies of the staffing plan, Annual Report, and The Summit Academy's organizational chart. All items were received by June 1, 2021.

Prior to the on-site review, the Auditor reviewed all submitted documentation and exchanged numerous emails with the Executive Director and the PREA Coordinator related to follow-up questions regarding the received documentation. The Auditor also reviewed The Summit Academy's PREA Audit Reports from their last two (2) PREA audits, The Academy Schools and The Summit Academy's public websites and related PREA information, and The Summit 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 Executive Director. 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 on-site audit. JDI reported that they had not been contacted by any resident from The Summit Academy in the past 12 months. They also stated that if contacted by any resident from The Summit Academy, they would provide a survivor package with resources to various local agencies and services. A web search revealed no issues with the facility in regards to sexual abuse or misconduct.

On-Site Phase

On June 7, 2021, the Auditor arrived at The Summit Academy at 9:00 am and began the on-site portion of the audit. Upon entry into 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, Administrator
- Harry Stasik, Executive Director
- Cindy Boyce, PREA Coordinator

After the entrance interview 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 as of 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, 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 services area. The campus facilities include 180,000 square feet of indoor building space situated on 122-acres. The campus is equipped with an academic building, college-style dormitory, library, auditorium, two gymnasiums, outdoor pool, recreational areas, and spacious athletic fields. The total on-site population on the first day was 95 residents housed on five (5) floors in eight (8) different housing units.

The Summit Academy is a stand-alone five (5) story building, with the Lobby, Visitation Area, Administrative Offices, Vocational Program, Kitchen/Dining Hall, Medical, Clinical Offices, and the Property and Intake areas on the first floor. The second floor includes the school (i.e., computer lab, art classroom, bakery, video visitation room, and various other classrooms), two (2) resident bathrooms, and the Case Managers' offices. The other end of the second floor has resident housing (14 group bedrooms with 2-4 beds each), group therapy rooms, and one group bathroom (with 5 sinks, 7 toilet stalls, 16 individual showers). The third floor also has resident housing (15 group bedrooms 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 spots, 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. All Resident Urinals – All group bathrooms for residents have wall mounted urinals. They are mounted side by side in groups, ranging from 2 to 6 units. Because of their placement, residents are not provided privacy from other residents while urinating. The Auditor required the facility to install privacy panels between each urinal. The facility had already identified this issue and procured the panels but the panels were pending installation by the Maintenance Department. The facility completed the installation of the panels between all urinals in the male resident bathrooms and provided the Auditor with photographic evidences on July 12, 2021. This was verified by the Auditor on July 13, 2021. This item is deemed closed.
2. PREA Resident Informational Poster – The Auditor noted four (4) common areas that residents and their families access daily that should have a PREA poster displayed, but did not. These were: the school hallway, the resident dining room, the field house, and the main visitation (college 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 on site. This item 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 24 interviews were conducted with staff covering all three shifts, 12 of which were randomly-selected staff and 10 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:

- Randomly-selected staff – 12
- Agency Head/Designee – 1
- Executive Director – 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
- Staff who perform 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 The Summit Academy as of the first day of the on-site review was 95. A total of 16 interviews were conducted with residents, 12 of which were randomly-selected residents 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. The resident interviews included:

- Randomly-selected residents – 12
- Physically disabled, blind, deaf, and/or hard of hearing residents – 0 (No residents housed at The Summit Academy matched this criteria)
- Cognitively disabled residents – 1 (one resident housed at The Summit Academy matched this criteria)
- Limited English Proficient (LEP) residents – 1 (one resident housed at The Summit Academy matched this criteria)
- Gay, lesbian and/or bisexual residents – 0 (No residents housed at The Summit Academy matched this criteria)
- Transgender or intersex residents - 0 (No residents housed at The Summit Academy matched this criteria)
- Residents in segregation for risk of victimization - 0 (No residents housed at The Summit Academy matched this criteria)
- Residents who reported sexual abuse – 0 (No residents housed at The Summit Academy matched this criteria)
- Residents who disclosed victimization during a risk assessment – 2 (two residents housed at The Summit Academy matched this criteria)

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, showering, or changing their clothes. All residents reported feeling safe and sexually safe. There were no areas of concern noted by the Auditor with regards to the resident interviews.

The Auditor conducted a test of the PREA reporting hotline. Administrative investigations are conducted by the Butler County Office of Children, Youth and Families. Criminal investigations are conducted exclusively by the Pennsylvania State 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 Butler County 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 the Summit Academy within the past 12 months or at any other time. They also stated that if contacted by any resident from The Summit 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 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 15 personnel records (14 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 five (5) 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 records specific to the items listed in the Document Review Checklist-Resident Records. The Auditor reviewed 16 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 PREA Coordinator explained the facility's grievance process. There were zero (0) PREA-related grievances reported in the 2 months preceding the PREA Audit.

Exit Briefing

The Auditor concluded the on-site portion of the audit on June 9, 2021. An out-brief was conducted and attended by:

- Frank Wentzel, Administrator
- Harry Stasik, Executive Director
- Cindy Boyce, PREA 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 on-site 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 through 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 three (3) standard provisions within one (1) standard requiring corrective action, causing an interim report to be issued. The interim report was forward to the facility on July 25, 2021. Following this, the facility and the Auditor entered into a 180-day corrective action phase. Throughout the 180 days, the facility will maintain compliance with PREA standards. The facility can provide supporting documentation and other evidence to the Auditor throughout this period to support compliance with the corrective action and recommendations. The facility submitted the final corrective plan on September 28, 2021. The corrective action was reviewed and verified by the auditor and the report was finalized on October 21, 2021 and issued to the facility.

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.

Program Description

The Summit Academy is a non-profit, private service provider with specialized experience and skills in treating dependent and delinquent youth. Located at 839 Herman Road in Butler County, Pennsylvania, The Summit Academy is a residential treatment program for court referred dependent or delinquent males who are 13 to 19 years old upon admission. Campus facilities include 180,000 square feet of indoor building space situated on 122-acres. The campus is equipped with an academic building, college-style dormitory, library, auditorium, two gymnasiums, outdoor pool, recreational areas, and spacious athletic fields.

The Summit Academy has received national and statewide recognition for its programming and has been honored as the Pennsylvania Juvenile Court Judges' Commission "Residential Program of the Year." The premise on which The Summit Academy is founded is that which guides the other programs operated by The Academy Schools. The program is implemented in a completely therapeutic environment based on the Balanced Approach to Restorative Justice (BARJ). The goal of The Summit Academy is to help students experience a process of self-growth, achievement and accomplishment, and apply those strategies on both a daily and long-term basis when they return to their own homes and communities.

Specific program objectives are:

- To provide a trauma informed environment to treat youth through the utilization of counseling techniques which aid in the identification of individual inappropriate and anti-social behavior.
- To stress self-worth and self-discipline. The students are immersed in a trauma informed environment which includes a traditional school day of academic curricula, an evening program of counseling and trade-training, as well as a full spectrum of weekend activities and programming.

Every student is assigned to a counselor who is responsible for the development, implementation, and evaluation of the student's Individualized Service Plan (ISP). Parents receive weekly communication regarding student progress, and Case Workers are updated regularly. In addition, formal reports are forwarded to each student's Case Worker and Judge throughout the course of the commitment. Home passes are recommended and approved in compliance with the Juvenile Court Judge's Home Pass Standards. The Summit Academy provides for all student clothing needs. During the school day, the uniform includes a blazer, oxford shirt, tie, khaki pants, and loafers; except in the summer months when the school uniform consists of polo shirts. A clean, neat appearance is encouraged as well as personal grooming and hygiene.

The Summit Academy functions officially as an approved Private Secondary School licensed by the Pennsylvania Department of Education for grades 9 through 12. Upon admission, individual student assessments are completed to determine specific strengths and weaknesses, while grade placement is based upon prior academic history and standing. The school operates a year-round academic program to allow for maximum progress and academic matriculation. A curriculum is set up for each grade level, which includes English, Mathematics, Science, Social Studies, Health, Physical Education, Art & Humanities, Drug and Alcohol Education, and Career Development. All course assignments and variables that follow are accomplished on an individual need assessment in compliance with state graduation requirements. The core subject areas of English, Math, Science, and Social Studies are each presented in the class schedule for five (5), 45-minute periods per week. All students also participate in daily supplemental, remedial classes in both math and English, designed to bridge the typical gap between their academic skills and their grade level. Elective courses are offered for two (2), 45-minute periods per week. In addition, students have access to a full-standing library, computer lab, technical drawing class, and individual or small group tutoring sessions on a regular basis. Students entering The Summit Academy with a previous Individualized Education Plan will be referred for services through the Special Education Department.

The Summit Academy is licensed to present qualified students with a state-accredited high school diploma upon completion of their course requirements. All faculty members hold either a Pennsylvania Public Teaching Certificate or Private Academic Teaching Certificate. GED preparatory classes are offered as an alternative for those students who are best suited to complete their high school requirements via this process while attending The Summit Academy. On-site examinations are administered regularly to those students demonstrating appropriate skill level. The primary focus of The Summit Academy's Industrial Trades Training Program is based on the self-growth, achievement, and sense of accomplishment that are realized through the development of industrial trade skills.

The Summit Academy's Industrial Trades program teaches basic trade skills, instills a solid and positive work ethic, and paves the way to a means of self-sufficiency. Industrial Trades training is an excellent method for teaching a pro-social value system while building positive character traits in the young men. Students are expected to complete at least two (2) Industrial Trade curricula while attending The Summit Academy.

Basic instruction is provided in Technical Drawing, Woodshop, Carpentry, Food Service, Building Maintenance, Automotive & Auto Body Repair, and Screen Printing. Various on-site work programs are offered to students who have court-ordered restitution, including work within the Food Service, Building Maintenance, Laundry, and Landscape Beautification Programs. Summit Academy also offers an extensive Community Service Program which includes various volunteer opportunities throughout the region. These efforts not only teach a sense of giving back to the community but also fulfill the court-ordered requirement to complete a minimum of 50 community-service hours.

The Summit Academy's Adolescent Inpatient, Non-Hospital, Residential Treatment Program, licensed by the Department of Health, provides services to males who have been determined as having a medical necessity for substance abuse or addiction therapy. In addition to the traditional counseling services offered at The Summit Academy, certain students receive individualized counseling through the Specialized Behavioral Health Program (SBHP). In general, students in the SBHP receive individual counseling sessions from a masters-level mental health professional, as well as medication management provided by a psychiatrist as required. The facility maintains 24-hour supervisory coverage as well as an on-call administrator.

Facility Population

The all-male facility had 95 residents with age ranging from 13 to 19 years old. The facility employs 123 full-time staff as of the first day of the audit. The average daily population for the past 12 months was 101 residents. The facility is designed for a capacity of 302 residents. A resident's average length of stay is 171 days. There were 215 admissions during the past 12 months. The facility does not hold any residents for State Corrections, the US Marshal Service, the Bureau of Prisons, nor the US Immigrations and Customs Enforcement.

Housing Areas

The facility was a former monastery and is comprised of one (1) four-story building with an annex attachment. There are eight (8) various types of housing units in this complex including a full-size chapel that is used as an auditorium and for graduations ceremonies. The administrative building holds the Pennsylvania licensed private school, which is located on three floors. The first floor has a lobby, an administrative wing with group meeting rooms, and an administrative area with private offices. Down the main hall is the medical area, mental health offices, a few classrooms, and one dormitory-style housing unit. The kitchen and dining room are located on the lower level. The second floor has classrooms, staff offices, and a mezzanine with a small housing unit containing 16 individual rooms. The third floor has resident housing comprised of group rooms (dorms) and individual rooms, all sharing a group bathroom. The fourth floor and the fourth floor annex have more resident housing, each comprised of group rooms (dorms) and individual rooms, all sharing a group bathroom. The first floor annex housing area (dorms) is currently off line. All group bathrooms have individual showers, sinks, urinals, and stall with toilets. All showers have curtains and all stalls have doors to provide residents with privacy. All meeting rooms, offices, and classrooms have hallway doors with a window in them. Staff are positioned in the hallways from where they monitor the resident housing units.

The outer buildings include a gym, auto shop, welding shop, auto detail shop, wood shop, print shop and video/photo shop. There are also various sport fields and a pool (which is currently closed).

The PREA Audit notice and posters containing PREA information and the PREA hotline number, are prominently posted on bulletin boards in the dining area, hallways, classrooms, meeting rooms, and dorms. There are currently very few cameras that cover common areas both inside and outside the facility. The facility continues to have on-going discussions regarding adequate levels of staffing and/or future possibility of utilizing more video monitoring equipment in order to protect both residents and staff from sexual harassment, sexual abuse, and/or allegations of such. There have been no significant physical modifications made to this facility since August 20, 2012.

Staffing

The Summit Academy employs a total of 123 staff and 1 contractor (a Doctor). The facility maintains twenty-four (24) hour awake staff supervision to protect residents from sexual abuse. The direct resident supervision staffing (not including administrative, medical, clinical, therapist court liaisons, trade, school, food service, or maintenance staff) is as follows:

- Executive Director (1)
- Operation Manager (1)
- Director of Student Affairs (1)
- Team Leaders (5)
- Shift Supervisors (3)
- Senior Counselors (4)
- Night Counselors, Counselors Specialist, Teacher/Counselors and Drug and Alcohol Counselors (34)

There are no SANE or SAFE staff employed at the facility (these services are available at the Butler Memorial Hospital).

Admissions Area

The medical area is used for new admissions. It includes three open desks, a bathroom, and treatment/exam rooms. The nurse conducts screening on all new admissions, dispenses medications, and provides medical treatment when necessary.

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.

Number of standards exceeded:	2
Number of standards met:	41
Number of standards not met:	0

On June 7-9, 2021, a three (3) day PREA compliance audit was completed at The Summit Academy located in Herman, PA. The final results indicate:

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.

115.331 Employee Training - The Auditor has determined that the facility is exceeding compliance with this standard by providing all employees with PREA training every six months 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 employee refresher training.

Standards Met: 115.311, 115.312; 115.313, 115.315; 115.316; 115.318; 115.321; 115.322, 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; and 115.403

Required Corrective Actions

1. 115.373 (a): The facility maintains supporting documentation that all residents are notified verbally or in writing of the results of a PREA investigation. Corrective action was required and the facility developed new procedures to ensure all notifications will be documented in the resident's file, "Summit Academy will document verbal conversations notifying residents of the results of PREA investigations". This new procedure is acceptable and was verified by the auditor on October 1, 2021. This item is deemed closed.

2. 115.373 (b): The facility establishes a system of formally requesting the relevant information from the investigative agency in order to inform the residents and maintain that supporting documentation in the PREA investigative case files. Corrective action was required and the facility developed new procedures to ensure all notifications will be documented in the resident's file. This new procedure was verified by the auditor on October 1, 2021. This item is deemed closed.

3. 115.373 (e): The facility document that all of residents were notified, verbally or in writing, of the results of a PREA investigations in the resident's file and/or in the investigation files. Corrective action was required and the facility developed new procedures to ensure all notifications will be documented in the resident's file. This new procedure was verified by the auditor on October 1, 2021. This item is deemed closed.

Recommendations

1. All Resident Urinals – All group bathrooms for residents have wall mounted urinals. They are mounted side by side in groups, ranging from 2 to 6 units. Because of their placement, residents are not provided privacy from other residents while urinating. The Auditor required the facility to install privacy panels between each urinal. The facility had already identified this issue and procured the panels but the panels were pending installation by the Maintenance Department. The facility completed the installation of the panels between all urinals in the male resident bathrooms and provided the Auditor with photographic evidences on July 12, 2021. This was verified by the Auditor on July 13, 2021. This item is deemed closed.

2. PREA Resident Informational Poster – The Auditor noted four (4) common areas that residents and their families access daily that should have a PREA poster displayed, but did not. These were: the school hallway, the resident dining room, the field house, and the main visitation (college 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 on site. This item is deemed closed.

3. 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 responded that, "Summit Academy will continue to attempt to obtain, when possible, information from investigative agencies in order to inform residents regarding the outcome of PREA investigations." This reply is acceptable and this item is deemed 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	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. The Summit Academy Student Handbook. 4. The Summit Academy Organizational Chart (revised 1/20). <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. Posted information – PREA Poster <p>Interviews</p> <ol style="list-style-type: none"> 1. Informal discussion during site tour 2. PREA Coordinator 3. PREA Compliance Manager 4. Program Director 5. Executive Director <p>Findings (by provision)</p> <p>Standard 115.311</p> <p>1115.311 (a): The Summit Academy (TSA) 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. 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 Executive Director and the Program Director.</p> <p>115.311 (b): TSA Policy does outline the roles and responsibilities of the PREA Coordinator (PC); it states the position be allowed sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards in each facility. The agency's organizational chart reflects that the PC position is an upper-level position and is agency-wide; the job description confirms the PC's responsibilities. The PC reports directly to the Executive Director. The PC was interviewed and she reported having enough time to focus on the PREA standards and the freedom to divert responsibilities to other staff as needed to focus on implementing and sustaining the PREA efforts. She stated that she has direct access to the director and can implement policies and practices as necessary to ensure sexual safety requirements. she oversees the PREA Compliance Managers (PCM) and has been the PC for 4 years during which time she has overseen the agency's implementation of PREA. During the site review, the PC demonstrated knowledge of the agency policies and practices that are designed to promote sexual safety in the facility and was very forthcoming about the institutionalization of the practices in the facility.</p> <p>The evidence shows that the agency has designated an upper-level, agency-wide PC as verified through the organizational chart, policy directives, job description of the position, and interview with the PC. The PC has worked in her position and has been directing the successful implementation of the agency's comprehensive ongoing PREA efforts.</p>

Based on the review of the Pre-Audit questionnaire and related documents submitted, PREA implementation appears to be organized and well-documented under the leadership of the PC. The preparedness for the audit and overall incorporation of institutionalized sexual safety practices demonstrates that the PC has sufficient time and authority to accomplish PREA responsibilities for the agency. Additionally, the PC's ability to delegate other duties, when necessary, further demonstrates she has sufficient time for overseeing PREA and sexual safety practices in the agency. Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the Program Director and the PREA Coordinator.

115.311 (c): TSA Policy does outline the roles and responsibilities of the PREA Compliance Manager (PCM); it calls for the position to be allowed sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The facility's organizational chart reflects that the PCM position is an upper-level management position in the facility (the Program Director plays a dual role) and the job description confirms the PCM's responsibilities. During the interview with the PCM, he stated that he has sufficient time to focus on implementing the PREA standards and necessary practices to ensure sexual safety in the facility; the position is 100% full time devoted to PREA compliance and sustainability. The PCM has been given authority to direct all PREA compliance in the facility. The preparedness for the audit and overall incorporation of institutionalized sexual safety practices at the facility level demonstrates that the PCM has sufficient time and authority to accomplish PREA responsibilities for the facility.

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

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 a zero-tolerance policy and the designation of a PC and PCM. No corrective action is required.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy- PREA Policy (revised 12/29/20) <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. Executive Director <p>Findings (by provision)</p> <p>115.312 (a): This provision is not applicable. The Summit Academy is a private entities and does not enter into or renew contracts for the confinement of residents. 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. The Summit Academy (TSA) does not contract with other entities for the confinement of residents. 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	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 360 358">Documents</p> <ol data-bbox="240 387 858 528" style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. The Summit Academy Staffing Plan <p data-bbox="240 560 504 586">Site Review Observations</p> <ol data-bbox="240 616 464 642" style="list-style-type: none"> 1. Staff Deployment <p data-bbox="240 674 347 701">Interviews</p> <ol data-bbox="240 730 802 929" style="list-style-type: none"> 1. Informal discussion with staff during site review tour 2. PREA Coordinator 3. Program Director 4. Executive Director <p data-bbox="240 960 472 987">Findings (by provision)</p> <p data-bbox="240 1016 1469 1144">115.313 (a): TSA 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 staff plan had taken into consideration 11 out of 11 of the required criteria in calculating adequate staffing levels and determining the need for video monitoring.</p> <p data-bbox="240 1176 1461 1236">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 data-bbox="240 1267 1461 1328">115.313 (b): TSA 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 data-bbox="240 1359 1461 1420">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 data-bbox="240 1451 1477 1579">115.313 (c): TSA maintain the 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 for the reporting period. For the past 12 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.</p> <p data-bbox="240 1610 1437 1671">Compliance with this provision is based upon interviews with the Program Director and PREA Coordinator, review of the facility's staffing plan, and observations of the facility's staffing deployment.</p> <p data-bbox="240 1702 1445 1892">115.313 (d): An annual meeting is conducted by the agency's PREA Coordinator with the Program Director 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.</p> <p data-bbox="240 1924 1461 1984">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 data-bbox="240 2016 1477 2143">115.313 (e): TSA 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 higher-level supervisors and thee (3) shift</p>

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 random staff, intermediate and higher-level facility staff, the Executive Director, the Program Director and the PREA Coordinator.

The final analysis of the evidence indicates the facility has a staffing plan which had taken into consideration 11 out of 11 of the required criteria in calculating adequate staffing levels. The facility has not deviated from its staffing plan during this audit period. For the past 12 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. The facility holds 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 facility's supervisory staff were found to be conducting and documenting unannounced rounds on all shifts. Based upon this analysis, the Auditor finds the facility is in compliance with this standard and no corrective action is required.

115.315	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. The Summit Academy - PREA Staff Training Presentation (revised 6/17) 5. The Summit Academy Staff Training Records. <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. Auditor Observation <p>Interviews</p> <ol style="list-style-type: none"> 1. Informal discussion during site tour 2. PREA Coordinator 3. PREA Compliance Manager 4. Randomly selected Staff 5. Randomly selected Residents <p>Findings (by provision)</p> <p>115.315 (a) TSA prohibits cross-gender strip searches and cross-gender visual body cavity searches of residents. This was supported by resident and staff interviews.</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): TSA 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): N/A, TSA 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. This is supported by resident and staff interviews. 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 (d): TSA 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. Policy and practice verified by interviews of staff and residents and the Auditor's observation.</p> <p>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.</p> <p>115.315 (e): TSA 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.</p> <p>Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by</p>

interviews with randomly selected resident and staff.

115.315 (f): All TSA 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. Training records verified that all 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.

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 Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents

1. Pre-Audit Questionnaire for The Summit Academy (TSA).
2. The Summit Academy- PREA Policy (revised 12/29/20)
3. The Summit Academy Student Handbook – English (revised 2/17)
4. The Summit Academy Service Agreement (Translation Services)
5. The Summit Local Wellness Policy

Site Review Observations

1. Posted information – PREA Informational Poster

Interviews

1. Informal discussion during site tour
2. PREA Coordinator
3. Randomly selected Residents
4. Randomly selected Staff
5. Program Director
6. Executive Director

Findings (by provision)

115.316 (a): The Summit 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. TSA 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.

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

115.316 (b): TSA takes 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. 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 Executive Director and the Program Director.

115.316 (c): TSA 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 Executive Director and the Program Director. Evidences used to determine standard compliance includes: a review of case files and interviews of randomly selected staff, randomly selected residents, the 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 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	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - Policy #103 Basic Requirement for Employment 3. The Summit Academy Employee Files 4. The Summit Academy Organizational Chart (revised 1/20). <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. HR Office Record Security <p>Interviews</p> <ol style="list-style-type: none"> 1. Human Resources staff 2. Human Resources Director 3. Program Director 4. PREA Coordinator <p>Findings (by provision)</p> <p>115.317 (a): By policy, Summit Academy - Policy #103 Basic Requirement for Employment, TSA 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. 16 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.</p> <p>Compliance with this provision was based upon a review of the employee records and supported by interviews the Human Resources staff.</p> <p>115.317 (b): TSA considers any incident of sexual harassment or sexual abuse prior to hiring and promoting any staff or enlisting the services of any contractor.</p> <p>Compliance with this provision was based upon the review of the Summit Academy - Policy #103 Basic Requirement for Employment and interviews with the HR staff and the Program Director.</p> <p>115.317 (c): TSA considers any incident of sexual harassment or sexual abuse before hiring new employees who may have contact with residents and promoting any staff or enlisting the services of any contractor. TSA 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.</p> <p>Compliance with this provision was based upon the review of The Summit Academy - Policy #103 Basic Requirement for Employment and interviews with the HR staff and the Program Director.</p> <p>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 Summit Academy.</p> <p>Compliance with this provision was verified though interviews with the HR Director and the Program Director.</p> <p>115.317 (e): TSA conducts criminal background records checks of all current employees and contractors (who may have</p>

contact with residents) every year. The annual criminal background records check is managed via a spreadsheet tracking system. 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.

115.317 (f): TSA 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): TSA 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 The Summit Academy - Policy #103 Basic Requirement for Employment and interviews with the HR staff and the Program Director.

115.317 (h): TSA 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 a review of The Summit Academy - Policy #103 Basic Requirement for Employment and employee files and interviews with the HR staff and the Program Director.

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

115.318	Upgrades to facilities and technologies
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 329 360 358">Documents</p> <ol data-bbox="242 387 858 472" style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) <p data-bbox="242 501 504 530">Site Review Observations</p> <ol data-bbox="242 560 587 589" style="list-style-type: none"> 1. Site review of the entire facility <p data-bbox="242 618 347 647">Interviews</p> <ol data-bbox="242 676 472 761" style="list-style-type: none"> 1. Executive Director 2. Program Director <p data-bbox="242 790 472 819">Findings (by provision)</p> <p data-bbox="242 848 1485 974">115.318 (a): N/A; TSA has not acquired a new facility or made a substantial expansion to existing facilities since the last PREA audit. By policy, The Summit Academy 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 data-bbox="242 1003 1449 1066">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 data-bbox="242 1095 1422 1158">115.318 (b): N/A; TSA has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p data-bbox="242 1187 1426 1249">Compliance with this provision was based upon the Auditor's observations during the tour of the facility, a review of the limited video monitoring system, and supported by interviews the Agency Head and the Program Director.</p> <p data-bbox="242 1279 1497 1404">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	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. The Summit Academy' s MOU with Butler Memorial Hospital 4. The Summit Academy' s MOU with the Pennsylvania State Police <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Program Director 3. Medical Staff 4. Executive Director <p>Findings (by provision)</p> <p>115.321 (a): This provision is not applicable; The Pennsylvania Western Region Children Youth and Family Services is responsible for conducting administrative sexual abuse investigations, which includes resident-on-resident sexual abuse or staff sexual misconduct. The Pennsylvania State Police are responsible for criminal investigations.</p> <p>Compliance with this provision was based upon the Auditor's review of agency policy, and interviews with the Program Director and PREA Coordinator.</p> <p>115.321 (b): This provision is not applicable; The Pennsylvania Western Region Children Youth and Family Services is responsible for conducting administrative sexual abuse investigations, which includes resident-on-resident sexual abuse or staff sexual misconduct. The Pennsylvania State Police are responsible for criminal investigations.</p> <p>Compliance with this provision was based upon the Auditor's review of agency policy, and interviews with the Program Director and PREA Coordinator.</p> <p>115.321 (c): The facility does not conduct SAFE/SANE examinations as confirmed by medical staff. All victims of sexual abuse have access to forensic medical examinations at an outside facility, the Butler Memorial Hospital. The facility claims they have never had a request nor requirement for a SAFE/SANE exam.</p> <p>Compliance with this provision was based upon the Auditor's review of agency policy, and interviews with Medical staff.</p> <p>115.321 (d): TSA attempts to make available to the victim a victim advocate from a rape crisis center. Butler Memorial Hospital is a full-service rape crisis center, this was supported by interview with the PREA Compliance Manager and a review of its website. The facility has an MOU with Bulter Memorial hospital to secure those services.</p> <p>Compliance with this provision was based upon the Auditor's review of the facility's MOU with Butler Memorial Hospital and interviews with the PREA Coordinator.</p> <p>115.321 (e): By policy and upon the victim's request, the facility would provide 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 have been no residents at the facility who reported a sexual abuse in the past 12 months. The PREA Compliance Manager reports the Butler Memorial Hospital would provide emotional support, crisis intervention, information, and referrals if a forensic medical examination was necessary.</p> <p>Compliance with this provision was based upon the Auditor's review of the facility's policy and interviews with the Executive Director and the PREA Coordinator.</p>

115.321 (f): This provision is not applicable. The Pennsylvania State Police is responsible for conducting criminal sexual abuse investigations, including resident-on-resident sexual abuse or staff sexual misconduct. A documented MOU, dated Feb 2, 2019, with the Pennsylvania State Police includes following the requirements of paragraphs §115.321.

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

115.321 (h): This provision is not applicable. TSA 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 Executive Director 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 and no corrective action is required.

115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. The Summit Academy's website 4. The Summit Academy PREA Investigative Files <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. Investigative Staff 2. PREA Coordinator 3. Program Director <p>Findings (by provision)</p> <p>115.322 (a): TSA has ensured that all administrative investigations of allegations of sexual abuse and sexual harassment were completed. In the past 12 months, there was one (1) allegation resulting in an administrative investigation. All allegations were referred for criminal investigation and none resulted in criminal changes.</p> <p>Compliance with this provision was based upon the Auditor's review of the facility's PREA investigative case files and supported by interviews with the facility investigators 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 documented 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 facility investigators and the PREA Coordinator.</p> <p>115.322 (c): TSA's website does indicate that the Pennsylvania State Police is responsible for conducting criminal sexual abuse investigations and has the legal authority to conduct criminal investigations.</p> <p>Compliance with this provision was based upon the Auditor's review of the facility's website and supported by interviews with the facility investigators and the PREA Coordinator.</p> <p>115.322 (d): The Auditor is not required to audit this provision.</p> <p>115.322 (e): The Auditor is not required to audit this provision.</p> <p>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, a review of the facility's website, and interviews with 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 in full compliance with this standard requiring policies to ensure referrals of allegations for investigations. The facilities website does describe that the Pennsylvania State Police Department is responsible for conducting criminal sexual abuse investigations and has the legal authority to conduct criminal investigation, therefore no corrective action is required.</p>

115.331	Employee training
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. The Summit Academy - PREA Staff Training Presentation (revised 6/17) 4. Random Staff Training Records <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. Staff training classroom <p>Interviews</p> <ol style="list-style-type: none"> 1. Randomly selected staff 2. PREA Coordinator 3. Training Coordinator <p>Findings (by provision)</p> <p>115.331 (a): TSA'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 12 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 Training Coordinator.</p> <p>115.331 (b): TSA's training lesson plans are tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at TSA.</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 Training Coordinator.</p> <p>115.331 (c): TSA 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 six months 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.</p> <p>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 Training Coordinator.</p> <p>115.331 (d): TSA 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 facility employees' PREA training records.</p> <p>Evidences used to determine standard compliance include a review of the facility's PREA Training Lesson Plans and TSA employees' PREA training records and was supported by interviews of randomly selected staff and the facility's Training</p>

Coordinator.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility exceeds compliance with this standard by providing all employees with PREA training every six months to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. This exceeds the standard's requirement for employee training. No corrective action is required.

115.332	Volunteer and contractor training
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 329 360 356">Documents</p> <ol data-bbox="242 385 1201 584" style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. The Summit Academy PREA Contractor and Volunteer Training Presentation (revised 7/15) 4. Contractor PREA Training Records <p data-bbox="242 613 504 642">Site Review Observations</p> <ol data-bbox="242 672 518 701" style="list-style-type: none"> 1. Staff training classroom <p data-bbox="242 730 347 759">Interviews</p> <ol data-bbox="242 788 496 929" style="list-style-type: none"> 1. Contractor Staff 2. PREA Coordinator 3. Training Coordinator <p data-bbox="242 958 472 987">Findings (by provision)</p> <p data-bbox="242 1016 1490 1111">115.332 (a): All contractors who have contact with residents have been trained on their responsibilities under TSA's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Summit Academy does not utilize volunteers.</p> <p data-bbox="242 1140 1437 1200">Compliance with this provision was based upon a review of the contractors' PREA training records and interviews with a contractor and the facility's Training Coordinator.</p> <p data-bbox="242 1229 1481 1323">115.332 (b): TSA training records for contractors who have contact with residents, were reviewed by the Auditor and verified that they 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 data-bbox="242 1352 1339 1382">Compliance with this provision was based upon the Auditor's review of the contractors' PREA training records.</p> <p data-bbox="242 1411 1477 1505">115.332 (c): TSA maintains very good documentation confirming that the volunteers and contractors understand the training they have received. TSA maintains training documents in both hard copy and digital versions with all employees' signatures verifying comprehension of training.</p> <p data-bbox="242 1534 1339 1563">Compliance with this provision was based upon the Auditor's review of the contractors' PREA training records.</p> <p data-bbox="242 1592 1474 1653">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 Training Coordinator.</p> <p data-bbox="242 1682 1497 1742">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.</p>

115.333	Resident education
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. TSA PREA Student Brochure English (revised 6/20) 4. TSA PREA Information Posters 5. TSA Student Training Records <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. Tour of common areas of the facility 2. Tour of Living Units <p>Interviews</p> <ol style="list-style-type: none"> 1. Informal discussion with randomly selected residents during site tour 2. PREA Coordinator 3. Intake Staff 4. Executive Director <p>Findings (by provision)</p> <p>115.333 (a): TSA 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. 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): TSA has comprehensive PREA education video that is to be provided to the residents in an orientation program no more than 1 day 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.</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 (c): The comprehensive PREA education video was provided to all residents within 1 day 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, retaliation, and the facility's procedures for responding to such incidents.</p> <p>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.</p> <p>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.</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 the PREA Coordinator and the Executive Director.</p> <p>115.333 (e): All resident-signed PREA training records were provided to and verified by the Auditor. The Auditor confirmed</p>	

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 formats to the resident at intake and has comprehensive PREA posters. The Auditor recommended that an additional PREA poster be added to the dining hall, the 2nd floor living unit, and the college room/visitation area. This recommendation was accepted and the new PREA information posters were hung and verified by the Auditor while on site.

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

The Summit Academy's residents are informed about the 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. The Summit 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 and no corrective action is required.

115.334	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. The Butler County Department of Human Services (DHS) Office for Children, Youths and Families (CYF) website 3. Pennsylvania ChildLine and Abuse Registry <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Program Director <p>Findings (by provision)</p> <p>115.334 (a): This provision is not applicable. TSA does not conduct administrative investigations nor criminal sexual abuse investigations. Such investigations are conducted by Butler County Department of Human Services (DHS) Office for Children, Youths and Families (CYF), and the Pennsylvania State Police. The Child Protective Services Law (CPSL) requires the Butler County Department of Human Services conduct such investigations, and they don't allow the facility to conduct any investigation prior to them completing their external administrative investigation. All sexual abuse allegations are also reported to the Pennsylvania State Police who determine if the allegation is criminal and investigate it accordingly.</p> <p>115.334 (b): This provision is not applicable. TSA does not conduct administrative investigations nor criminal sexual abuse investigations.</p> <p>115.334 (c): This provision is not applicable; TSA does not conduct administrative investigations nor criminal sexual abuse investigations. Such investigations are conducted by Butler County Department of Human Services (DHS) Office for Children, Youths and Families (CYF), and the Pennsylvania State Police. No specialized training records required.</p> <p>Evidences used to determine standard compliance includes a review of training records and interviews with the PREA Coordinator 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 that investigators are trained in conducting sexual abuse investigations in a confinement setting. No corrective action is required.</p>

115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. Medical and Mental Health Staff's Training certificate <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. Informal discussion during site tour 2. PREA Coordinator 3. PREA Compliance Manager 4. Medical Staff 5. Mental Health Staff <p>Findings (by provision)</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 the Auditor's review of training and personnel records and verification 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): This provision is not applicable; TSA's Medical Staff do not conduct forensic medical exams. Residents are taken to an outside hospital as needed.</p> <p>115.335 (c): Training records and personnel records were reviewed by the Auditor and verified that all Medical and Mental Health Staff have been PREA trained.</p> <p>Compliance is based upon the Auditor's review of training and personnel records and verification 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 (d): All Medical and Mental Health Care Practitioners employed and contracted by facility, received training mandated for employees.</p> <p>Compliance is based upon the Auditor's review of training and personnel records and verification that Medical and Mental Health Staff have been PREA trained.</p> <p>Evidences used to determine standard compliance include a review of medical staff training and personnel records and interviews with the Medical and Mental Health 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 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.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. The Academy Schools Youth's Intake Questionnaire (not dated) 4. The Academy Schools Youth's Medical Screening form (not dated) 5. The Academy Schools Student Vulnerability Assessment Form (dated 12/31/20) 5. Residents' case files <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. Site review of living units 2. Caseworker's Offices (resident record security) <p>Interviews</p> <ol style="list-style-type: none"> 1. Informal discussion with residents on site tour 2. Randomly selected residents 3. PREA Coordinator 4. Medical Staff (staff responsible for the Risk Screening). <p>Findings (by provision)</p> <p>115.341 (a): TSA has a policy, The Summit Academy - PREA Policy (revised 12/29/20), that requires screening in the intake process via 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 Caseworker 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 or at risk for sexual victimization are referred to a Mental Health Therapist. The resident is monitored, counseled, provided appropriate treatment, and assigned to appropriate housing/bed assignment. This policy was confirmed by interview with the caseworker and medical staff.</p> <p>The facility also updates the resident's information periodically throughout the resident's stay. 19 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 the facility. This is supported by interviews with randomly-selected residents and the staff responsible for Risk Screening (medical staff).</p> <p>115.341 (b): All resident PREA screening assessments are conducted using an objective screening instrument, the PREA Vulnerability Assessment Instrument. The Vulnerability Assessment Instrument objectively ascertains gender nonconforming appearance or manner whether the resident may therefore be vulnerable to sexual abuse. The form does ask residents if they identify as lesbian, gay, bisexual, transgender, or intersex. The information is also collected on the Medical Screening form. Resident case files were reviewed and verified by the Auditor.</p> <p>Compliance with this provision is based upon the Auditor's assessment of the screening instrument used and review of the screening records from the residents' case files. This is supported by an interview with a medical staff (staff responsible for Risk Screening).</p> <p>115.341 (c): The Vulnerability Assessment Instrument ascertains gender nonconforming appearance or manner whether the resident may therefore be vulnerable to sexual abuse. The form does ask the residents if they identify as lesbian, gay, bisexual, transgender, or intersex; prior sexual victimization or abusiveness; current charges and offense history; and the</p>

resident's age. The information collected at the Medical Screening form includes the resident's level of emotional and cognitive development; their physical size and stature; any mental illness or mental disabilities; Intellectual or developmental disabilities; the resident's own perception of vulnerability; and other information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

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 a medical staff (staff responsible for Risk Screening).

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 review of the screening records from the residents' case files and interviews with the staff responsible for Risk Screening.

115.341 (e): TSA 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 Medical Staff, 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 medical staff.

Evidences used to determine standard compliance include TSA Policy, review of 19 randomly-selected resident case files, completed and comprehensive resident vulnerability assessment instruments, and interviews with randomly-selected residents, the PREA Coordinator and Caseworker.

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 residents be screened for risk of sexual victimization or risk of sexually abusing. No corrective action is required.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 329 360 356">Documents</p> <ol data-bbox="240 385 927 584" style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. TSA PREA Resident Room Assignment Instruments (Not dated) 4. Residents' records <p data-bbox="240 613 504 640">Site Review Observations</p> <ol data-bbox="240 669 528 698" style="list-style-type: none"> 1. Site review of living units <p data-bbox="240 728 347 754">Interviews</p> <ol data-bbox="240 784 831 1099" style="list-style-type: none"> 1. Informal discussion with Residents on site tour 2. Randomly selected Residents 3. PREA Coordinator 4. Medical Staff (staff responsible for the Risk Screening) 6. Executive Director 7. Randomly selected Staff <p data-bbox="240 1128 472 1158">Findings (by provision)</p> <p data-bbox="240 1187 1493 1350">115.342 (a): TSA use information from the risk assessment for housing, bed, 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 19 of the resident room assignment instruments and they were found to be complete and consistent with the risk assessment screening instrument.</p> <p data-bbox="240 1379 1477 1442">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 medical staff (staff responsible for the screening).</p> <p data-bbox="240 1471 1461 1534">115.342 (b): N/A; TSA does not isolate residents. Residents' records were reviewed by the Auditor to verify residents were not placed in isolation.</p> <p data-bbox="240 1563 1485 1626">Compliance with this provision was based upon the Auditor's review of residents' records, observations during the tour of the facility, and interviews with the Program Director and randomly-selected residents.</p> <p data-bbox="240 1655 1445 1747">115.342 (c): TSA 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.</p> <p data-bbox="240 1776 1489 1839">Compliance with this provision was based upon the Auditor's review of the PREA policy and supported during interviews with the PREA Coordinator and medical staff.</p> <p data-bbox="240 1868 1485 1995">115.342 (d): TSA, 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 or previously, there are no transgender nor intersex resident at the facility.</p> <p data-bbox="240 2024 1453 2087">Compliance with this provision was based upon the Auditor's review of the residents' records and supported by interviews with the PREA Coordinator and the medical staff (staff responsible for the screening).</p> <p data-bbox="240 2116 1409 2145">115.342 (e): TSA, by policy, reassess the placement and programming assignments for each transgender or intersex</p>

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 residents' records and supported by interviews with the PREA Coordinator and the medical staff.

115.342 (f): TSA, 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 residents' records and supported by interviews with the PREA Coordinator and the medical staff.

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 resident interviews.

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; TSA does not isolate residents for protection from sexual victimization.

115.342 (i): N/A; TSA 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 TSA use isolation. Also by policy, the need for isolation would be reviewed every 30 days by the Executive Director.

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

Evidences used to determine standard compliance include TSA Policy, a review of 19 randomly selected residents' records, 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	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. TAS PREA Posters (not dated) 5. TAS PREA - A Students Guide to Rights, Protections, and Reporting Sexual Abuse (not dated) 6. PREA investigative case files <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. Site review tour of all Living units. 2. Site review tour of all common areas <p>Interviews</p> <ol style="list-style-type: none"> 1. Informal discussion during site tour 2. PREA Coordinator 3. Randomly selected Staff 4. Randomly selected Residents 5. Residents who reported sexual abuse <p>Findings (by provision)</p> <p>115.351(a): TSA 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. The Summit 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> <p>115.351 (b): TSA residents can report sexual abuse or sexual harassment to a public or private entity or office that is not part of TSA via the Pennsylvania ChildLine and allows the resident to remain anonymous upon request. The hotline information is received and immediately forwarded to agency officials. TSA has a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. No residents are detained solely for civil immigration purposes.</p> <p>Compliance with this provision was confirmed by the Auditor's personal observations and by interviews with randomly selected residents.</p> <p>115.351 (c): TSA 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.</p> <p>Compliance with this provision was confirmed by interviews with randomly selected staff and residents and a review of the PREA investigative case files.</p> <p>115.351 (d): TSA 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.</p>

Compliance with this provision was confirmed by interviews with the PREA Coordinator and the Auditor's observations of the written material..

115.351 (e): TSA provide a method for staff to privately report sexual abuse and sexual harassment of residents via The Summit Academy (TSA) - PREA Policy (revised 12/29/20).

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 PREA Policy (revised 12/29/20), 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	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. Student Grievance Policy <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. Resident Grievance Forms and drop boxes observed throughout the facility <p>Interviews</p> <ol style="list-style-type: none"> 1. Randomly selected Residents 2. Randomly selected Staff 3. PREA Coordinator 4. Program Director 5. PREA Compliance Manager <p>Findings (by provision)</p> <p>115.352 (a): TSA has an administrative procedure for dealing with resident grievances regarding sexual abuse. Therefore, the facility is not exempt from this standard. The administrative procedure is the "Student Grievance Policy" 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 review of the Student Grievance Policy and by interviews with randomly selected residents, the Program Director, and the PREA Compliance Manager.</p> <p>115.352 (b): According to the TSA 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): TSA 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 in each living unit. The grievance form 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 facility and is supported by interviews with the Program Director and the PREA Compliance Manager.</p> <p>115.352 (d): This provision is not applicable. TSA does not 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 as an external agency is responsible for investigations and resolution.</p> <p>115.352 (e): TSA 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.</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 (f): TSA Grievance Policy does not allow 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. All residents are assessed</p>

regularly and any concern is immediately addressed. 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.

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

115.352 (g): TSA 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 TSA Policy Exhaustion of administrative remedies, the resident grievance files, and interviews with randomly selected staff and residents, the PREA Coordinator, 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	Resident access to outside confidential support services and legal representation
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. TSA PREA Student Poster 4. The Summit Academy MOU with Butler Memorial Hospital (dated 8/24/20) <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. Resident's Video Visitation room <p>Interviews</p> <ol style="list-style-type: none"> 1. Randomly selected Residents 2. PREA Coordinator 3. Executive Director <p>Findings (by provision)</p> <p>115.353 (a): TSA provides residents with access to outside victim advocates for emotional support services related to sexual abuse via the Victim Outreach Intervention Center (VOICe). The "VOICe" 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 provides residents detained solely for civil immigration purposes with the mailing addresses and telephone numbers of the National Immigrant Services Agency. 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): TSA, by policy, does not monitor communication of the resident when giving access to outside victim advocates for emotional support services related to sexual abuse. The residents are informed they will have privacy with the emotional support services. The policy was supported by interview of the Executive Director and the PREA Coordinator.</p> <p>Compliance with this provision was supported by interviews with the Executive Director and the PREA Coordinator.</p> <p>115.353 (c): TSA does have a signed MOU request with a Sexual Assault Response's Advocacy Community service provider, the Victim Outreach Intervention Center. The facility has entered into a Memorandum of Understanding (MOU) with the Butler Memorial Hospital to provide residents with confidential emotional support services related to sexual abuse. The facility maintains a copy of the MOU agreements.</p> <p>Compliance determination with this provision was based upon a review of the facility's MOU's and interview with the Executive Director and the PREA Coordinator.</p> <p>115.353 (d): TSA 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.</p> <p>Compliance with this standard was supported by interviews with randomly selected residents, the Executive Director, and the PREA Coordinator.</p> <p>The final analysis of the evidence indicates that TSA has a 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. Therefore, they can demonstrate compliance with the standard. Based upon this analysis, the Auditor finds the facility is substantially compliant with this standard and corrective action is not required.</p>

115.354	Third-party reporting
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 329 360 358">Documents</p> <ol data-bbox="242 387 994 589" style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. The Summit Academy PREA 3rd Party Reporting Form (revised: 3/14). 4. TSA Website (https://theacademyschools.com/the-summit-academy/) <p data-bbox="242 616 504 645">Site Review Observations</p> <ol data-bbox="242 674 643 703" style="list-style-type: none"> 1. Facility's Main Lobby/Visitation Area <p data-bbox="242 730 347 759">Interviews</p> <ol data-bbox="242 788 647 990" style="list-style-type: none"> 1. PREA Coordinator 2. Program Director 3. Resident who report a sexual abuse 4. Randomly selected Residents <p data-bbox="242 1016 472 1046">Findings (by provision)</p> <p data-bbox="242 1075 1477 1238">115.354 (a): TSA 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. Third-party reporting forms are available to visitors in the Lobby area of the facility and as a PDF form on the facility's website.</p> <p data-bbox="242 1265 1493 1361">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 data-bbox="242 1388 1497 1453">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	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. Office of Children, Youth and Families (CYF) website 4. Pennsylvania Child Protective Services Law (CPSL) 5. Investigation Reports <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. Randomly selected Staff 2. PREA Coordinator 3. Executive Director 4. Medical and Mental Health Staff 5. Case Workers <p>Findings (by provision)</p> <p>115.361 (a): TSA 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): TSA requires all staff to comply with any applicable mandatory child abuse reporting laws. Mandated reports are required by law in the Pennsylvania Child Protective Services Law (CPSL) requiring for reporting all concerns of child abuse or neglect. The Butler 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 the 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 the Pennsylvania Child Protective Services Law (CPSL) and the Office of Children, Youth and Families (CYF) website.</p> <p>115.361 (c): TSA 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.</p> <p>Compliance with this provision was supported by interviews with Mental Health Staff, Case Workers, and randomly selected staff.</p> <p>115.361 (d): TSA 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 Medical and Mental Health Staff interviews.</p> <p>Compliance with this provision was supported by interviews with Medical and Mental Health staff.</p> <p>115.361 (e): TSA 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 Executive</p>

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): TSA 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	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. Randomly selected Staff 2. Shift Supervisors 3. Executive Director <p>Findings (by provision)</p> <p>115.362 TSA policy - PREA Policy, 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 Executive 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	Reporting to other confinement facilities
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 329 359 358">Documents</p> <ol data-bbox="242 385 858 472" style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) <p data-bbox="242 501 504 530">Site Review Observations</p> <ol data-bbox="242 557 523 586" style="list-style-type: none"> 1. Tour areas of the facility <p data-bbox="242 616 347 645">Interviews</p> <ol data-bbox="242 672 638 815" style="list-style-type: none"> 1. Informal discussion during site tour 2. PREA Coordinator 3. Executive Director <p data-bbox="242 844 472 873">Findings (by provision)</p> <p data-bbox="242 902 1485 1030">115.363 (a): TSA's - PREA Policy, 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.</p> <p data-bbox="242 1059 1187 1088">Compliance with this provision is supported by policy and interview with the Executive Director.</p> <p data-bbox="242 1117 1450 1180">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 data-bbox="242 1209 1485 1337">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.</p> <p data-bbox="242 1366 1187 1395">Compliance with this provision is supported by policy and interview with the Executive Director.</p> <p data-bbox="242 1424 1434 1487">115.363 (d): By policy, the Executive Director would follow up by email to ensure that the allegations were appropriately investigated.</p> <p data-bbox="242 1516 1391 1579">Compliance of this standard was determined by policy review and by interviews with the PREA Coordinator and the Executive Director.</p> <p data-bbox="242 1608 1497 1671">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. No corrective action is required.</p>

115.364	Staff first responder duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 329 360 358">Documents</p> <ol data-bbox="242 387 858 472" style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) <p data-bbox="242 501 504 530">Site Review Observations</p> <ol data-bbox="242 560 320 589" style="list-style-type: none"> 1. N/A <p data-bbox="242 618 347 647">Interviews</p> <ol data-bbox="242 676 831 875" style="list-style-type: none"> 1. Randomly selected Staff 2. Security Staff and Non-Security Staff First Responders 3. PREA Coordinator 4. Resident who Reported a Sexual Abuse <p data-bbox="242 904 472 934">Findings (by provision)</p> <p data-bbox="242 963 1481 1090">115.364 (a): The Summit Academy - PREA Policy, 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 interview of staff first responders who all answered the questions consistently with the facility policy.</p> <p data-bbox="242 1120 1453 1180">Compliance with this provision was supported by policy review and interviews with a Security Staff First Responder and a Resident who reported a sexual abuse.</p> <p data-bbox="242 1209 1490 1305">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 interviews with Security Staff and Non-Security Staff First Responders, 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 data-bbox="242 1335 1433 1395">Compliance with this provision was supported by policy review and interviews with a Security Staff First Responder and randomly selected staff.</p> <p data-bbox="242 1424 1497 1485">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	<p>Coordinated response</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. The Academy School PREA Incident Response Flowchart. <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. Random Staff 2. Shift Supervisors 3. PREA Coordinator 4. Executive Director <p>Findings (by provision)</p> <p>115.365 (a): TSA 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. The Summit Academy's PREA Incident Response is very comprehensive.</p> <p>Compliance with this provision was confirmed by interviews with the Executive 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>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 273 1027 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 331 360 358">Documents</p> <ol data-bbox="242 389 861 474" style="list-style-type: none"> <li data-bbox="242 389 861 416">1. Pre-Audit Questionnaire for The Summit Academy (TSA). <li data-bbox="242 443 481 470">2. Employee Records <p data-bbox="242 501 504 528">Site Review Observations</p> <ol data-bbox="242 560 316 586" style="list-style-type: none"> <li data-bbox="242 560 316 586">1. N/A <p data-bbox="242 618 347 645">Interviews</p> <ol data-bbox="242 676 520 819" style="list-style-type: none"> <li data-bbox="242 676 472 703">1. Executive Director <li data-bbox="242 730 475 757">2. PREA Coordinator <li data-bbox="242 784 520 810">3. Human Resource Staff <p data-bbox="242 846 472 873">Findings (by provision)</p> <p data-bbox="242 904 1461 1034">115.366 (a): N/A; There is no collective bargaining agreements at The Summit 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 data-bbox="242 1066 1477 1124">This was verified by interviews with the Executive Director. Compliance with this standard was determined by reviewing the facility's employee records and by interviews with the PREA Coordinator and Human Resource Staff.</p> <p data-bbox="242 1155 861 1182">115.366 (b): The Auditor is not required to audit this provision.</p> <p data-bbox="242 1214 1493 1303">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	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. Facility's investigative files <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. Case Worker (Staff Member Charged with Monitoring Retaliation) 2. Executive Director 3. PREA Coordinator 4. Shift Supervisors <p>Findings (by provision)</p> <p>115.367 (a): TSA 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 Executive 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 Executive Director, and the PREA Coordinator.</p> <p>115.367 (b): TSA 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 and by interviews with the Executive Director, the PREA Coordinator, and Shift Supervisors.</p> <p>115.367 (c): TSA 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.</p> <p>Compliance with this standard was determined by a review of the facility's investigative files and by interviews with the Executive Director, the PREA Coordinator, and Shift Supervisors.</p> <p>115.367 (d): The Summit Academy's retaliation monitoring does include periodic status checks of residents based upon policy and an interview with the PREA Coordinator.</p> <p>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.</p> <p>115.367 (e): TSA, by policy, monitors the conduct and treatment of any other individual who cooperates with an investigation and expresses a fear of retaliation, to see if there are changes that may suggest possible retaliation by residents or staff and taking appropriate measures to protect that individual against retaliation. No incidents of retaliation occurred in the past 12 months.</p> <p>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.</p>

115.367 (f): The Auditor is not required to audit this provision.

Evidences used to determine compliance with this standard include a review of case files and interviews of the PREA Coordinator, Executive Director and Shift Supervisors. 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	<p>Post-allegation protective custody</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. Resident Case Files <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. Tour all areas of the facility <p>Interviews</p> <ol style="list-style-type: none"> 1. Medical and Mental Health Staff 2. PREA Coordinator 3. Executive Director <p>Findings (by provision)</p> <p>115.368 (a): TSA 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 Executive 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>
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115.371	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. The Summit Academy PREA Investigative Files <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. Investigative Staff 2. PREA Coordinator 3. Program Director <p>Findings (by provision)</p> <p>115.371 (a): N/A; TSA does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. Administrative investigations are conducted by the Office of Children, Youth, and Families. The Pennsylvania State 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 Office of Children, Youth, and Families. The Pennsylvania State Police conducts the investigations of allegations that rise to the level of criminal behavior. The facility has no specialized trained sexual abused investigators.</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 (c): TSA 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, and witnesses who reported or were involved in allegation of sexual abuse involving the suspected perpetrator per the request of the investigating agencies.</p> <p>Compliance with this provision was verified by interviews with the PREA Coordinator and the Program Director and reviews of the PREA investigative reports.</p> <p>115.371 (d): N/A; TSA does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. Administrative Investigations are conducted by the Office of Children, Youth and Families. TSA, 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.</p> <p>Compliance with this provision was verified by interview with the Program Director and the Auditor's review of the facility's PREA policy.</p> <p>115.371 (e): N/A; TSA does not conduct any form of criminal investigations of sexual abuse or harassment. Administrative investigations are conducted by the Office of Children, Youth and Families. TSA refers sex abuse cases for criminal investigation to the Pennsylvania State Police when the quality of evidence appears to support criminal prosecution. This was supported by review of investigate reports and interviews with the PREA Coordinator and the Program Director. TSA does not conduct compelled interviews; it would be beyond the scope of their authority.</p> <p>Compliance with this provision was verified by interviews with the PREA Coordinator and the Program Director and review of</p>

the PREA investigative reports.

115.371 (f): N/A; TSA does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. Administrative investigations are conducted by the Office of Children, Youth and Families. TSA 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 facility does not use polygraphs in any form for determining a resident's credibility.

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

115.371 (g): TSA 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, are 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): N/A; TSA 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): TSA appears to refer all substantiated allegations of sexual misconduct or abuse that appear to be criminal for prosecution. Zero (0) 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): TSA 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 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): TSA appear 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, TSA 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.

Recommendation:

1. That the facility continues to request copies for the completed reports from the Pennsylvania ChildLine and Abuse Registry's Intake Unit.

115.372	<p>Evidentiary standard for administrative investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. TSA PREA Investigation Files <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. Random Staff 2. PREA Coordinator 3. Program Director <p>Findings (by provision)</p> <p>115.372 (a): N/A; TSA does not conduct Administrative Investigations; they are conducted by the Office of Children, Youth and Families. 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 that are no higher than a preponderance of the evidence for administrative investigations. No corrective action is required.</p>
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115.373	Reporting to residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 360 358">Documents</p> <ol data-bbox="240 389 858 586" style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. TSA PREA Investigative Files 4. Resident Case Files <p data-bbox="240 618 504 645">Site Review Observations</p> <ol data-bbox="240 676 320 703" style="list-style-type: none"> 1. N/A <p data-bbox="240 734 347 761">Interviews</p> <ol data-bbox="240 792 671 931" style="list-style-type: none"> 1. PREA Coordinator 2. Executive Director 3. Resident who reported a sexual abuse <p data-bbox="240 963 472 990">Findings (by provision)</p> <p data-bbox="240 1021 1477 1249">115.373 (a): TSA has a comprehensive PREA Policy that 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 five (5) alleged sexual harassment investigations completed in the past 12 months. There is no supporting documentation that any of residents were notified verbally or in writing of the results of the such investigations. Corrective action was required and the facility developed new procedures to ensure all notifications will be documented in the resident's file. This new procedure was verified by the auditor on October 1, 2021.</p> <p data-bbox="240 1281 1477 1339">Compliance with this provision was verified by interviews with the Program Director and the PREA Coordinator and a review of the facility's PREA Policy.</p> <p data-bbox="240 1370 1477 1599">115.373 (b): The Program Director and the PREA Coordinator claim that they have requested relevant information from the investigative agencies. Several emails requesting status updates were shown to the Auditor. The investigative agency would reply with, e.g. "case closed, no witness, no supporting evidence, and does not raise to level of criminal activity". There were five (5) alleged sexual harassment investigations completed in the past 12 months. There is no supporting documentation that the facility requested the relevant information from the investigative agency in order to inform the residents. Corrective action was required and the facility developed new procedures to ensure all notifications will be documented in the resident's file. This new procedure was verified by the auditor on October 1, 2021.</p> <p data-bbox="240 1630 1361 1657">Compliance with this provision was verified by interviews with the Executive Director and the PREA Coordinator.</p> <p data-bbox="240 1688 1477 1881">115.373 (c): TSA, 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 past safety plans.</p> <p data-bbox="240 1912 1477 1971">Compliance with this provision was verified by interview with the PREA Coordinator and the Auditor's review of investigative files.</p> <p data-bbox="240 2002 1477 2096">115.373 (d): TSA, 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 were zero (0) cases within the past 12 months that an alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="240 2128 1425 2154">Compliance with this provision was verified by interviews with the resident who reported a sexual abuse and the PREA</p>

Coordinator and a review of the facility's PREA policy Reporting to Students.

115.373 (e): TSA, 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 documents are in the resident's file or the investigation files. Corrective action was required and the facility developed new procedures to ensure all notifications will be documented in the resident's file. This new procedure was verified by the auditor on October 1, 2021.

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 compliant with this standard requiring reporting to residents. No other corrective action is required.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. TSA Employee Records 4. The Summit Academy PREA Investigative Files <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. Human Resource Staff 2. PREA Coordinator 3. Executive Director <p>Findings (by provision)</p> <p>115.376 (a): TSA Policy states that staff are subject to disciplinary sanctions up to and including termination for violating TSA 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 Executive 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 Executive 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 harassment policies. By TAS policy, the facility would report sexual abuse or sexual harassment violations to law enforcement unless clearly not criminal.</p> <p>Compliance with this provision was confirmed by interview with the Executive Director and 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 disciplinary sanctions for staff. No corrective action is required.</p>

115.377	Corrective action for contractors and volunteers
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 329 360 358">Documents</p> <ol data-bbox="242 387 858 528" style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. The Summit Academy PREA Investigative Files <p data-bbox="242 557 504 586">Site Review Observations</p> <ol data-bbox="242 616 320 645" style="list-style-type: none"> 1. N/A <p data-bbox="242 674 347 703">Interviews</p> <ol data-bbox="242 732 474 815" style="list-style-type: none"> 1. PREA Coordinator 2. Executive Director <p data-bbox="242 844 472 873">Findings (by provision)</p> <p data-bbox="242 902 1477 1030">115.377 (a): TSA Policy 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 data-bbox="242 1059 1434 1088">Compliance with this provision was confirmed by interview with the PREA Coordinator and a review of the PREA policy.</p> <p data-bbox="242 1117 1489 1279">115.377 (b): TSA Policy states the facility would take appropriate remedial measures and consider whether to prohibit a contractor or having further contact with residents following any other violation of agency sexual abuse or sexual harassment policies. An interview with the Executive Director supports the facility's policy where any contractor alleged to have conducted sexual abuse would be barred from the facility and not have any further contact with the resident. Summit Academy does not utilize volunteers but would follow this standard if that was to change.</p> <p data-bbox="242 1308 1434 1337">Compliance with this provision was confirmed by interview with the Executive Director and a review of the PREA policy.</p> <p data-bbox="242 1366 1497 1426">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	Interventions and disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. The Summit Academy PREA Investigative Files 4. Residents' Case Files <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. Medical and Mental Health Staff 2. PREA Coordinator 3. Executive Director <p>Findings (by provision)</p> <p>115.378 (a): By policy, TSA 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>Compliance with this provision was confirmed by the Auditor's interview with the PREA Coordinator.</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>Compliance with this provision was supported by the Auditor's interview with the Program Director and the PREA Coordinator and the Auditor's review of residents' case files.</p> <p>115.378 (c): By policy, TSA disciplinary process does consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. This was supported by interview with the Executive Director and the Auditor's review of investigative reports.</p> <p>Compliance with this provision was supported by the Auditor's interview with the Program Director and the Auditor's review of investigative reports.</p> <p>115.378(d): TSA 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.</p> <p>Compliance with this provision was confirmed by the Auditor's interview with the Medical and Mental Health Staff.</p> <p>115.378 (e): By policy, TSA 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 Compliance Manager.</p> <p>Compliance with this provision was confirmed by the Auditor's interview with the PREA Compliance Manager.</p>

115.378 (f): By policy, TSA 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 Compliance Manager.

Compliance with this provision was confirmed by the Auditor's interview with the PREA Compliance Manager.

115.378 (g): By policy, TSA prohibits all sexual activity between residents. This policy was confirmed by interview with the PREA Compliance Manager.

Compliance with this provision was confirmed by the Auditor's interview with the PREA Compliance Manager.

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	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. TSA Student Medical and Mental Health Screenings Records <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. Medical Area <p>Interviews</p> <ol style="list-style-type: none"> 1. Medical and Mental Health Staff <p>Findings (by provision)</p> <p>115.381 (a): All students meet with their therapeutic managers within 14 days of intake. By policy, residents at TSA, 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 Medical and Mental Health 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 Medical and Mental Health Staff.</p> <p>115.381 (b): TSA, 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 and Mental Health 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 Medical and Mental Health 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 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.</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 Medical and Mental Health Staff.</p> <p>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.</p> <p>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 Medical and Mental Health 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 medical and mental health screenings and history of sexual abuse. No corrective action is required.</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. Medical and Mental Health Staff 2. PREA Coordinator 3. Program Director <p>Findings (by provision)</p> <p>115.382 (a): TSA, 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 Medical and Mental Health Staff.</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 the Program Director.</p> <p>115.382 (c): By policy, TSA 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 Medical and Mental Health Staff.</p> <p>115.382 (d): TSA 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.</p> <p>Compliance with this provision was supported by interviews with the Medical and Mental Health Staff 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 access to emergency medical and mental health services. No corrective action is required.</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 360 358">Documents</p> <ol data-bbox="240 387 858 472" style="list-style-type: none"> <li data-bbox="240 387 858 414">1. Pre-Audit Questionnaire for The Summit Academy (TSA). <li data-bbox="240 443 858 472">2. The Summit Academy - PREA Policy (revised 12/29/20) <p data-bbox="240 501 504 528">Site Review Observations</p> <ol data-bbox="240 557 320 584" style="list-style-type: none"> <li data-bbox="240 557 320 584">1. N/A <p data-bbox="240 613 347 640">Interviews</p> <ol data-bbox="240 669 608 817" style="list-style-type: none"> <li data-bbox="240 669 608 696">1. Medical and Mental Health Staff <li data-bbox="240 725 475 752">2. PREA Coordinator <li data-bbox="240 781 461 808">3. Program Director <p data-bbox="240 846 472 873">Findings (by provision)</p> <p data-bbox="240 902 1473 965">115.383 (a): TSA, 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 data-bbox="240 994 1426 1021">Compliance for this provision was determination and supported by interviews with the Medical and Mental Health Staff.</p> <p data-bbox="240 1050 1473 1144">115.383 (b): TSA'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 data-bbox="240 1173 1238 1200">Compliance for this provision was supported by interviews with the Medical and Mental Health Staff.</p> <p data-bbox="240 1229 1455 1292">115.383 (c): TSA, by policy, provides such victims with medical and mental health services consistent with the community level of care.</p> <p data-bbox="240 1321 1490 1384">Compliance for this this provision was determined by the Auditor's review of medical records and interviews with Medical and Mental Health Staff</p> <p data-bbox="240 1413 951 1440">115.383 (d): This provision is not applicable; TSA is an all-male facility.</p> <p data-bbox="240 1469 951 1496">115.383 (e): This provision is not applicable; TSA is an all-male facility.</p> <p data-bbox="240 1525 1441 1588">115.383 (f): By policy, TSA resident victims of sexual abuse while incarcerated, are offered tests for sexually transmitted infections as medically appropriate.</p> <p data-bbox="240 1617 1414 1680">Compliance determination of this provision was supported by interviews with Medical and Mental Health Staff and the Auditor's review of the PREA policy.</p> <p data-bbox="240 1709 1484 1771">115.383 (g): TSA 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.</p> <p data-bbox="240 1800 1414 1863">Compliance determination of this provision was supported by interviews with Medical and Mental Health Staff and the Auditor's review of the PREA policy.</p> <p data-bbox="240 1892 1449 1955">115.383 (h): TSA 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.</p> <p data-bbox="240 1984 1445 2047">Compliance determination of this provision was supported by the Auditor's review of medical records and interviews with Medical and Mental Health Staff.</p> <p data-bbox="240 2076 1497 2139">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</p>

action is required.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. TSA Post PREA Investigation Recommendation and Implementation Reports 4. TSA PREA Investigative Files <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Executive Director <p>Findings (by provision)</p> <p>115.386 (a): TSA conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In 2020, there were five (5) allegations of sexual abuse which was determined to be unsubstantiated or unfounded. The PREA Coordinator states that sexual abuse incident reviews were conducted. There is supporting documentation of review team meetings with PREA Investigation Recommendation and Implementation Reports produced documenting such review.</p> <p>Compliance was determined by a review of the Post PREA Investigation Recommendation and Implementation Reports and an interview with the PREA Coordinator.</p> <p>115.386 (b): The facility conducts a sexual abuse incident review within 30 days of the conclusion of a sexual abuse investigation.</p> <p>Compliance was confirmed by interview with the Post PREA Coordinator and a review of the PREA Investigation Recommendation and Implementation Reports.</p> <p>115.386 (c): The sexual abuse incident review team includes the Executive Director, and the PREA Coordinator. The sexual abuse incident review team reviews all sexual abuse incidents and allows for input from case managers, shift supervisors, and medical or mental health practitioners.</p> <p>Compliance was confirmed by interviews with the PREA Coordinator and review of Post PREA Investigation Recommendation and Implementation Reports.</p> <p>115.386 (d): TSA has a PREA policy and prepares a report of its findings from sexual abuse incident reviews of all substantiated and unsubstantiated allegations 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 does state the review team will: 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.</p> <p>Compliance was confirmed by interviews with the PREA Coordinator and review of PREA Investigative Files.</p> <p>115.386 (e): TSA implements recommendations for improvement or documents its reasons for not doing so. TSA 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 Executive Director.</p> <p>Compliance was confirmed by interviews with the PREA Coordinator and review of PREA Investigative Files.</p>

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. No corrective action is required.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. Summit Academy PREA Annual Report 2020 4. PREA Incident Reports 5. TSA Administrative and Response Review Form <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Executive Director <p>Findings (by provision)</p> <p>115.387 (a): TSA 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 PREA Incident Reports for the prior 12-month reporting period and an interview with the PREA Coordinator.</p> <p>115.387 (b) TSA 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 Executive Director.</p> <p>115.387 (c) TSA'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 Executive Director.</p> <p>115.387 (d): TSA 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.</p> <p>Compliance with this provision was determined based upon review of the completed Administrative and Response Review Forms and an interview with the Executive Director.</p> <p>115.387 (e): N/A - TSA does not contract for the confinement of its residents.</p> <p>115.387 (f): N/A - DOJ has not requested agency data.</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 data collection of sexual abuse incidents for corrective action. No corrective action is required.</p>

115.388	Data review for corrective action
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 329 360 358">Documents</p> <ol data-bbox="242 387 858 528" style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. Summit Academy PREA Annual Report 2020 <p data-bbox="242 557 504 586">Site Review Observations</p> <ol data-bbox="242 616 328 645" style="list-style-type: none"> 1. N/A <p data-bbox="242 674 347 703">Interviews</p> <ol data-bbox="242 732 474 815" style="list-style-type: none"> 1. PREA Coordinator 2. Executive Director <p data-bbox="242 844 472 873">Findings (by provision)</p> <p data-bbox="242 902 1461 963">115.388 (a): TSA 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 data-bbox="242 992 1433 1052">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 data-bbox="242 1081 1445 1142">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 data-bbox="242 1171 1433 1232">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 data-bbox="242 1261 1418 1321">115.388 (c): TSA makes its Annual Report readily available to the public, at least annually, through its website and the Annual report is approved by the Executive Director.</p> <p data-bbox="242 1350 1437 1411">Compliance for this provision was supported by interviews with the Executive Director and a review of the PREA Annual Report.</p> <p data-bbox="242 1440 1465 1538">115.388 (d): TSA'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> <p data-bbox="242 1568 1437 1628">Compliance for this provision was supported by interviews with the Executive Director and a review of the PREA Annual Report.</p> <p data-bbox="242 1657 1493 1718">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.</p>

115.389	Data storage, publication, and destruction
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 329 360 358">Documents</p> <ol data-bbox="242 387 1149 584" style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy - PREA Policy (revised 12/29/20) 3. TSA PREA Annual Report 2020 4. The Summit Academy Website - https://theacademyschools.com/the-summit-academy/ <p data-bbox="242 613 504 642">Site Review Observations</p> <ol data-bbox="242 672 320 701" style="list-style-type: none"> 1. N/A <p data-bbox="242 730 347 759">Interviews</p> <ol data-bbox="242 788 474 873" style="list-style-type: none"> 1. PREA Coordinator 2. Executive Director <p data-bbox="242 902 472 931">Findings (by provision)</p> <p data-bbox="242 960 1490 1021">115.389 (a): TSA ensures that data collected pursuant to §115.387 are securely retained. Incident reports are retained by the PREA Coordinator in a secure location.</p> <p data-bbox="242 1050 1110 1079">Compliance with this provision was verified by an interview with the PREA Coordinator.</p> <p data-bbox="242 1108 1453 1169">115.389 (b): TSA 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 data-bbox="242 1198 1189 1227">A review of all of the reports on the TSA websites demonstrates compliance with this provision.</p> <p data-bbox="242 1256 1485 1317">115.389 (c): TSA has removed all personal identifiers from reports containing aggregated sexual abuse data published on its website.</p> <p data-bbox="242 1346 1434 1406">Compliance with this provision was verified by the Auditor's review of the facility's PREA Annual Report published on its website.</p> <p data-bbox="242 1435 1484 1534">115.389 (d): TSA - PREA Policy (revised 12/29/20), 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 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 data-bbox="242 1563 1469 1624">Compliance with this provision was verified by the Auditor's review of facility records and by an interview with the Executive Director.</p> <p data-bbox="242 1653 1401 1713">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 data storage, publication, and destruction. No corrective action is required.</p>

115.401	Frequency and scope of audits
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 360 358">Documents</p> <ol data-bbox="240 389 858 470" style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summitt Academy Website <p data-bbox="240 501 504 528">Site Review Observations</p> <ol data-bbox="240 560 552 586" style="list-style-type: none"> 1. Tour all areas of the facility <p data-bbox="240 618 347 645">Interviews</p> <ol data-bbox="240 676 647 873" style="list-style-type: none"> 1. Informal discussions during site tour 2. PREA Coordinator 3. Executive Director 4. Agency Head <p data-bbox="240 904 472 931">Findings (by provision)</p> <p data-bbox="240 963 1489 1057">115.401 (a): TSA has ensured that each of its operated facilities has been audited during a three-year period, starting in August 20, 2013. This is The Summit Academy's third PREA Audit in 7 years. Based upon a review of all TSA PREA Reports posted on the agencies' websites, the agency has met this standard during the prior three-year audit cycle.</p> <p data-bbox="240 1088 1489 1146">115.401 (b): This is the third year of the current audit cycle. The Summit Academy has ensured that at least one-third of each facility type operated will be audited during the second year of the current audit cycle.</p> <p data-bbox="240 1178 1449 1236">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 data-bbox="240 1267 1481 1326">115.401 (i): TSA provided the Auditor with copies of all requested documents and information, including electronically stored information and videos.</p> <p data-bbox="240 1357 1481 1415">115.401 (m): The Auditor was allowed to conduct private interviews with staff and residents, selected at random and without restrictions.</p> <p data-bbox="240 1447 1469 1576">115.401 (n): PREA Notice of Audit postings were provided by the Auditor and contained all of the required information. The Notice of Audit was reported posted in all living units on April 23, 2021. 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 counsel.</p> <p data-bbox="240 1608 1401 1666">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.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for The Summit Academy (TSA). 2. The Summit Academy Website <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>Findings (by provision)</p> <p>115.403 (f): A review of the TSA websites supports that facility posted all finalized PREA Reports on its facilities' websites. Compliance was verified by a review of the TSA website 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>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	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
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	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
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	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
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	na
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	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

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	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
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	na
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	no
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	no
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	no
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	no
	Do residents also have access to other programs and work opportunities to the extent possible?	no

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	no

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	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

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	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.)	na
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	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

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	no
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	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

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	no
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	no
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	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
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	no
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	no
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	no
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	no

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes