PREA Facility Audit Report: Final

Name of Facility: New Outlook Academy
Facility Type: Juvenile
Date Interim Report Submitted: 03/19/2024
Date Final Report Submitted: 07/17/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Tammy A. Hardy-Kesler	**Date of Signature:** 07/17/2024

AUDITOR INFORMATION	
Auditor name:	Hardy-Kesler, Tammy
Email:	codyemomma@msn.com
Start Date of On-Site Audit:	01/29/2024
End Date of On-Site Audit:	02/02/2024

FACILITY INFORMATION	
Facility name:	New Outlook Academy
Facility physical address:	900 Agnew Road, Pittsburgh, Pennsylvania - 15227
Facility mailing address:	

Primary Contact

Name:	Frank Wentzel
Email Address:	wentzelf@theacademyschools.com
Telephone Number:	412-885-5200

Superintendent/Director/Administrator	
Name:	Frank Wentzel
Email Address:	wentzelf@theacademyschools.com
Telephone Number:	412-885-5200

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

Facility Characteristics	
Designed facility capacity:	120
Current population of facility:	58
Average daily population for the past 12 months:	55
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Females
Age range of population:	13-19
Facility security levels/resident custody levels:	NA
Number of staff currently employed at the facility who may have contact with	79

residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with residents, currently authorized to enter the facility:	5

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:	wentzelf@theacademysystem.com
Telephone Number:	412-885-5200

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

Facility AUDIT FINDINGS

Summary of Audit Findings

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

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.	
Number of standards exceeded:	
0	
Number of standards met:	
43	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-01-29
2. End date of the onsite portion of the audit:	2024-02-02

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Pittsburgh Children's Hospital Just Detention International Pennsylvania Western Region OCYF in person interview

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	120
15. Average daily population for the past 12 months:	55
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes ( ) No (●) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	62
38. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	14

44. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
45. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	1
46. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	9
47. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	95
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	3
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	12
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☐ Gender ☐ Other ☐ None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor reviewed the population sheet which included some demographic information.
56. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were no barriers in conducting random resident interviews.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	10
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	During informal interviews, there were no residents that were limited English proficient. Residents that are limited English proficient would have difficulty participating in a therapeutic community.
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	3
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	During site review, there were no residents that appeared to have visual impairment. During interviews with medical and mental health practitioners, there were no residents that were identified as visually impaired.
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	During interviews with medical and mental health practitioners, there were no residents that were identified as visually impaired.
64. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	2
65. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3
66. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
67. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	1

68. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	4
69. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	New Outlook Academy does not practice isolation nor does the facility have an area for isolation.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	There were no barriers to interviewing targeted residents.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☑ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	Gender was considered when selecting staff in order to determine searches and announcements of male staff in an all-female facility.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were no barriers to interviewing random staff.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	22
76. Were you able to interview the Agency Head?	◉ Yes ○ No

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
78. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
79. Were you able to interview the PREA Compliance Manager?	( ) Yes ( ) No (●) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☑ Agency contract administrator ☑ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☑ Medical staff ☑ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☑ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☑ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☐ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☑ First responders, both security and non-security staff ☑ Intake staff

	☑ Other
If "Other," provide additional specialized staff roles interviewed:	Maintenance Food Service Worker
81. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
82. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	There was several attempts to contact contractors, but there were no return telephone calls.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	◉ Yes ○ No

Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
88. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The auditor left message for the Pittsburgh Police, but there was no return call.

Documentation Sampling

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

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

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The auditor requested rosters of staff and residents prior to onsite audit, the PREA coordinator uploaded requested files. The auditor reviewed files prior to onsite audit.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	3	3	3	3
Staff-on-inmate sexual abuse	0	0	0	0
Total	3	3	3	3

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	3	0	3	0
Total	3	0	3	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	1	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	1	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	1	2	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	3	0	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	3	0	0
Total	0	3	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	3

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	( ) Yes ( ) No (●) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	3
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	( ) Yes ( ) No (●) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	( ) Yes ( ) No (●) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	Pittsburgh Police did not return my telephone calls regarding the allegations of sexual abuse at New Outlook Academy. There were several attempts made, and I did speak to an officer that deferred the call to the officer responsible for the New Outlook Academy.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	(●) Yes ( ) No
a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:	1

Non-certified Support Staff	
116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	(●) Yes ( ) No
a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:	1
AUDITING ARRANGEMENTS AND COMPENSATION	
121. Who paid you to conduct this audit?	(●) The audited facility or its parent agency ( ) My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ( ) A third-party auditing entity (e.g., accreditation body, consulting firm) ( ) Other

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. The Academy Schools PREA Policy I 2. The Academy Schools PREA Policy IV. Procedure 3. The Academy Schools PREA Policy II. Definitions 4. The Academy Schools PREA Policy IV.J.1-3 Disciplinary 5. New Outlook Organizational Chart 6. CARF/PREA/Compliance Coordinator Responsibilities Interviews: 1. PREA coordinator Findings (by Provision): 115.311(a):

	Academy Schools has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates. Cited within The Academy Schools PREA Policy I, The Academy has a zero-tolerance policy concerning sexual abuse, sexual assault, and sexual harassment of Academy youth and is committed to the prevention and elimination of sexual abuse/ assault within its facilities through compliance with the Prison Rape Elimination Act (PREA) of 2023. The Academy is committed to the equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse, assault, and harassment. Outlined in The Academy Schools PREA Policy IV is the implementation to the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Specifically, listed are the following sections: • Prevention-Supervision and Monitoring • Admission/Housing • Employee Training and Youth Education • Allegations of Inappropriate Conduct • Staff First Responder Duties • Reporting and Investigations • Protection Against Retaliation • Sexual Abuse Incident Reviews • Documentation • Disciplinary • Notifications to Youth • Data Collection and Review • The Academy Schools PREA Policy II provides a list of definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The following behaviors are listed: • Sexual Abuse • Sexual Assault • Sexual Contact • Sexual Conduct • Sexual Harassment • Sex Offenses • Voyeurism • A notation in the policy references the above definitions are taken from the Prison Rape Elimination Act National Standards for Juvenile Facilities and only apply to this policy. • Additionally, Academy Schools PREA Policy III states the prohibited acts which include: • Sexual conduct with Academy youth by staff, volunteers, visitors or contractors. • Sexual conduct among Academy youth in Academy facilities. • Opposite gender viewing of youth under circumstances when breast, buttocks or genitalia would normally be exposed (shower/hygiene time, performing bodily functions, and changing clothes).

- Searching or physically examining a transgender or intersex youth for the sole purpose of determining the youth's genital status.
- The Academy Schools PREA Policy.IV.J.1-3 includes sanctions for those found to have participated in prohibited behavior. The disciplinary section of the policy included Staff Disciplinary Sanctions, Corrective action for contractors and volunteers, and Interventions and disciplinary sanctions for residents.
- The auditor located in The Academy Schools PREA Policy descriptions of the agency strategies and responses to reduce and prevent sexual abuse and sexual harassment. Cited in the Prevention -Supervision and Monitoring section, the auditor reviewed the descriptions of the Staffing Plan and Monitoring Plan, Admission/Housing, Employee Training and Youth Education, Allegations of Inappropriate Conduct, Staff First Responder Duties, Reporting and Investigations, Protection Against Retaliation, Sexual Abuse Incident Reviews, Documentation, Disciplinary, and Notifications to Youth.

The agency substantially meets compliance in this provision.

115.311 (b):

The Academy Schools has designated an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at the New Outlook Academy. During the interview with the PREA coordinator, it was stated that there was enough time to manage all the PREA responsibilities. Located on the New Outlook Organizational Chart was the position of the CARF/PREA/ Compliance Coordinator. The title was positioned on the second tier of the organizational chart directly below the position of the Executive Director.

If an issue of PREA compliance is identified, the PREA coordinator shared there would be a collaborative effort with the executive director to implement refresher training at the facility.

Review of the CARF/PREA/Compliance Coordinator Responsibilities, the auditor found listed the specifics of the PREA coordinator's responsibilities which included:

- Review client and personnel records to ensure PREA compliance.
- Review all PREA related incidents within 30 days of receipt of the conclusion of the investigation. This is aligned with the responsibility of a member of the incident review team.
- On an annual basis, meet with the executive director to review all incidents from the prior year, discuss the current staffing plan, review the PREA policy, discuss any barriers needing addressed, and discuss video monitoring technology. Currently, New Outlook Academy does not have video monitoring technology.

The agency substantially meets compliance in this provision.

115.311(c):

	According to the PREA Coordinator, New Outlook Academy is identified as the only residential therapeutic community school operated under The Academy Schools. All other programs and schools operate under separate licensing and tax identification numbers. It was reiterated that the PREA Coordinator was solely for New Outlook Academy. The agency has not designated a PREA compliance manager at New Outlook Academy. The agency is substantially compliant with this provision. The agency has a written PREA policy containing the mandating the zero tolerance toward all forms of sexual abuse and sexual harassment in facilities that it operates. The policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Included in the policy is the definitions of prohibited behavior regarding sexual abuse and sexual harassment. Also, there is sanctions within the policy for those found to have participated in prohibited behaviors. Lastly the policy includes a description of the agency's strategies and response to reduce and prevent sexual abuse and sexual harassment of residents. The agency employees an upper level employe as the PREA coordinator who has sufficient time and authority to develop, implement, and oversee the agency's effort to comply with the PREA standards. The Academy Schools has not designated a PREA compliance manager. Based on this analysis, the agency substantially meets compliance with this standard.

115.312	**Contracting with other entities for the confinement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Interviews: 1. Agency Head 2. PREA coordinator Findings (by Provision): 115.312 (a): The Academy Schools is a private agency that provides therapeutic residential services at New Outlook Academy. The agency does not contract for the confinement of its residents with other private agencies or government agencies. The agency is obligated to comply with PREA standards based on guidelines required by local and state government agencies that contract with the facility for therapeutic residential services. This provision does not apply to The Academy Schools. The agency head and the PREA coordinator confirmed that there were no

	contracts for the confinement of residents with other private agencies or government entities. The agency is substantially compliant with this provision. 115.312 (b): The Academy Schools is a private agency that provides therapeutic residential services at New Outlook Academy. The agency does not contract with any other private agencies or other entities for the confinement of residents. This provision does not apply to The Academy Schools. The agency is substantially compliant with this provision. Based on this analysis, the agency is substantially compliant with this standard, and corrective action is not needed at this time.

115.313	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. The Academy Schools PREA Policy IV.A. 2. CSC 2023 PREA Annual Review 12/11/2023 3. CSC 2022 PREA Annual Review 11/30/2022 4. CSC 2021 PREA Annual Review 12/2/2021 5. Daily shift report 6. Staff Schedule 7. Pre-Audit Questionnaire (PAQ) 8. Procedure 604 Coverage and Unforeseen Circumstances Procedure 9. Pennsylvania Code 3800.55 Childcare worker (November 25, 2023) 10. Unannounced Round Logs Interviews: 1. Superintendent Site Review: 1. Facility coverage

Findings (by Provision):

115.313 (a):

The Academy Schools PREA Policy IV.A.1-7 cites the Academy staffing plan and monitoring plan for each of its facilities considers:

1. Generally accepted professional standards for juvenile justice practices.
2. Composition of the different populations within its facilities.
3. Number and placement of supervisory staff.
4. Programs occurring on each shift.
5. Relevant laws, regulations, and standards.
6. Prevalence of substantiated and unsubstantiated incidents of sexual abuse.
7. Other relevant factors.

Additionally, the policy references the minimum staff to youth ratios shall be 1:8 during waking hours and 1:16 during sleeping hours, and any deviations from the plan due to exigent circumstances shall be documented. The facility did not provide an actual staffing plan, but references to ratios in the PREA policy.

During onsite review of the facility, the facility far exceeded the required ratios. The agency provided in the PAQ and Supplemental files the staff schedule and daily shift report. Review of the staff schedule and daily shift report further confirmed that the facility maintains staff and youth ratios.

According to the superintendent, adequate staffing levels are to protect residents against sexual abuse. Video monitoring is not a part of the staffing plan or utilized at New Outlook Academy, the facility operates with a direct supervision practice. The adherence to staff ratios is documented via daily email correspondence and daily log.

Submitted on the PAQ, the average daily number of residents since the last audit was 45, and the staffing ratios was predicated on 60 residents. On the first day of the onsite audit, there were 60 residents.

The agency does reference the criteria of a staffing plan in the agency PREA policy, but there was no actual documentation of the staffing plan.

Does not substantially meet compliance with the provision.

115.313 (b):

According to the Academy Schools PREA Policy IV.A., the agency would comply with the staffing plan except in exigent circumstances, and deviations from the staffing plan would be documented. Procedure 604 Coverage and Unforeseen Circumstances Procedure outlines procedures to provide the appropriate coverage during unforeseen circumstances. The procedure applies to all employees at The Academy. It requires that staff members remain on shift until sufficient number of staff members arrive for the next shift to cover the student population.

	According to the superintendent, there were no instances of exigent circumstances during the prior 12 months. Supervisors come in when needed to meet requirements. Also, the facility provides company housing. The houses are located next door to the facility. If necessary, these employees are readily available to maintain ratios. Adherence to staff to child ratios is documented daily via the daily log and via email communication. The agency is substantially compliant with this provision. 115.313 (c) The Academy Schools is obligated by the Commonwealth of Pennsylvania. The agency follows the Pennsylvania Code 3800.55 Childcare worker that requires the ratio of 1:8 staff to child ratio during waking hours and 1:16 staff to child ratio during sleeping hours. The Academy Schools PREA Policy IV.A. aligns with the Commonwealth of Pennsylvania's code for staff to child ratio. According to the superintendent, there have been no circumstances that the staff to child ratio has not been maintained. It was stated that the facility maintains ratios of 1:8 during waking hours and 1:16 during sleeping hours. Further, it was confirmed that the facility is required to maintain ratios in accordance with state mandates. According to information submitted to the PAQ, there were no deviations of staff to child ratios during waking hours or sleeping hours in the prior 12 months. During site review, the facility has shown compliance with the required staff to child ratios. The facility is substantially compliant with this provision. 115.313 (d) Provided in the PAQ were the meeting minutes for the PREA Annual Review for 2023. The annual review participants were the executive director and the PREA coordinator. The auditor requested the annual reviews for calendar year 2022 and calendar year 2021. Both years were provided in the supplemental file of the OAS. According to the minutes, the reviews considered whether adjustments were needed to the staffing plan, prevailing staffing patterns, deployment of monitoring technology (direct supervision only), and the allocation of resources to commit to the staffing plan to ensure compliance. The facility is substantially compliant with this provision. 115.313 (e) This provision is not applicable to New Outlook Academy due to the facility being a non-secure facility. The facility does make effort to adhere to the provision. The policy outlines the implementation of the practice of having administrative staff conduct and document unannounced rounds (all shifts) to identify and deter staff

	sexual abuse and sexual harassments. Additionally, it prohibits staff from alerting other staff members that supervisory rounds are taking place. The auditor requested specific dates from the facility. In the PAQ, New Outlook Academy provided a document of the unannounced PREA rounds. The unannounced rounds are documented electronically. Some of the dates requested by the auditor did not have associated unannounced PREA rounds. Based on the document provided, there is an infrequency with unannounced PREA rounds. The rounds that were completed appear to occur on all shifts. The PREA unannounced rounds that were conducted appear to be completed by intermediate level to higher-level staff. Due to lack of video monitoring, the auditor was unable to confirm the method of conducting unannounced PREA rounds. The facility is substantially compliant in this provision. The Academy Schools has a PREA Policy that documents the components of a staffing plan, but there was not a documented staffing plan. Within the policy, the agency does require deviation from the staffing plan only except during exigent circumstances and the occasion requires being documented. The agency is obligated by the Commonwealth's code pertaining to ratios of staff to child. Evidence was provided of an annual review of staffing by the executive director and the PREA coordinator. New Outlook Academy, being a non-secured facility, is not required to conduct unannounced PREA rounds, but the facility does make an effort to adhere to the provision. Based on this analysis, the agency does not substantially meet compliance for this standard and corrective action is needed at this time. Corrective Action: 1. The agency shall develop, implement, and document a staffing plan that provides adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse. Recommendation: 1. Increase frequency of PREA unannounced rounds to daily on all shifts. 2. Include facility head in annual review. **Verification of Corrective Action since the onsite PREA audit:** In response to the corrective action, the facility submitted documentation via OAS on 7/1/2024 and 7/5/2024. The following documents were submitted: • New Outlook Academy Staffing Plan 2024 • Summary of actions taken to comply with PREA Standard 115.313 **Corrective Action Intent:** The intent of this corrective action was to ensure that in accordance with the PREA

	mandates New Outlook Academy developed, implemented, and documented an enhanced staffing plan to continue to ensure adequate levels of staffing to protect residents against sexual abuse and sexual harassment. Based on review of the information received, the auditor finds the facility is substantially compliant with this standard

115.315	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. The Academy Schools PREA Policy III.C. 2. Community Specialists Corporation Search and Seizure Policy 3. PAQ 4. Issue Log 5. CARF Training (New Hire and Annual Training) Interviews: 1. Random Residents 2. Targeted Youth 3. Random Staff Site Review: 1. Shower Procedures Findings (by Provision): 115.315 (a): In accordance with The Academy Schools PREA Policy III.C., the following acts are prohibited cross-gender strip searches and pat searches. Mentioned in the PAQ, the facility does not perform strip or visual cavity searches. Further documented on the issue log, a visual body scan is fully clothed, and a body cavity search would be completed by a medical facility. Documented in the PAQ, there were no cross-gender strip or cross-gender cavity searches. During interviews with 8 random and 8 targeted residents, there were no instances of cross-gender strip or cross-gender cavity searches reported to the auditor. The 12 random staff confirmed there were no cross-gender pat down strip or cross gender cavity searches conducted.

	The facility substantially meets compliance with this provision. 115.315 (b): Found in the Community Specialists Corporation Search and Seizure Policy, there is language that does not permit cross-gender pat-down searches of residents. Specifically, the policy states a visual body scan will be conducted by two staff members who must be the same gender as the student. In accordance with The Academy Schools PREA Policy III.C., The following acts are prohibited cross-gender strip searches and pat searches. According to information provided in the PAQ, there were no cross-gender pat down searches or cross-gender pat down searches that were due to exigent circumstances. During interviews with 8 random and 8 targeted residents, there were no instances of cross-gender pat down searches reported to the auditor. The 12 random staff confirmed there were no cross-gender pat down searches conducted. The facility substantially meets compliance with this provision. 115.315 (c) New Outlook Academy requires that all searches require documentation. In the Community Specialists Corporation Search and Seizure Policy, a Search & Seizure Incident Report will be written by the supervisor. The supervisor who approved the search will submit the Search & Seizure Incident Report to the executive administrative assistant prior to the end of the shift on which the search occurred. The facility substantially meets compliance with this provision. 115.315 (d) New Outlook Academy has implemented both policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genitalia except in exigent circumstances. The Academy Schools PREA Policy III.D. states the following acts are prohibited opposite gender viewing of youth under circumstances when breasts, buttocks or genitalia would normally be exposed (shower, hygiene time, performing bodily functions, and changing clothes). During interviews with 8 random residents and 8 targeted residents, it was confirmed that male staff do not enter the bathroom areas. Residents are required to do listed functions while in the bathroom areas. Additionally, the interview with 12 random staff also confirmed that there is no opposite gender viewing of residents during showering, hygiene, bodily functions, and changing clothes. During site review, the auditor observed that female staff was supervising the female residents in the bathroom. Housing on the third floor have bathrooms attached to bedrooms. On the 2nd floor, there is a shared bathroom. The shower

	stalls have shower curtains, and the toilets have doors. All residents are required to dress and undress behind the shower curtain. On the second-floor bathroom, it was observed during shower time that female staff had a line of sight to ensure that residents were individually in shower stall or toilet stall. Cited in the Academy Schools PREA Policy IV.A., staff of the opposite gender must announce their presence when entering a living unit or area where youth change clothes, shower, or perform bodily functions. Based on interviews with random residents, there was 9 out of 12 residents that collaborated that male staff announce themselves prior to entering a living unit. All 12 residents confirmed that no staff views them in full view while showering, completing bodily functions, or changing clothing. All 12 staff attested to the announcement of male staff on living unit, and residents were able to shower, complete bodily functions, and change clothing without being viewed by male staff. The agency is substantially compliant with this provision. 115.315 (e) New Outlook Academy has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining a residents genital status. The Academy Schools PREA Policy. III.E states that the following acts are prohibited searching or physically examining a transgender or intersex youth for the sole purpose of determining the youth's genital status. Resident that identified as transgender, stated that they were not searched to determine genital status. The agency is substantially compliant with this provision. 115.315 (f) The facility provides CARF training for both new hires and annually. The training includes how to conduct searches at New Outlook Academy. Agency policy, Community Specialists Corporation Search and Seizure Policy takes into consideration the trauma-informed approach to conducting searches. The policy reads as follows: Students have a right to be protected from unlawful search and seizure. Students are not permitted to be in the possession of drugs, weapons, tobacco products, or other contraband while under direct supervision of the school. In general, each student will be searched upon return from home pass and after visitation privileges have been concluded. Students may be searched upon return from off-campus activities or medical appointments. Only a supervisor may authorize a search. Students will be informed of the search. The least intrusive methods of search will be utilized. A student's Personal Safety Plan will be referenced in order to avoid emotional and physical trigger points and to take into account medical history and current condition.

	The policy continues with the limitations of searches, and in cases in which a strip search or a body cavity search must be completed, it would be done at a medical facility under medical supervision. Though the policy does not speak directly to cross-gender pat down searches and searches of transgender and intersex residents in a professional and respectful manner consistent with security needs. The policy does highlight that a student's Personal Safety Plan will be referenced in order to avoid emotional and physical trigger points and to take into account medical history and current conditions. The agency is substantially compliant with this provision. The evidence provided by the facility has shown New Outlook Academy does not conduct cross -gender strip, cross-gender visual body cavity, or cross-gender pat-down searches of residents. The facility produced a policy that requires that searches are documented on a form. Policy and practice enable residents to shower, perform bodily functions, and change clothing without being viewed by the opposite gender except in exigent circumstances. Opposite gender staff members announce their presence on the resident housing units and areas where residents are likely to shower, perform bodily function, or change clothing. Based on policy and interview, New Outlook Academy prohibits the examination of transgender or intersex residents for the purpose of determining the residents' genital status. Review of staff files, there were indications that staff was given training on the Search and Seizure Policy. Based on this analysis, the facility substantially meets compliance with this standard, and no corrective action is needed at this time.

115.316	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. The Academy Schools PREA Policy IV.D
2. PREA Accessibility: Making PREA Accessible to Students with Disabilities
3. Classified Student Roster
4. PREA Video with Closed Captions
5. New Outlook Academy Admission/Readmission Criteria
6. TransPerfect Remote Interpreting
7. Community Specialist Corporation: Diversity, Equity, and Inclusion Plan p.4

Interviews:

1. Agency Head
2. Residents with Disabilities or Limited English Proficient

Site Review:

1. PREA posters in English and Spanish

Findings (by Provision):

115.316 (a):

According to the Pre-Audit Questionnaire, the facility has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility has criteria for admission and readmission.

Within the Academy Schools PREA Policy IV.D, it is cited all education and information shall be made available in formats accessible to all youth (limited English, deaf, visually impaired or otherwise disabled as well as limited reading skills). Additionally, key information shall be continuously and readily available or visible via posters, brochures, or other formats. Receipt of the above education and information shall be documented for each youth.

Operated by The Academy Schools, New Outlook Academy is a private school for juvenile females in need of a residential therapeutic community. As a private facility, it maintains the right to make the final decision regarding all admissions. The vastness of disabilities and language barriers seen in public entities are significantly different at New Outlook Academy due to the selection criteria. The following is the exclusionary and ineligibility criteria:

1. Students who require 24 hour one to one supervision.
2. Students with an active or an extensive history of suicidal ideations
3. Students with an IQ below 70 or Any student with an IQ below 80 will be carefully reviewed to ensure the student's needs can be met by New Outlook Academy
4. Students with a Medically Fragile Condition

	During the onsite audit, there were 18 residents receiving special education services, and there was 1 student on a 504 Plan. The agency head explained that prior to residents being accepted into the facility, they would be interviewed. In some cases, mental health staff would be involved. A determination is made whether the candidate would thrive in the therapeutic community with minimal barriers to success. Due to the selection criteria, disabilities identified above, and limited English proficiency would not be accepted into the facility. Provided in the PAQ was the agency's PREA training for staff specifically geared to assisting disabled residents. Included in the PREA Accessibility: Making PREA Accessible to Students with Disabilities was strategies to ensure that sexual abuse and sexual harassment information was delivered in a format that would be beneficial to disabled residents. During site review, the auditor observed the use of PREA posters in both English and Spanish. There was a PREA video with closed caption reviewed during the mock intake process. The auditor requested a list of residents that were physically disabled or those who received special education services. There were 3 residents identified as having cognitive impairment. All three residents affirmed that they received sexual abuse and sexual harassment information that they were able to understand. Additionally, they stated they received education via video and from staff. Two residents conveyed that the facility would provide someone to help them read, write, speak, or further explain information if needed. Throughout the facility the auditor identified several PREA related posters both in English and Spanish. The PREA video has close captioning capability. The instruction of the PREA orientation is facilitated by staff with the use of a PREA video. The facility is substantially compliant with this provision. 115.316 (b): The agency policy requires all education and information shall be made available in formats accessible to all youth (limited English, deaf, visually impaired or otherwise disabled as well as limited reading skills). A resident would not meet the criteria for admission if they were limited English proficient. The facility does have access to translation services through TransPerfect Remote Interpreting. During informal conversation it was disclosed that the service has been utilized in the case of parents and guardians that were limited English proficient. The posters located in visitation areas were in both English and in Spanish for third party reporters of incidents of sexual abuse or sexual harassment. At the time of the onsite audit, there were no residents identified as limited English proficient. During site review, the auditor observed the use of PREA posters in both English and Spanish. There was a PREA video with closed caption reviewed during the mock

	intake process. The facility is substantially compliant with this provision. 115.316 (c) Based on the admission criteria of New Outlook Academy, candidates with limited English proficiency would not be accepted. Through the Community Specialist Corporation: Diversity, Equity, and Inclusion Plan, it is stated the Community Specialists Corporation recognizes the importance of ensuring proper training and knowledge for any individual used as an interpreter. Under no circumstances will another client or other minor be utilized to assist with language interpretation. According to information provided in the PAQ, New Outlook Academy did not have any instances of resident interpreters in the past 12 months. There were no limited English proficient residents to interview. There were 8 out of 12 random staff that responded that they were aware that resident interpreters, resident readers, and other resident assistance could not be utilized in relation to allegations of sexual abuse or sexual harassment. The agency has provided evidence of its efforts to ensure residents with disabilities and residents that are limited English proficient 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. The agency provides access through providing formats of PREA education for those that may have a disability or limited English proficient. The facility prohibits the use of resident interpreters, resident readers, and other resident assistance. Translation service is made available for residents that may have parents or guardians that are limited English proficient. Based on this analysis, the agency is compliant with this standard, and there is no corrective action needed at this time.

115.317	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Procedure No. 103: Basic Requirements for Employment

2. Commonwealth of Pennsylvania Sexual Misconduct/Abuse Disclosure Release (Pursuant to Act 168 of 2014)
3. Independent Contractor Addendum
4. Employee Disclosure Statement [Required by Child Protective Services Law, 11 P.S. & 223.1(0)]
5. Pre-Audit questionnaire
6. Issue Log

Interviews:

1. Administrative (Humna Resources)
2. PREA coordinator

Findings (by Provision):

115.317(a):

The Academy Schools policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents, who have committed prior acts of sexual abuse or sexual harassment in the community or institutional settings. Provided in the Pre-Audit questionnaire (PAQ) was The Academy Schools policy Procedure No. 103: Basic Requirements for Employment. All prospective employees are subject to the following reviews as and when determined by The Academy:

- State Police Criminal History Clearance;
- Department of Human Services Child Abuse History Clearance;
- Drug Screening;
- Department of Transportation Driver’s License Check;
- Physical Examination for Communicable Diseases;
- Reference Checks;
- Federal Bureau of Investigation Criminal History Clearance; and
- Academic/Educational Qualifications/Certifications
- Federally funded healthcare program checks for excluded parties

Upon hire, authorization is obtained to complete human services and criminal background checks on all employees.

Upon receipt of the completed checks, employees are addressed regarding any information found. If the history involves any offense included on the Employee Disclosure Statement or the Arrest/Conviction Report, the employment may be immediately terminated.

Based on the information that was provided in the PAQ and the issue log, The Academy is mandated to operate following the guidelines prescribed by Commonwealth of Pennsylvania Sexual Misconduct/Abuse Disclosure Release (Pursuant to Act 168 of 2014). According to Act 168, a school entity or an

	independent contractor may not hire any applicant for a position in which the employee will have direct contact with children until the school entity has complied with the employment history review process. Under the act, the hiring entity is prohibited from hiring an applicant for a position involving direct contact with children unless the applicant provided the required information on the form and consent. Act 168 prohibits hiring anyone who may have contact with residents and prohibits enlisting the services of any contactor who may have contact with residents who has engaged in sexual abuse in an institution, convicted of engaging or attempting to engage in sexual activity in the community, and civilly or administratively adjudicated to have engaged in the activities described. Under the Commonwealth of Pennsylvania Sexual Misconduct/Abuse Disclosure Release, all employees must complete the release. After the review of 15 randomly selected employee files, the auditor found that all 15 employee files contained the Commonwealth of Pennsylvania Sexual Misconduct/ Abuse Disclosure Release (Pursuant to Act 168 of 2014). Criminal background checks are completed at the federal and state level. Also, the child abuse registry was consulted. To capture information from the child abuse registry, employees complete the Disclosure Statement [Required by Child Protective Services Law, 11 P.S. & 223.1(0)]. According to the PAQ, there were 3 contractors for services where criminal background checks were conducted. Along with the Act 168 disclosure, contractors are required to complete the agency’s Independent Contractor Addendum. The document states the contractor agrees to abide by all applicable standards under the Prison Rape Elimination Act. The human resource staff confirmed the agency completed criminal background checks and considered all pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents. All criminal background checks are completed annually for current employees and promoted employees. The agency is substantially compliant with this provision. 115.317 (b): The human resources staff confirmed that prior incidents of sexual harassment would be considered in the hiring, promoting, or contracting for services. Review of 15 random staff files, the auditor determined the agency consistently completes criminal background checks at the federal level every 5 years and state level on an annual basis. Additionally, it completes child registry consults. These checks are to locate any prior history of sexual harassment. The agency is substantially compliant with this provision. 115.317 (c) The Academy is mandated to operate following the guidelines prescribed by

	Commonwealth of Pennsylvania Sexual Misconduct/Abuse Disclosure Release (Pursuant to Act 168 of 2014). According to Act 168, a school entity or an independent contractor may not hire any applicant for a position in which the employee will have direct contact with children until the school entity has complied with the employment history review process. Under the act, the hiring entity is prohibited from hiring an applicant for a position involving direct contact with children unless the applicant provided the required information on the form and consent. Under the Commonwealth of Pennsylvania Sexual Misconduct/Abuse Disclosure Release, all employees of New Outlook Academy must complete the release. The release inquires if individuals have: Been the subject of an abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency or child protective services agency (unless the investigation resulted in a finding that the allegations were false)? Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of abuse or sexual misconduct? Had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation or due to an adjudication or findings of abuse or sexual misconduct? The human resource staff confirmed that new hirers are required to complete the release. The staff is required to complete a continuing affirmative duty to disclose any such misconduct. Within 72 hours of arrest or conviction employees are mandated under state law to complete the Arrest/Conviction Report and Certification Form and submit to the administration of New Outlook Academy. The reportable offenses listed include acts of sexual misconduct and sexual abuse. Lastly, it was disclosed by the human resource staff that the agency would provide upon request a previous employees involvement of substantiated allegations of sexual abuse or sexual harassment. The agency is substantially compliant with this provision. 115.317 (d) According to information provided in the PAQ, the agency references the Academy’s policy Procedure 103 and the Independent Contractor Addendum to address the completion of criminal background records checks and the child abuse registry consulted before enlisting the services of any contractor who may have contact with residents. Procedure 103 scope addresses employees not contractors. Within the Academy Schools PREA Policy, contractors are defined as any person, not an employee, providing any service for an agreed upon form of compensation. On the other hand, the Independent Contractor Addendum states the contractor agrees that to the extent applicable contractor will comply with regulations promulgated by the Pennsylvania Department of Human Services with respect to criminal background checks, clearances, and physicals. It should be noted the Department of

	Human Services requires the child registry consult as one of the clearances. According to the agency, there were 3 contractors that completed required criminal background checks and child registry consults. Further, the human resource staff confirmed the completion of criminal background checks and child registry consults. The agency is substantially compliant with this provision. 115.317 (e) Review of Procedure 103, the auditor did not locate language requiring criminal background checks be completed every 5 years, but in the reviewed random employee files, there was evidence of the practice of criminal background checks occurring every 5 years. In some cases, it was more frequent due to the requirements of federally funded healthcare program checks. This practice was further substantiated by the human resources staff. The agency is substantially compliant with this provision. 115.317 (f) New Outlook Academy utilizes the Commonwealth of Pennsylvania Sexual Misconduct/Abuse Disclosure Release to inquire about previous misconduct described in 115.317(a). According to PREA coordinator there is no inquiry either during annual evaluation or at promotion pertaining to previous misconduct. The agency does impose upon employees a continuing affirmative duty to disclose any such misconduct via Employee Disclosure Statement [Required by Child Protective Services Law, 11 P.S. & 223.1(0)]. Within 72 hours of an incident, the employee is required to submit to the administration of New Outlook Academy. The agency is substantially compliant with this provision. 115.317 (g) Language in the agency’s policy cites that material omissions regarding such conduct, or the provision of materially false information, shall be grounds for termination. Procedure 103 states falsifying information or providing misleading or incomplete data will also eliminate an individual from employment within The Academy. The agency is substantially compliant with this provision. 115.317 (h) According to the human resource staff, the agency would provide information on substantiated allegations of sexual abuse and sexual harassment involving a former employee upon request from an institutional employer for whom such employee has applied for work. The agency is substantially compliant with this provision. The Academy Schools has provided evidence of the prohibiting the hiring,

	promoting, or contracting for services of anyone who has engaged in sexual harassment, sexual misconduct or sexual abuse. Act 168 mandates that the agency must conduct criminal background checks, child abuse registry consults, and contact all institutional employers. Review of employee files provided proof of practice of checks. During the hiring process, employees are required to disclose prior history of sexual misconduct and/or sexual abuse. Through policy the agency imposes upon employees a continuing affirmative duty to disclose any such misconduct. Based on this analysis, the agency is substantially compliant with this standard, and there is no corrective action needed at this time. Recommendation: Create a document to be completed annually inquiring of current employees, contractors, and promoted employees have or have not engaged in the following conduct: • Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. • Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or • Been civilly or administratively adjudicated to have engaged in the activity described above.

115.318	**Upgrades to facilities and technologies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Academy Schools PREA Policy. IV. A 2. Schematic of Facility 3. Pre-Audit Questionnaire Interviews:

1. Agency Head
2. Superintendent

Site Review:

1. Facility Site Review

Findings (by Provision):

115.318(a):

Based on information provided on the PAQ, Academy Schools has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit. During interviews with the agency head and the superintendent, it was further confirmed. Informally, the agency head added there are future plans regarding adding another wing to the facility. Further it was stated that consideration for PREA mandates would be a part of the plan. Review of Academy Schools PREA Policy. IV. A mentions during annual reviews the Academy will assess its staffing and monitoring plans to determine if adjustments are needed to video surveillance systems and/or emerging technology and resources committed to adherence to staffing and monitoring plans. Currently, there is no video monitoring in the facility.

The agency substantially meets compliance in this provision.

115.318 (b):

New Outlook Academy has not installed or upgraded video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. During the complete facility site review, the auditor noticed old inoperable cameras. The system was at least 20 years old. The auditor did not locate a central control room or closet designated for servers for monitoring equipment. During the site review with the superintendent, it was disclosed that the system has not been operable for many years.

The agency substantially meets compliance in this provision.

The facility has not acquired a new facility or made a substantial expansion or modification since the last PREA audit. There has no addition or upgrade of video monitoring equipment, electronic surveillance system, or other monitoring technology.

Based on this analysis, the facility substantially meets compliance with this standard, and no corrective action is needed at this time.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire (PAQ) 2. The Academy Schools Policy IV.F 3. Memorandum of Agreement: The Academy Schools and Children's Hospital of Pittsburgh 6/9/2015 4. Memorandum of Understanding between The Academy Schools and the City of Pittsburgh Bureau of Police Investigations Branch Sexual Assault/Family Violence 6/8/2015 5. Bureau of Professional and Occupational Affairs licenses 6. Incident Based Files Interviews: 1. Pennsylvania Department of Human Services: Office of Children, Youth & Families, Western Region- Regional Program Representative 2. Representative of Children's Hospital -Pittsburgh Site Review: 1. Rape Crisis Poster Findings (by Provision): 115.321(a): According to the Pre-Audit questionnaire (PAQ), The Academy SchoolsAcademy does not conduct administrative or criminal sexual abuse investigations including resident on resident sexual abuse or staff sexual misconduct. Notated in the PAQ the Pennsylvania Department of Human Services: Office of Children, Youth & Families conducts administrative investigations of sexual abuse and sexual harassment. Responsibility for criminal investigations of sexual abuse and sexual harassment was provided in the PAQ through a memorandum of understanding. Found was the Memorandum of Understanding between The Academy Schools and the City of Pittsburgh Bureau of Police Investigations: Branch Sexual Assault/Family Violence 6/8/2015. According to The Academy Schools PREA Policy IV.F, Incidents related to PREA, other assaultive and abusive behavior of children, abuse or neglect, wandering & AWOL, elopement, suicide or attempted suicide, sentinel events and other incident about which there may be relevance in the judgment of the reporter, is to be reported immediately, as required by mandated reporters, at

	https://www.compass.state.pa.us. Also, cited in the policy the Academy requires that an investigation be conducted and documented whenever a violation of this policy is alleged. Local law enforcement authorities shall be contacted as necessary. The facility does not have internal PREA investigators. The agency head maintains documentation pertaining to timelines in reporting of all allegations of sexual abuse and sexual harassment. Within the prior 12 months, there were 3 allegations of sexual harassment and 3 allegations of sexual abuse. All allegations were reported to Childline by The Academy SchoolsAcademy. Of the 3 allegations of sexual harassment, two were screened out, and 1 was unfounded. Of the 3 allegations of sexual abuse, they were determined to be unfounded, screened out, and pending investigation. During an interview with the regional program representative, it was determined that allegations of sexual abuse and sexual harassment are handled by the Pennsylvania Department of Human Services: Office of Children, Youth & Families, Western Region. The state OCYF also provides welfare checks of residents. The Allegheny County Children, Youth, and Families are also responsible for welfare checks. Electronically, both the state and county OCYF would be contacted by Childline for allegations of sexual abuse and sexual harassment. This provision is not applicable to The Academy Schools Academy. The agency is substantially compliant with this provision. 115.321 (b): The Academy Schools does not conduct administrative or criminal investigations of allegations of sexual abuse or sexual harassment. This provision is not applicable to The Academy SchoolsAcademy. The facility is substantially compliant with this provision. 115.321 (c): According to the PAQ, The Academy Schools offers all residents who experience sexual abuse access to forensic medical examination at an outside facility. Review of records, there was a incident of alleged sexual abuse, and a forensic examination was conducted at Children’s Hospital Pittsburgh. Stated in the Academy Schools PREA Policy IV. D.1 For all allegations of sexual abuse or assault, the victim will be immediately referred to Children’s Hospital of Pittsburgh 4401 Penn Ave, Pittsburgh, PA 15224 (412) 692-5325 for clinical assessment and gathering of forensic evidence by professionals who are trained and experienced in the management of victims of sexual abuse and assault. The Academy will make efforts to establish a Memorandum of Agreement (MOA) with the medical facility. The Academy’s PREA Policy states that all medical, mental health and counseling services shall be provided at no cost to the youth. Additionally, the policy requires forensic examinations are conducted by individuals who are trained and experienced in the

	management of victims of sexual abuse and assault. Located in the PAQ, the agency provided evidence of the Memorandum of Agreement: The Academy Schools and Children's Hospital of Pittsburgh 6/9/2015. During the interview with a representative of Children's Hospital- Pittsburgh, there are SANE/SAFE available 24 hours a day. During the weekdays, the availability is in the Child Advocacy Center between the hours of 8:30 am to 4:30 pm. During the evenings, the SANE/SAFE are available in the emergency room from 4:30 pm to 8:30 am. During the weekend, the availability is 24 hours in the emergency room. The PAQ was submitted prior to the occurrence of a forensic exam performed by a SANE/SAFE at Children's Hospital-Pittsburgh. Within the past 12 months, there was 1 allegation requiring a forensic examination by a SANE/SAFE. The facility is substantially compliant with this provision. 115.321 (d): There is no existing memorandum of understanding between Academy Schools and Pittsburgh Action Against Rape. The agency does reference the rape crisis center in the Academy PREA Policy IV.D.2 Staff shall attempt to make available a victim advocate from a rape crisis center and shall document effort to provide rape crisis services. Services could be sought from Pittsburgh Action Against Rape (PAAR) at 1-866-363-7273 or 81 S.19th Street, Pittsburgh, PA 15203-1852. This information was also located on a PREA poster located throughout the building. During an informal conversation with the PREA coordinator, it was stated the agency attempted to develop a memorandum of understanding with PAAR, but they were not successful. The auditor requested evidence of the attempt. In the PAQ, the facility provided a copy of the license of a qualified staff member who could accompany and provide victim advocacy services. The interview of the resident that reported sexual abuse stated they were given the opportunity to contact someone prior to being taken for a forensic examination. Also, there was a staff member made available during the examination of the resident's choice. At the time of this onsite audit, there were no interviews of the alleged victim or perpetrator by the Pittsburgh Police Department. After several calls to the Pittsburgh Department Police Department by the auditor, the auditor was able to obtain minimal information regarding the status of the investigation. The facility is substantially compliant with this provision. 115.321 (e): The interview of the resident that reported allegations of sexual abuse stated they were given the opportunity to make contact with someone prior to the forensic examination at Children's Hospital-Pittsburgh. Also, there was a staff member made available during the examination of the resident's choice. The hospital provided

	further victim advocacy referrals. The resident was seen by the qualified staff member who was designated to provide victim advocacy services. The facility is substantially compliant with this provision. 115.321 (f): During the review of the Memorandum of Understanding between The Academy Schools and the City of Pittsburgh Bureau of Police Investigations Branch Sexual Assault/Family Violence 6/8/2015, the auditor found the facility requested investigations be conducted following a uniform evidence protocol for the use of administrative proceedings and criminal prosecutions. The MOU did not reference victim advocacy, or the protocols used must meet the PREA standards. The Memorandum of Agreement between The Academy Schools and Children's Hospital of Pittsburgh states the executive director of Academy Schools will send an advocate to the hospital to provide rape crisis counseling and advocacy services. The facility is substantially compliant in this provision. 115.321 (g): This provision does not apply to the Academy Schools. The agency is substantially compliant with this provision. 115.321 (h): The Academy Schools Academy has designated a qualified staff member that has been screened for appropriateness to serve in the in this role and has received education concerning sexual assault and forensic examination issues. The agency provided the Bureau of Professional and Occupational Affairs license indicating the individual was a professional counselor. In the issue log, the agency stated that the master's level counselor was a certified trauma informed care trainer through the Traumatic Stress Institute. The agency is substantially compliant with this provision. Cases of administrative allegations of sexual abuse and sexual harassment are conducted by the Pennsylvania Department of Human Services, Western Region. Cases of criminal administrative allegations of sexual abuse or sexual harassment are conducted by the City of Pittsburgh Bureau of Police. Through a MOU, the police department is to utilize a uniform evidence protocol. Through a MOA with Childrens Hospital-Pittsburgh, the agency offers all residents who experience sexual abuse access to forensic medical examinations by a SANE. The agency has attempted to make available a rape crisis center via the agency policy and posters in building. Additionally, the facility has screened for appropriateness a staff member that is a master level counselor with training in trauma informed care that can provide emotional support, crisis intervention, information, and referrals. Based on this analysis, the agency is substantially compliant with this standard, and

	no corrective action is needed at this time.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, F. 2. Memorandum of Agreement: The Academy Schools and City of Pittsburgh of Police Investigations Branch (6/08/15). 3. Pre-Audit Questionnaire (PAQ). 4. The Academy SchoolsAcademy Website. http://theacademyschools.com/newoutlook-academy/ Interviews: 1. Agency head 2. Investigative staff Findings (by Provision): 115.322 (a) 1-5: In the PAQ, the agency reported they ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Although a policy is not required for this provision, the agency relies on The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, F. that states all incidents related to PREA is to be reported. Every allegation of sexual abuse constitutes a reportable incident. The agency requires that an investigation be conducted and documented whenever a violation of this policy is alleged. Local law enforcement authorities shall be contacted as necessary. The agency provided a memorandum of agreement with the City of Pittsburgh Police that outlines all criminal investigations on incidents that occur at New Outlook Academy will be conducted by the City of Pittsburgh Bureau of Police. The city if Pittsburgh Bureau of Police are trained to conduct investigations surrounding sexual abuse and sexual harassment. The facility reported in the PAQ there was no sexual abuse and sexual harassment allegations reported in the past 12 months that resulted in an administrative investigation and no allegations referred for criminal investigation in the past 12 months. Located in the supplemental files were incident based files which included 3 allegations of sexual harassment and 3 allegations of sexual abuse in the prior 12 months. All allegations were reported to Childline by New Outlook Academy. Of the 3 allegations of sexual harassment, two were screened out, and 1 was unfounded. Of

	the 3 allegations of sexual abuse, they were determined to be unfounded, screened out, and pending investigation. The auditor requested the last three years of records and was able to confirm that there was 3 allegations of sexual abuse and 3 allegations of sexual harassment reported during the 12 months preceding the submission of the PAQ. There were 2 allegations of sexual abuse that were reported after the submission of the PAQ. In review of the records the auditor was able to confirm the agency's practice with ensuring that allegations of sexual abuse and sexual harassment are investigated. During an interview, the agency head stated that they do ensure that administrative and criminal investigations are completed. All allegations are made on the Childline. Every employee is a mandatory reporter, and the police department conducts criminal investigations. The evidence shows that during the past 12 months there were 3 allegations of sexual abuse and 3 allegations of sexual harassment reported during the last twelve months preceding the onsite audit. This information was verified through the supplemental files, interviews, policy, and documentation review. Based upon this analysis, the auditor finds the facility is substantially compliant with this provision and corrective action is not required. 115.322 (b) 1-3: In the PAQ, the agency reported that they have a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, F., that states all incidents related to PREA, other assaultive behavior and abusive behavior of children, abuse or neglect, wandering & AWOL, elopement, suicide, sentinel events and other incident about which there may be relevance in the judgement of the reporter is to be reported immediately as required by mandated reporters at http://www.compass.state.pa.us. Local law enforcement authorities shall be contacted as necessary. The agency provided a memorandum of agreement with the City of Pittsburgh Police that outlines all criminal investigations on incidents that occur at New Outlook Academy will be conducted by the City of Pittsburgh Bureau of Police. The city of Pittsburgh Bureau of Police are trained to conduct investigations surrounding sexual abuse and sexual harassment. The detectives have the legal authority to conduct investigations. In the PAQ, the agency reported the policy regarding referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency's website or made publicly available via other means. The agency provides that http://theacademyschools.com/newoutlook-academy/ is publicly available. The auditor reviewed the agency's website and determined that the agency has a third-party reporting link that states the agency has a zero-tolerance policy regarding

	sexual abuse and sexual harassment that is publicly available on the agency website. The agency policy was not publicly available. In the PAQ, the agency reported that they document all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, F, outlines that the Academy requires that an investigation be conducted and documented whenever a violation of the policy is alleged. The auditor reviewed investigation records that confirm the agencies practice on documenting an allegation of sexual abuse or sexual harassment. During an interview, the State Office Child Youth Family investigator stated that all allegations of sexual abuse and sexual harassment are referred to the Childline. The auditor was not able to interview a Detective with the City of Pittsburgh Police who was responsible for conducting criminal investigations for allegations of sexual abuse and sexual harassment. The evidence shows that the agency's policy is not publicly available and does not specifically outline that allegations of sexual abuse and sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. Based upon this analysis, the auditor finds the facility is not substantially compliant with this provision and corrective action is required. 115.322 (c): In the PAQ, if a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. In a Memorandum of Agreement: The Academy Schools and City of Pittsburgh of Police Investigations Branch (6/08/15), outlines the City of Pittsburgh Bureau of Police is responsible for conducting criminal investigations. The investigation agency agrees to inform Community Specialist Corporation (CSC) of the dispositional outcome and supply any juvenile petitions and/or adult criminal complaints if charges are filed. Following the completion of any investigation, if the detectives determine that charges are not warranted CSC will be provided with a letter documenting the outcome. A review of the agency's website under a third-party reporting link identifies the Pittsburgh Police as a reporting agency for sexual abuse and sexual harassment. Based upon this analysis, the auditor finds the facility is substantially compliant with this provision and corrective action is not required. Based on review of the information received, the auditor finds the facility not substantially compliant with this standard.

	Corrective Action: 1. Update policy to outline that allegations of sexual abuse and sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. 2. Train all staff on updated policy and document staff have received training. 3. Make policy available on the agency's website. **Verification of Corrective Action since the onsite PREA audit:** In response to the corrective action, the facility submitted documentation via OAS on 7/1/2024 and 7/5/2024. The following documents were submitted: • Revised PREA Policy • PREA Policy Update Acknowledgement Forms signed by staff • Summary of actions taken to comply with PREA Standard 115.322 **Corrective Action Intent:** The intent of this corrective action was to ensure that New Outlook Academy updated the PREA policy to clearly state that allegations of sexual abuse and sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. In addition, New Outlook Academy educated staff members on this update and made the updated PREA policy available on New Outlook Academy's website. The link to the updated policy on the website is below: https://theacademyschools.com/new-outlook-academy/helpful-policies-and-procedures/ Based on the information reviewed, the facility is substantially compliant with the standard.

115.331	**Employee training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. PREA Video Refresher 2. Safeguarding Your Sexual Safety: A PREA Orientation Video- Texas Juvenile Justice 3. Child Protection Act

4. PREA REFRESHER: Juvenile Detention PREA Basics
5. PREA Refresher First Responder Duties
6. Professional Communication and Boundaries
7. The Academy Schools PREA Policy
8. Acknowledgement of Understanding of the Substance of the Child Protection Act
9. CARF Training Acknowledgement Form
10. Employee Files
11. Pre- Audit Questionnaire (PAQ)

Interviews:

1. Random Staff

Site Review:

1. https://www.reportabusepa.pitt.edu/

Findings (by Provision):

115.331(a):

The Academy Schools trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. For training for employees, the agency utilizes the PREA Video Refresher; Safeguarding Your Sexual Safety: A PREA Orientation Video, Child Protection Act, Juvenile Detention PREA Basics, and Professional Communication and Boundaries. In both videos Safeguarding Your Safety and PREA Video Refresher, it is clearly stated the facilities zero tolerance for sexual abuse and sexual harassment.

The Academy’s Schools PREA Policy states the Academy has a zero-tolerance policy concerning sexual abuse, sexual assault and sexual harassment of Academy youth and is committed to the prevention and elimination of sexual abuse/assault within its facilities through compliance with the Prison Rape Elimination Act (PREA) of 2003. The Academy is committed to the equal opportunity to participate in and benefit from all aspects of the agency’s efforts to prevent, detect and respond to sexual abuse, assault, and harassment.

Review of 11 out of 14 staff files, the auditor was able to determine that the agency trains all employees who 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. Within the employee files, there were transcripts that identified if the staff member participated in the Annual CARF training that consists of PREA training or if the staff member took the PREA Refresher training solely.

The agency provided in the PREA-Audit Questionnaire (PAQ) the link provided to

staff to report child abuse https://www.reportabusepa.pitt.edu/. Employees are required to sign the Acknowledgement of Understanding of the Substance of the Child Protection Act which reiterates that the staff member understands their obligation to report child abuse. Additionally, the agency provides the same CARF Training for orientation and refresher PREA training. The Academy Schools trains employees on the following topics:

- 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 to be free from sexual abuse and sexual harassment
- The right of residents and staff 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 including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming residents
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- Relevant laws regarding the applicable age of consent.

The agency delivers PREA training through several methods that include 2 videos, an acknowledgement form, 2 handouts, and a policy. Curriculum items utilized below:

1. Juvenile Detention PREA Basics -Handout
2. Professional Communication and Boundaries- Handout
3. The Academy Schools PREA Policy
4. Acknowledgement of Understanding of the Substance of the Child Protection Act-Form
5. Safeguarding Your Sexual Safety: A PREA Orientation Video- Texas Juvenile Justice
6. PREA Video Refresher

During interview with 13 random staff, it was confirmed that they had received PREA training on the items covered in 115.331(a)-1-11.

The auditor reviewed all items and determined the curriculum’s material covered all elements listed in provision 115.331(a)-1-11.

The agency is substantially compliant with this provision.

	115.331 (b): New Outlook Academy is an all-female facility. The training video Safeguarding Your Sexual Safety addresses the dynamics of female facilities, and the description of behaviors to possibly expect. The agency is substantially compliant with this provision. 115.331(c): Annually, staff at New Outlook Academy are provided with CARF Training which includes PREA refresher training. Review of staff folders, the auditor was able to determine that staff receives CARF training annually. The training includes the handouts PREA Basics, PREA Refresher First Responder Duties, and the PREA Video Refresher. The annual training is documented on the employees' transcript. The agency is substantially compliant with this provision. 115.331 (d): Upon completion of the Annual CARF Training, which includes PREA training, employees must verify they understand the training they have received by signature. This acknowledgement is maintained in the personnel files. The form signed is the CARF Training Acknowledgement Form. The agency is substantially compliant with this provision. The agency provides PREA training to employees on the agency's zero-tolerance policy. Also, New Outlook Academy provides PREA education utilizing handouts, videos, and acknowledgement forms. The curriculum utilized meets the requirements set by 115.331(a)-1-11. The agency maintains documentation of PREA training, and staff acknowledges understanding and participation by signature. Based on this analysis, the agency is substantially compliant with this standard, and there is no corrective action needed at this time.

115.332	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire (PAQ) 2. The Academy Schools PREA Policy IV.C.2.

3. Juvenile Justice PREA Refresher#1- Juvenile Detention PREA Basics
4. Roster of contractors and volunteers

Findings (by Provision):

115.332(a):

Within the Academy Schools PREA Policy IV.C.2, all volunteers and contractors who have contact with youth shall be trained on their responsibilities under this policy. The level and type of training shall be based on the services they provide and the level of contact they have with youth. Regardless of level of contact all volunteers and contractors who have contact with youth shall be notified in writing of the agency's zero tolerance policy and how to report incidents or suspicions of sexual abuse, assault or harassment.

Provided in the Pre-Audit Questionnaire (PAQ), the agency provided a copy of the training material, Juvenile Justice PREA Refresher #1-Juvenile Detention PREA Basics. The PAQ identified 3 volunteers and contractors who had been trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Review of the roster received, there were 2 contractors and volunteers. The auditor was unable to determine if the volunteers or contractors received PREA training due to the lack of documentation of acknowledgement of training.

There were attempts by the auditor to contact the 2 volunteers provided, but the auditor never received a response.

The agency does not substantially meet compliance with this provision.

115.332 (b):

Through the PAQ, the agency provided JJ PREA Refresher#1- Juvenile Detention PREA Basics. The training material does not detail the agency's zero-tolerance policy and how to report incidents of sexual abuse and sexual harassment.

The agency does not substantially meet compliance in this provision.

115.332(c):

Provided in the PAQ, the agency stated that they do not maintain documentation confirming that the volunteers and contractors understand the training they have received.

The agency does not substantially meet compliance in this provision.

The agency has a policy that requires training of contractors and volunteers on the agency's zero-tolerance and reporting of sexual abuse and sexual harassment. The PREA training material does not include information pertaining to the agency's zero-tolerance policy or how to report incidents of sexual abuse and sexual harassment. The agency does not maintain documentation of acknowledgement of

	understanding and participation of the PREA training to volunteers and contractors. Based on this analysis, the facility is not substantially compliant with this standard, and corrective action is needed at this time. Corrective Action: 1. Add to the PREA training curriculum for contractors and volunteers the agency's zero-tolerance for sexual abuse and sexual harassment. The training should also include the various ways to report sexual abuse and sexual harassment. 2. Train all volunteers and contractors who have direct contact with residents at New Outlook Academy. 3. Maintain documentation of acknowledgement of participation and understanding of the PREA training. **Verification of Corrective Action since the onsite PREA audit:** In response to the corrective action, the facility submitted documentation via OAS on 7/1/2024 and 7/5/2024. The following documents were submitted: • Signed Acknowledgement of Prison Rape Elimination Act Training of Contractors and Volunteers included on the acknowledgement is the items covered in the training. • Summary of actions taken to comply with PREA Standard 115.332 **Corrective Action Intent:** The intent of this corrective action was to ensure that New Outlook Academy updated the training material for contractors and volunteers to detail New Outlook Academy's zero-tolerance policy and how to report incidents of sexual abuse and sexual harassment. In addition, New Outlook Academy developed a form for contractors and/or volunteers to sign acknowledging the understanding and participation in the training. The originals are maintained by the Human Resources department. Based on the information submitted, the agency is substantially compliant with the standard.

115.333	**Resident education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. The Academy Schools PREA Policy IV.B
2. The Academy Schools PREA Policy.IV.C.5
3. Safeguarding Your Sexual Safety: A PREA Orientation Video- Texas Juvenile Justice
4. Student Orientation Checklist
5. Pre-Audit Questionnaire (PAQ)
6. TransPerfect Remote Interpreting Services
7. Resident Files
8. New Outlook Intake Packet 7-19-2023

Interviews:

1. Superintendent
2. Intake staff

Site Review:

1. Mock Intake Process

Findings (by Provision):

115.333(a):

According to the Academy Schools PREA Policy IV.B., upon admission, youth will be provided information, in age-appropriate manner, concerning prevention, intervention, self-protection, reporting of sexual abuse or assault and the agency's zero tolerance policy. Youth will also receive information regarding treatment and counseling for victims of sexual abuse or assault. The above information will be communicated orally and in writing, in a language clearly understood by the youth, during the admission process. Youth will be clearly advised that sexual conduct encompassing all definitions in this policy by adults or other youth in The Academy facilities is prohibited and that youth are to feel comfortable to report any such activity to their counselor, ombudsman, or any staff member in authority.

Reported in the PAQ, there were 112 residents that received information pertaining to the facility's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment.

During the mock intake process with the superintendent, the auditor was verbally provided the information pertaining to the agency's zero tolerance for sexual abuse and sexual harassment. Further, it was stated that the resident would view the video Safeguarding Your Sexual Safety. Upon completion of the resident's orientation to the facility, the resident signs the Student Orientation Checklist that includes a section which is initialed by the resident indicating understanding and receipt of PREA information. Additionally, there was another employee who assisted with the PREA education at intake and PREA risk assessments. It was confirmed that the facility provides information about the agency's zero-tolerance policy and how

to report incidents of sexual abuse and sexual harassment. It was stated the information is delivered by videos and posters located around the facility. All 12 residents affirmed receiving upon admittance to the facility the following PREA education:

- The facility's zero-tolerance policy.
- Your right not to be sexually abused or sexually harassed.
- How to report sexual abuse or sexual harassment.
- Your right not to be punished for reporting sexual abuse or sexual harassment.

Review of the video, Safeguarding Your Sexual Safety, it appears to be age appropriate for the residents at New Outlook Academy. The video has closed caption capability for students that maybe hearing impaired. The PREA posters were adequate font for residents with limited vision. The facility is a private facility which allows for screening of candidates prior to admittance. If there are overt barriers or obstacles to success, the facility does not admit the candidate to the therapeutic community. There are interpretation services available to parents and guardians if there is a need for third party reporting of sexual abuse or sexual harassment. During informal conversation, there have been occasions in which the interpretative services was utilized for parents, but the services were not utilized for cases of sexual abuse or sexual harassment.

The facility is substantially compliant with this provision.

115.333 (b):

The Academy Schools PREA Policy.IV.C.5 states within 10 days of admission to an Academy operated facility all youth shall receive comprehensive, age-appropriate education, either in person or video, about their rights to be free from sexual abuse and harassment, and free from retaliation for reporting allegations of sexual abuse, assault or harassment. Additionally, they shall receive information regarding Academy policies and procedures for responding to incidents of sexual abuse, assault or harassment as well as the various methods of reporting.

The auditor has determined that all PREA education is done at orientation instead of in two sections. Once identified, it was explained that PREA education is to be given at intake which is referred to as PREA orientation. Comprehensive PREA training is to be facilitated within 10 days of intake. Twelve residents confirmed during orientation that they received the following:

- Your right not to be sexually abused or sexually harassed.
- How to report sexual abuse or sexual harassment.
- Your right not to be punished for reporting sexual abuse or sexual harassment.

The intake staff stated the residents receive the information verbally within 72 hours. The auditor concluded that all PREA education and PREA risk assessments

	were done at the same time. The residents did not give the auditor any indication of the PREA education being separated into PREA orientation during intake and comprehensive PREA training taken within 10 days of intake. The facility does not substantially meet compliance in this provision. 115.333(c): Review of resident files, all residents received PREA education. The problem with the education is that it all occurred during the orientation to the facility instead of being delivered in two parts. PREA orientation training should been at intake and comprehensive PREA training should be within 10 days of intake. Orientation training should include the facility's zero-tolerance policy for sexual abuse and sexual harassment and how to report incidents of sexual abuse and sexual harassment. PREA comprehensive training should include your right not to be sexually abused or sexually harassed, how to report sexual abuse or sexual harassment, your right to be free from retaliation from reporting sexual abuse or sexual harassment, your right not to be punished for reporting sexual abuse or sexual harassment, and victim advocacy contact information. The facility is private, and there is no transferring of residents from one facility to another so there are no concerns regarding additional training of residents. The facility meets compliance with this provision. 115.333(d): Within the Academy Schools PREA Policy.IV.C.5, it is cited all education and information shall be made available in formats accessible to all youth (limited English, deaf, visually impaired or otherwise disabled as well as limited reading skills). Additionally, key information shall be continuously and readily available or visible via posters, brochures, or other formats. The facility is a private facility that interviews candidates for appropriateness and insure there are no obstacles or barriers for success at the facility. The facility does have access to a language line for limited English proficient and hearing impaired. Additionally, this service can be utilized for parents and guardians. The facility has the necessary office equipment to enlarge fonts of materials. Also, the PREA training videos have closed caption for those residents that me be hearing impaired. During the interview with targeted youth with learning disabilities, it was confirmed that assistance is provided by staff when necessary for understanding materials. Most of the PREA training is provided verbally and by video. The facility is substantially compliant with this provision. 115.333 (e) Review of resident files, the auditor located the Student Orientation Checklist. The checklist is found within the New Outlook Intake Packet. Upon completion of the training the residents acknowledge by initial and signature receipt of PREA training.

	Due to the manner of delivery of PREA education, the residents only acknowledge receipt of the orientation PREA training and not the comprehensive PREA training. The facility does not substantially meet compliance in this provision. 115.333 (f) New Outlook Academy ensures that key information pertaining to PREA is displayed throughout the facility. During the site review, the auditor observed contact information for Childline, the state reporting line for child abuse and neglect. Posters with contact information for the PREA coordinator as well as the facility's zero-tolerance for sexual abuse and sexual harassment. Post onsite audit, the PREA coordinator began developing a pamphlet with all PREA related information to be given during comprehensive training as well as readily available to residents. The facility substantially meets compliance in this provision. At the time of admittance, residents are verbally and through video provided information about New Outlook Academy's zero-tolerance policy pertaining to sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment. The facility has been combining the PREA education instead of having PREA orientation and PREA comprehensive training within 10 days. Review of random resident files showed evidence that residents had received PREA training. PREA education is provided verbally and through video, and the facility has provided means for all residents to benefit from PREA education. The auditor located in residents' files evidence of resident participation in PREA education, but for only the orientation due to the delivery method. During the site review, the auditor observed posters ensuring that key information of the agency's PREA policies were continuously and readily available. Based on this analysis, the facility does not substantially meet compliance, and corrective action is needed. Corrective Action: 1. Provide comprehensive PREA education within 10 days of intake to the facility. Maintain and document acknowledgment of participation and understanding. Ensure that the training includes: • Your right not to be sexually abused or sexually harassed. • How to report sexual abuse or sexual harassment. • Your right not to be punished or retaliated against for reporting sexual abuse or sexual harassment. • Address and phone number to the local rape crisis center. Recommendation: 1. Develop and distribute PREA pamphlets to utilize during PREA education and

to make available both continuously and readily to residents.
2. Develop PREA video that covers all PREA related information that is in alignment with a therapeutic community (trauma informed).

V**erification of Corrective Action since the onsite PREA audit:**

In response to the corrective action, the facility submitted documentation via OAS on 7/1/2024 and 7/5/2024. The following documents were submitted:

- No Means No Pamphlet-Training Material
- PREA Comprehensive Acknowledgement Form
- Summary of actions taken to comply with PREA Standard 115.333

Corrective Action Intent:

The intent of this corrective action was to ensure that New Outlook Academy separated the PREA Education into an initial and comprehensive training for residents. The comprehensive education is provided to residents within 10 days of intake and includes:

- Residents' right not to be sexually abused or sexually harassed.
- How to report sexual abuse or sexual harassment.
- Residents' right not to be punished or retaliated against for reporting sexual abuse or sexual harassment.
- The address and phone number to the local rape crisis center.

New Outlook Academy has also developed a brochure for students with this information included and created a form to be maintained in student records acknowledging completion of PREA education.

Based on the information reviewed, the facility is substantially compliant with this standard

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. The Academy Schools PREA Policy IV.C.3.

Interviews:

1. PREA coordinator

Findings (by Provision):

115.334(a):

The agency does not conduct administrative or criminal sexual abuse investigations. During the interview with the PREA coordinator, it was confirmed that the facility does not conduct administrative or criminal sexual abuse investigations. The facility does not have internal PREA investigators. Within the Academy Schools PREA Policy IV.C.3., Investigators who are assigned to cases involving allegations of violations of this policy shall receive specialized training (in addition to the training provided to all employees) concomitant with the roles in conducting investigations in facility settings. The specialized training shall include:

- Techniques for interviewing juvenile sexual abuse victims.
- Sexual abuse evidence collection in facility settings.
- Criteria and evidence required to substantiate a case for administrative action and/or prosecution referral.

The agency substantially meets compliance in this provision.

115.334 (b):

The agency does not conduct administrative or criminal sexual abuse investigations.

The agency substantially meets compliance in this provision.

115.334(c):

The agency does not conduct administrative or criminal sexual abuse investigations.

The agency substantially meets compliance in this provision.

115.334(d):

The agency does not conduct administrative or criminal sexual abuse investigations.

The agency substantially meets compliance in this provision.

Based on the analysis, the agency is substantially compliant with this standard and no corrective action is needed at this time.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. The Academy Schools PREA Policy IV.C.4. 2. Employee Files 3. Trauma Informed Care Certificates Interviews: 1. Medical Practitioners 2. Mental Health Practitioners Findings (by Provision): 115.335(a): Academy Schools has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. Contained in the Academy Schools PREA Policy IV.C.4 Medical staff and Mental Health Therapists shall receive specialized training (in addition to the training provided to all employees) in the following: • Detecting and assessing signs of sexual abuse, assault and harassment. • Preserving physical evidence of sexual abuse and assault. • Responding effectively and professionally to victims of sexual abuse, assault and harassment. • How and to whom to report allegations or suspicions of sexual abuse and assault Documented in the PAQ, there are 9 medical and mental health care practitioners who work regularly at New Outlook Academy who received training in trauma informed care. The training provided by the agency was trauma informed care training, but not the training identified to include all the elements required under PREA standard 115.335. The PREA 201 training given by NIC includes all elements required by the standard. The medical and mental health practitioners did confirm receiving training as it relates to trauma informed care. The agency does not substantially meet compliance with this provision. 115.3335(b): The medical practitioners at New Outlook Academy do not conduct forensic medical exams. Forensic medical exams are conducted by Children’s Hospital-Pittsburgh. It

	was confirmed by the medical practitioner forensic examinations are conducted at Children's Hospital-Pittsburgh. The agency is substantially compliant with this provision. 115.3335(c): The agency shows the practice of maintaining documentation of medical and mental health practitioner training. Through the supplemental files, the auditor was provided the trauma informed care training. The agency is substantially compliant with this provision. 115.335(d): The Academy Schools PREA Policy IV.C.4. clearly states medical staff and mental Health Therapists shall receive specialized training (in addition to the training provided to all employees). Located within the medical and mental health employee files documents proof of PREA training. The PREA education is documented on the CARF Acknowledgement form. It should be noted CARF is an annual training including PREA refresher training. The agency is substantially compliant with this provision. The agency's policy outlines the required specialized training for medical and mental health care practitioners. The agency does provide training on trauma informed care, but the training does not contain all the elements that are required by PREA standard 115.335(a) The medical practitioners do not conduct forensic examinations. The agency does maintain and documents the training of its medical and mental health care practitioners. Lastly, the agency conducts and documents the medical and mental health care practitioners' understanding and participation in the PREA training mandated in 155.331. Based on this analysis, the agency does not substantially meet compliance, and corrective action is needed at this time. 1. Corrective Action: Medical and mental health care practitioners receive and document training containing the following elements: 1. Detecting and assessing signs of sexual abuse, assault and harassment. 2. Preserving physical evidence of sexual abuse and assault. 3. Responding effectively and professionally to victims of sexual abuse, assault and harassment. 4. How and to whom to report allegations or suspicions of sexual abuse and assault. **Verification of Corrective Action since the onsite PREA audit:**

	In response to the corrective action, the facility submitted documentation via OAS on 7/1/2024 and 7/5/2024. The following documents were submitted: • Certificates for PREA 201for medical and mental health staff • Summary of actions taken to comply with PREA Standard 115.335 **Corrective Action Intent:** The intent of this corrective action was to ensure that New Outlook Academy's medical and mental health practitioners receive specialized training. The training was facilitated by the National Institute of Corrections (NIC) titled "PREA 201 for Medical and Mental Health Practitioners," which included the following elements: • Detecting and assessing signs of sexual abuse, assault, and harassment. • Preserving physical evidence of sexual abuse and assault. • Responding effectively and professionally to victims of sexual abuse, assault, and harassment. • How and to whom to report allegations or suspicions of sexual abuse and assault. Additionally, the facility maintains the documentation of the training in staff files. Based on the information reviewed, the facility is substantially compliant with the standard.

115.341	**Obtaining information from residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, B 2. New Outlook Academy Vulnerability Risk Assessment 3. 14 Resident Files 4. 95 Risk Assessments 5. PAQ Site Review Observation: 1. Intake

	Interviews: 1. Staff responsible for risk screening 2. Resident 3. PREA Coordinator Findings (by Provision): 115.341 (a): In the PAQ, the agency reported that they have a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents within 72 hours and reassessed periodically throughout their confinement every nine weeks. Agency relies on The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, B, that outlines that it requires youth to be screened for potential vulnerabilities to victimization and propensity to victimize others with sexually aggressive behavior prior to commitment to the Academy. The facility reported in the PAQ, 110 residents that entered the facility in the past 12 months whose length of stay was 72 hours, or more was screened for risk of sexual victimization and risk of sexually abusing others was completed within 72 hours of admission. At the time of the onsite audit there were 62 residents admitted to the facility. The auditors reviewed 95 resident PREA screenings and 14 resident files. In review, all residents that were screened at intake were completed within 72 hours of admission to the facility. The PREA risk assessment form provides that the resident is being screened for victimization and abusiveness. During interviews with residents, 15 out of 18 residents recall being asked questions related to sexual abuse by the doctor or nurse at intake on the first day. During interviews with staff that are responsible for risk screening, when asked do you screen residents within 72 hours of their intake, staff stated yes within 24 hours; when asked how often residents' risk levels are assessed, staff stated risk levels are reassessed every nine weeks. The evidence shows that the agency requires screening upon admission or transfer and periodic reassessments which was verified through PAQ, policy, resident files, resident interviews, staff interviews. Based upon this analysis, the facility is substantially compliant with this provision and corrective action is not required. 115.341 (b): In the PAQ, the facility reported that a risk assessment is conducted using an objective screening instrument. The auditor reviewed the PREA risk assessment and was able to determine that the

	screening instrument was objective. The risk assessment screening instrument assist staff in ascertaining information that provides a resident's overall risk of sexual victimization or risk of abusiveness towards others. This process is conducted on the New Outlook Academy Vulnerability Risk Assessment. In review of the risk assessments, the PREA risk assessment is comprised of a series of questions and information about the resident and the scores yield an outcome that could be used to inform staff of supervision needs for housing, bed, movement and program placement. The evidence shows that the agency's risk assessment is conducted using an objective screening instrument which was verified through PAQ, risk assessment, and staff interviews. Based upon this analysis, the facility is substantially compliant with this provision and corrective action is not required. 115.341 (c): The auditor was able to review the PREA risk assessment provided by the agency. Upon review, the risk assessment contains all eleven key components of the initial PREA risk screening assessment. During an interview with staff responsible for conducting risk screening, when asked what the initial risk screening consider, staff indicated questions of gender, sex, size, and acceptance of risk. The evidence shows that all of the criteria for the PREA risk screening are included in the risk assessment screening instrument, which was verified by the PAQ, risk assessment and staff interviews. Based upon this analysis, the facility is substantially compliant with this provision and corrective action is not required. 115.341 (d): During an interview with staff that conduct risk screening, when asked how information is ascertained, staff stated they check collateral information. The auditors reviewed 95 resident PREA screenings and 14 resident files. In review, all residents that were screened at intake. During interviews with residents, 15 out of 18 residents recall being asked questions related to sexual abuse by the doctor or nurse at intake on the first day. The evidence shows that information is ascertained from talking with the resident, reviewing file information which is verified through the risk assessment, onsite observation of intake and staff interviews. Based upon this analysis, the facility is substantially compliant with this provision and corrective action is not required.

	115.341 (e): In the PAQ, the provision requires that an agency implement appropriate controls on the dissemination within the facility of the responses to questions in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. During an interview with the PREA coordinator, when asked has the agency outlined who should have access to a resident's risk assessments within the facility in order to protect the resident's information from exploitation, staff indicated yes maintained in the medical file. During an interview with staff that conduct risk screening, when asked has the agency implemented appropriate controls on the dissemination of information, staff stated yes, information is placed in medical files. During the onsite review, the auditor was able to determine that access to information was granted based on the staff person's position and information is disseminated regarding recommendations to the superintendent/program director. The evidence shows that the agency has controlled the level of access that each staff has to control and protect sensitive information, which was verified by the interviews, risk assessments, onsite observation. Based upon this analysis, the facility is substantially compliant with this provision and corrective action is not required. Based upon this analysis, the facility is substantially compliant with this standard and corrective action is not required.

115.342	**Placement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, B 2. 14 Resident Files 3. 95 Risk Assessments 4. New Outlook Academy Vulnerability Risk Assessment 5. New Outlook Academy website https://theacademyschools.com/new-outlook-academy/ 6. Pre-Audit Questionnaire (PAQ) Interviews: 1. Staff responsible for risk screening 2. Superintendent 3. Medical and mental health staff

	Site Review Observation: 1. Observation during onsite review of physical plant Findings (by Provision): 115.342 (a): In the PAQ, the facility reported that they use information from the risk screening to form housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The agency relies on The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV,B, the screening will be documented in the intake questionnaire completed at court, or with a youth's caseworker. Living and room assignments will be made accordingly. During interviews with staff responsible for risk screening, when asked how the facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment, staff stated they use information to update practice and awareness. The auditor was able to determine that residents identified as having a PREA risk related factor are provided specific recommendations as it relates to housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The auditor was able to review 95 risk assessments that provides information on how staff use the information to inform them on specific recommendations. The evidence shows that the facility has demonstrated how the information obtained from the risk assessment is used to inform them of housing, bed, education and program assignments that would keep residents safe and free from sexual abuse which was verified by risk assessment, policy and staff interviews. Based upon this analysis, the facility is substantially compliant with this provision and corrective action is not required. 115.342 (b): In the PAQ, the facility reported they do not have a policy for residents at risk of sexual victimization 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 resident's safe can be arranged or requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise. In the PAQ, the facility reported that in the past 12 months there was no residents at risk of sexual victimization placed in isolation that would have been denied access to daily large-muscle exercise, legally required educational programming or special

	education services. During interviews with mental health and medical staff, when asked do residents in isolation receive visits from medical and mental health care, staff stated no. During interviews with the superintendent, when asked are residents only isolated from others as a last resort when 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, staff stated no. During the onsite review, the auditor was able to observe the physical plant of the facility. The facility is not a secure facility. At the time of the onsite review, there were no residents in isolation that were at risk of sexual victimization or alleged to have suffered sexual abuse. The auditor reviewed 95 PREA risk assessments and confirmed that no resident was in isolation during the onsite review. The evidence shows the facility does not isolate residents at the facility, the residents would receive daily visits from medical or mental health care clinician There were no residents at risk for sexual victimization placed in isolation in the 12 months preceding the onsite audit which was verified through interview, observation, policy and documentation review. Based upon this analysis, the facility is substantially compliant with this provision and corrective action is not required. 115.342 (c): In the PAQ, facility reported they prohibit placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. Also, the facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. The agency relies on The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV,B, under no circumstance will room assignment for youth who are lesbian, gay, bisexual, transgender and questioning (LGBTQ) or gender non-conforming be based solely on this identity nor will this identity be considered an indicator of likelihood of abuse. During an interview with the PREA coordinator, when asked does the facility have special housing units for lesbian, gay, bisexual, transgender or intersex residents, staff stated no. At the time of the onsite audit, the auditor reviewed resident files and housing placements for all residents. There were no residents placed in a housing assignment solely based off of their identification status. There were no special housing units solely for LGBTQI residents. Based on the evidence the facility does not have a special housing for LGBTQI residents or consider identification status as a likelihood of being sexually abusive this was verified by policy, interviews, resident files and onsite observation.

	Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.342 (d): In the PAQ, the facility reported they make housing and program assignments for transgender or intersex residents in a facility on a case-by-case basis. The agency relies on The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV,B, outlines that placement and programming for transgender and intersex residents shall be reassessed at least annually to review any threat to safety experienced by the youth. Prior to the onsite review, the auditor reviewed the facility website and obtained information that the facility housed female residents. During the onsite review, the auditor observed female residents at the facility. The evidence shows that the facility makes housing and program assignments for transgender and intersex residents on a case-by-case basis which is verified by PAQ, policy, website, and onsite review. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.342 (e): In the PAQ, the facility reported placement and programming assignments for each transgender or intersex resident shall be assessed at least twice each year to review any threats to safety experienced by the resident. The agency relies on The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV,B, outlines that placement and programming for transgender and intersex residents shall be reassessed at least annually to review any threat to safety experienced by the youth. As written agency policy outlines that transgender and intersex residents are assessed at least annually. During interview with staff that are responsible for risk screening, was asked are placement and programming assignments for each transgender or intersex resident reassessed to review any threats to safety experienced by the resident, staff stated they are reassessed every nine weeks. During the onsite audit, the auditor reviewed 15 resident files and was able to determine there was one resident that identified as transgender or intersex. During an interview, when asked did staff asked you about your safety when you first came here, the resident stated yes. The evidence shows that each transgender or intersex resident shall be assessed at least every nine weeks which is verified through PAQ, policy, interviews and documentation review.

	Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.342 (f): In the PAQ, A transgender or intersex resident’s own views with respect to his or her own safety shall be given serious consideration. During an interview with staff responsible for risk screening, when asked are transgender or intersex residents own views with respect to his or her own safety given serious consideration in placement and programming assignments, staff stated yes. During the onsite audit, the auditor reviewed 15 resident files and was able to determine there was one resident that identified as transgender or intersex. During an interview, when asked did staff asked you about your safety when you first came here, the resident stated yes. The evidence shows that each transgender or intersex resident views are considered which is verified by PAQ, policy, and interviews. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.342 (g): In the PAQ, transgender and intersex residents shall be given the opportunity to shower separately from other residents. During an interview with staff responsible for risk screening, when asked are transgender or intersex residents given the opportunity to shower separately from other residents, staff stated yes. They may ask to shower at a separate time based on their preference. During the onsite review, the auditor observed the showers are separate and all residents shower separately. Only one resident per shower stall at any given time on the second floor, and the third floor each room has an attached bathroom. During the onsite audit, the auditor reviewed 15 resident files and was able to determine there was one resident that identified as transgender or intersex. During an interview, when asked are you allowed to shower without other residents, the resident stated yes. The evidence shows that each transgender or intersex resident are given an opportunity to shower separate from other residents which is verified by PAQ, interviews, files and onsite observation. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.342 (h):

	In the PAQ, the facility reported there were no residents isolated pursuant to paragraph b of this section in the past 12 months that required the facility to document a concern of a resident's safety. During the onsite review, the auditor did not observe any housing rooms. A review of 15 resident files did not reveal that residents were placed in isolation as outlined in this provision for risk of sexual victimization. The evidence shows the facility does not isolate residents at the facility which was verified through interview, observation, and documentation review. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.342 (i): In the PAQ, every 30 days, the facility shall afford each resident described in paragraph h of this section a review to determine whether there is a continuing need for separation from the general population. The facility reported they do not utilize isolation. During an interview, staff reported they do not isolate residents. During the onsite review, the auditor did observe housing rooms. A review of 15 resident files did not reveal that residents were placed in isolation as outlined in this provision. The evidence shows the facility does not isolate residents at the facility which was verified through interview, observation, and documentation review, the facility did not have an incident where a resident was isolated at the facility as outlined in this provision that would prompt a 30-day review which was verified through interviews, observation, and documentation review. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. Based upon this analysis, the facility is substantially compliant with this standard and corrective action is not required.

115.351	**Resident reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, D

2. PREA Student Posting with Childline and Pittsburgh Action Against Rape (PARR)

Interviews:

1. 12 Random staff
2. 14 Resident
3. Just Detention International (JDI) Operations Director

Site Review Observations:

1. Observation during onsite review of physical plant posting.

Findings (by Provision):

115.351 (a):

In the PAQ, the agency reported that they provide multiple internal ways for residents to privately report sexual abuse and sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents.

The agency provided The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, D, outlines that residents can report incident to a designated staff member, supervisor, counselor, mental health clinician, medical personnel, facility administrator, Academy child advocate. Reports can be made verbally and in writing. Residents can report to the Pennysylvania Department of Human Services via toll free numbers posted in all units. Youth, their families, and the public have the ability to make a report.

During the onsite review, the auditor did observe posting with the outside victim advocate number and the PREA Childline number and information on how to report. The auditor called the Childline number and was able to confirm that all phones were operational.

During Interviews with random staff, all staff interviewed stated that residents have multiple ways to report sexual abuse, sexual harassment, retaliation, and neglect by calling the Childline, reporting to staff, or writing a grievance.

During Interviews with residents, when asked about the multiple ways they can make a report, residents knew they could call the Childline, tell a family member, or staff member.

The evidence shows that the facility has provided multiple ways for a resident to report sexual abuse, sexual harassment, retaliation, and staff neglect was verified through policy, resident interviews, staff interviews, PREA phone and posting in the facility.

	Based upon this analysis, the facility is substantially compliant with this provision and corrective action is not required. 115.351 (b): In the PAQ, the agency reported that they provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency reported they do not provide information for immigrant services. The agency relies on The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, D which states that a resident can make a complaint about sexual abuse and sexual harassment verbally to staff, filing a grievance, or calling the Childline. The facility does not detain residents for immigration purposes. The auditor was able to speak with Just Detention International (JDI) Operations Director regarding any reports received from the facility. Just Detention International (JDI) Operations Director reported that they have not received any reports from the facility. During Interviews the auditor asked all of the residents is there someone who does not work at this facility you could report to about sexual abuse or sexual harassment, residents stated they can call family member and call the Childline. During the onsite review, the auditor did observe posting with the PAAR outside victim advocate number 1-866-363-7273 and the PREA Childline number and information on how to report that included calling the hotline 1-800-932-0313. The auditor tested the Childline number and was able to contact the Childline. The evidence shows that the facility has provided at least one way for a resident to report sexual abuse to a public or private entity or office that is not part of the agency which was verified through interviews, memorandum, policy, and postings in the facility. The agency does not provide information for consulate officials or relevant officials with Homeland Security because the court places a child in facility for therapeutic treatment but not for civil immigration purposes. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.351 (c): In the PAQ, the agency reported that they have a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Staff are required to document verbal reports within 24 hours. The agency relies on The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, D, which states that facility staff shall accept reports including reports made regarding other academy or non-academy facilities made verbally, in writing anonymously, and from third parties and shall promptly document any verbal

	reports. During Interviews with random staff, all 12 staff stated if a resident alleges sexual abuse and sexual harassment they can do so verbally, in writing anonymously and through third parties. When asked do you document verbal reports, all 12 stated yes. When asked how long it ordinarily takes to document after a resident makes a verbal report, all 12 staff stated immediately. During Interviews with residents, when asked can you make a report of sexual abuse or sexual harassment either in person or in writing, residents said they knew they could make a report of sexual abuse or sexual harassment in person or in writing. The evidence shows that the facility has a policy that mandate that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Interviews with staff are consistent with the requirements of the provision and interviews with residents verify they knew they could make a report in person or in writing. Based upon this analysis, the facility is substantially compliant with this provision and corrective action is not required. 115.351 (d): In the PAQ, the agency reported that they provide residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. During an interview, the PREA Coordinator stated that residents can use the telephone to call the Childline, report it to staff verbally and in writing. During the onsite review, the auditor did observe posting with the PAAR outside victim advocate number 1-866-363-7273 and the PREA Childline number and information on how to report that included calling the hotline 1-800-932-0313. The auditor tested the Childline number and was able to contact the PREA ChildLine. The evidence shows that the facility provides residents access to make written reports through staff, Childline and grievance form which was verified through interviews, posting in the housing unit, and grievance forms. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.351 (e): In the PAQ, the agency reported that they established procedures for staff to privately report sexual abuse and sexual harassment of residents and staff are informed of these procedures through staff PREA training. The agency relies on Child Protection Act that states how staff can privately report

	sexual abuse and sexual harassment of residents. During interviews with random staff, staff reported that they can privately report through the Childline, they can tell a supervisor, and stated they can report anonymously. The evidence shows that the agency has an established procedure for staff to privately report sexual abuse and sexual harassment of residents through calling Childline, making an anonymous administrative report, talking with a supervisor, program director, PREA coordinator which was verified through interviews, postings, and agency website. Based upon this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.352	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, J.1. 2. Student Grievance Policy Interviews: 1. Grievance Coordinator Findings (by Provision): 115.352 (a-g): In the PAQ, the agency stated that they have an administrative procedure that addresses resident grievances regarding sexual abuse. All allegations of sexual abuse are submitted to a supervisor. All staff are mandatory reporters of sexual abuse to the ChildLine. An external agency is responsible for investigations and resolution. In the PAQ, the agency reported they had no grievances alleging sexual abuse in the past 12 months. The agency Student Grievance policy and procedure permit third parties including fellow residents, staff members, family members, attorneys and outside advocates to assist residents in filing request relating to sexual abuse. In the PAQ, the agency stated they do not have an established procedure for filing an emergency grievance alleging a resident is subject to a substantial risk of

	imminent sexual abuse. In the PAQ, the agency has a policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrated that the resident filed the grievance in bad faith. The facility relies on The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, J that outlines a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying even if an investigation does not establish evidence sufficient to substantiate the allegation. The auditor reviewed Agency Student Grievance policy. The policy provides that the child, parent, guardian shall be informed of the child's rights to lodge a grievance without fear of retaliation or barriers to services. Allegations of any type of abuse is submitted immediately to the supervisor, the supervisor will report to program director and to the Child abuse hotline. During an interview, the grievance staff stated they have a process for residents to file a grievance. The grievance staff explained the process if a resident wants to make a complaint on the grievance form. When the resident submits the complaint, the grievance will be processed to the supervisor, program director and students are included in the process. Staff will assist them in writing and the form will be placed under the program director's door. Any grievance that involves Sexual Abuse or Sexual harassment will be processed immediately. The evidence shows that the agency has a grievance process and greivances that are related to sexual abuse or sexual harassment are processed immediately, referred to the Program Director and the Child Hotline, which was confirmed through PAQ, Policy, and staff interviews. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.353	**Resident access to outside confidential support services and legal representation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, D 2. PREA Student Posting with ChildLine and Pittsburgh Action Against Rape (PARR).

3. The Academy Schools Child Rights Policy
4. Memorandum of agreement between the UPMC Western Psychiatric Hospital and The Academy (2/12/2022)

Interviews:

1. Resident
2. Superintendent

Site Review Observation:

1. Observation during on-site review of Intake

Findings (by Provision):

115.353 (a):

In the PAQ, the agency reported that they provide residents with access to outside victim advocates for emotional support services related to sexual abuse including making available addresses, telephone numbers including toll free hotline numbers for state, local, or national victim advocacy or rape crisis organizations. The facility provides residents access for reasonable communication to these organizations in as confidential manner as possible. The agency reported they do not provide information for immigrant services because they prohibit admittance of persons for civil immigration purposes.

During the site review, the auditors did observe Pittsburgh Action Against Rape (PARR) victim advocate postings for rape crisis organizations posted in the facility. The posting provided the agency contact phone number and address for writing to access services.

The auditor tested the PAAR telephone number at (866)-363-7273 and was taken through a series of prompts to leave a message. The auditor was able to review the agency's website that provides trauma counseling for children and families.

During interviews, 10 out of 18 residents stated they knew of an agency but could not provide the name of the agency, 1 out of 18 knew about or how to receive the mailing addresses or phone numbers for contacting PARR, a victim advocate or rape crisis organizations, 1 of 18 residents was aware of a toll-free number for the outside victim advocacy agency PARR, 1 of the 18 residents knew about communicating to this organization confidentially.

The evidence shows that the agency has a policy that establishes that residents will be provided access to advocacy support services. As written, it does not outline that residents will be provide access to outside victim advocates for emotional support services related to sexual abuse and make available agency contact information. As written, the policy does not provide any information about confidentiality between residents and outside victim advocates. The auditor did

	observe information that would provide residents with the victim advocate for emotional support. Residents interviewed could not provide the auditor information about PAAR. The agency does not provide information for immigrant services because the court places a child in therapeutic community pending adjudication but not for civil immigration purposes. Based upon this analysis, the facility is not substantially compliant with this provision and corrective action is required. 115.353 (b): In the PAQ, the facility reported that they inform residents, prior to giving them access to outside support services, the extent to which such communications will be monitored and prior to giving them access to outside support services, the facility would inform residents of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law. During interviews, 1 out of 11 residents reported that they were informed that conversations with outside support services would be monitored, the mandatory reporting rules regarding privacy and confidentiality, disclosures of sexual abuse made to outside victim advocates including any limits to confidentiality. The evidence shows that not all residents interviewed were informed of the communication monitoring with PAAR or mandatory reporting limits to confidentiality with outside support services. Based upon this analysis, the facility is not substantially compliant with this provision and corrective action is required. 115.353 (c): In the PAQ, the facility reported that they maintain memorandum of understanding or other agreements with community service providers that can provide residents with emotional support services related to sexual abuse. The agency reports they are an outpatient mental health provider and have therapist onsite with the ability to provide these services. The agency provided a copy of the Memorandum of agreement between the UPMC Western Psychiatric Hospital and The Academy. The Memorandum of agreement does not outlines that UPMC Western Psychiatric Hospital will provide residents with emotional support services related to sexual abuse. The evidence shows that the agency and UPMC Western Psychiatric Hospital has entered into a memorandum of agreement on 2/12/22 that does not outline emotional services related to sexual abuse. Based upon this analysis, the facility is not substantially compliant with this provision and corrective action is required.

115.353 (d):

In the PAQ, the facility reported they provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

The Child Rights Policy outlines that a child has a right to communicate and visit privately with their attorney and clergy. Policy outlines that the incoming mail from the child's attorney may not be opened or read by staff.

During interviews, the superintendent stated visits are available and the facility provides residents access to their family and attorney virtually through video calls, weekly telephone calls, day and overnight pass.

During interviews with Residents, 17 out of 18 residents knew that they could make a private call to their attorney, all residents knew that they could contact their families.

The evidence shows that agency policy provides that residents can make confidential calls and visits with their attorney and have contact with a parent through phone calls and visits. Facility staff stated that residents are allowed access to their attorney and parents through phone calls, video visits, in person visits, and written correspondence. The residents knew that they were allowed access to contact their attorney privately and visit with their parents through video visits.

Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required.

Based upon this analysis, the facility is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. Educate all residents on the services provided by Pittsburgh Action Against Rape (PAAR) victim advocate for emotional support related to sexual abuse, contact information for the agency telephone, mailing address and inform residents of the mandatory reporting and limits to confidentiality.
2. Provide posting or otherwise making victim advocate for emotional support available to residents that would include mailing addresses, phone numbers for rape crisis and victim advocate organizations.
3. Document that all residents have received the education on PAAR.
4. Provide a memorandum of agreement or memorandum of understanding with a community service provider that outlines they provide residents with emotional support services related to sexual abuse.

Verification of Corrective Action since the onsite PREA audit:

In response to the corrective action, the facility submitted documentation via OAS on 7/1/2024, 7/5/2024, and 7/17/2024. The following documents were submitted:

- Memorandum of Understanding with Pittsburgh Action Against Rape (PAAR)
- No Means No Pamphlet
- Email requesting the collaboration between the facility and the local rape crisis center
- Signed Acknowledgement Forms by residents of receiving education on the victim advocacy and emotional support services related to sexual abuse.

Corrective Action Intent:

The intent of this corrective action was to ensure that New Outlook Academy entered into a Memorandum of Agreement with a local rape crisis agency, Pittsburgh Action Against Rape (PAAR), to provide residents with emotional support services. New Outlook Academy has also developed a brochure No Means No to be provided to residents with information on PAAR and services provided.

New Outlook Academy has also partnered with PAAR to present information to New Outlook Academy program supervisors and case managers. This presentation was during the New Outlook managers meeting on Tuesday, July 9, 2024. It provided individuals with an opportunity to hear directly from PAAR about the services provided and how New Outlook Academy can work with PAAR to ensure residents have access to all needed services.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. The Academy Schools website, https://theacademyschools.com/wp-content/uploads/2021/01/Third-Party-Reporting-form.pdf Findings (by Provision): 115.354 (a): In the PAQ, the facility indicated that they provide a method to receive third-party reports of sexual abuse or sexual harassment. And the agency publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. The evidence shows the agency and facility provide a method of receiving third-party reports of resident sexual abuse or sexual harassment. This information was verified through a review of the agency policy, and website information. Based on

	the review of the policy, and agency website, staff and the public can make a third-party report of sexual abuse or sexual harassment by calling the ChildLine, reporting to a local law enforcement agency, submitting a report electronically, contacting the agency PREA coordinator, making a report anonymously, or calling the Allegheny County Child Advocacy Center. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.361	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, F. 2. Pre-Audit Questionnaire (PAQ) 3. Child Protection Act, (Page 4) 3. Confidentiality Update Understanding of Responsibility to Protect Students' Privacy 4. Investigation Records 5. 14 Resident Files 6. 15 Staff Files Interviews: 1. Superintendent 2. Medical and mental health staff 3. 12 Random staff Findings (by Provision): 115.361 (a): In the PAQ, the agency reported they 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. The agency relies on The Academy Schools Prisoner Rape Elimination Act (PREA) Policy section IV F.1, that outlines states all incidents related to PREA, other assaultive behavior and abusive behavior of children, abuse or neglect, wandering & AWOL, elopement, suicide, sentinel events and other incident about which there may be relevance in the judgement of the reporter is to be reported immediately as required by mandated reporters at http://www.compass.state.pa.us. As written the policy does not specifically outline to report immediately and knowledge, suspicion

	or information of an incident of sexual harassment. In the PAQ, the agency reported they require all staff to report immediately any retaliation against residents or staff who reported such an incident. The agency relies on The Academy Schools Prisoner Rape Elimination Act (PREA) Policy section IV G, which outlines the Academy protects 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. As written the policy does not specifically outline that it requires all staff to report immediately any retaliation against residents or staff who reported sexual abuse or sexual harassment. In the PAQ, the agency reported they require all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The agency relies on The Academy Schools Prisoner Rape Elimination Act (PREA) Policy section IV F.1, which outlines that all academy employees, contractors and volunteers are required to report knowledge of any alleged, threatened or actual violations of this policy to their supervisor, any on-duty employee above them in the chain of command, the clinical program director and the executive director. As written the policy does not specifically outline that staff report immediately any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. During interviews, 12 Random staff reported that the knew about the agencies requirement to report regarding any incident of sexual abuse or sexual harassment that occurred in the facility including retaliation against residents or staff who reported sexual abuse or sexual harassment. During interviews, 12 random staff knew the agency's policy or procedure for reporting any information related to a resident sexual abuse. Evidence shows that the policy as written does not specifically outline to report immediately any knowledge, suspicion, or information of an incident of sexual harassment, require all staff to report immediately any retaliation against residents or staff who reported sexual abuse or sexual harassment, or that staff report immediately any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff knew the agencies requirement to report an incident of sexual abuse or sexual harassment, any retaliation against residents or staff and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation which was verified through staff interviews. Based upon this analysis, the facility is not substantially compliant with this provision and corrective action is required. 115.361 (b): In the PAQ, the agency reported that they require all staff to comply with any

	applicable mandatory child abuse reporting laws. The agency relies upon the Child Protection Act, (Page 4), that all Academy Schools employees are mandated reporters and as such are required by law to report suspected child abuse. Employees obligation to immediately report any reasonable suspicion that a child is a victim of child abuse directly to ChildLine, notify supervisor of report, and failure to immediately report substantial evidence or imminent risk of sexual abuse will cause severe disciplinary action up to including dismissal. A review of 15 staff files confirms that staff sign an acknowledgement of understanding of the Child Protection Act employees are mandated reporters and as such are required by law to report suspected child abuse. During interviews, 12 Random staff interviewed knew they were required to comply with mandatory reporting of sexual abuse and noted they would call the ChildLine, notify program director and supervisor. Evidence shows that the agency requires all staff to comply with any applicable mandatory child abuse reporting laws which was verified through policy, staff records and staff interviews. Based upon this analysis, the facility is substantially compliant with this provision and corrective action is not required. 115.361 (c): In the PAQ, the agency reported that policy prohibits staff from revealing any information related to sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Agency relies on Confidentiality Update Understanding of Responsibility to Protect Students' Privacy have a strict obligation to protect the privacy of each student and his/her family who have attended or are attending the Academy; information contained in the students file; or discuss any aspect of any student at the Academy with members of the media. During interviews all 12 staff knew the agency's policy for revealing information related to a resident sexual abuse incident. Evidence shows that the agency prohibits staff from revealing any information related to an Academy student. which was verified through the agency Confidentiality Update and staff interviews. Based upon this analysis, the facility is substantially compliant with this provision and corrective action is not required. 115.361 (d): Medical and mental health staff when asked about a requirement to report sexual

	abuse to their supervisors and facility administrators, they would report. When medical and mental health staff were asked at the initiation of services to a resident, do you disclose the limitations of confidentiality and your duty to report, all medical/mental health providers stated that they do disclose the limitations and their duty to report as they are mandated reporters. The auditor reviewed 14 resident files and 14 student orientation checklists that confirm the resident and staff discussed the students' rights and responsibility regarding confidentiality policy and HIPAA. Evidence shows that medical and mental health staff are required to report sexual abuse to designated supervisors as well as state or local services agency required by mandatory reporting laws which was verified through staff interviews, resident files, and student orientation checklist. Based upon this analysis, the facility is substantially compliant with this provision and corrective action is not required. 115.361 (e): During an interview, the Superintendent stated he would report it immediately to the ChildLine, probation, and case manager. When asked would you report to the juvenile court if they retain jurisdiction or the juvenile's attorney on record, the superintendent will report immediately. The facility reported through the supplemental files there were 3 allegations of sexual abuse and 3 allegations of sexual harassment during within the last 12 months. The auditor was able to review the past three years of investigations. In review, there were 3 allegations of sexual abuse and 3 allegations of sexual harassment that were investigated in the 12 months preceding the onsite audit. Evidence shows that allegations of sexual abuse are reported to the appropriate agency which was verified through staff interviews, policy and investigative reports. Based upon this analysis, the facility is substantially compliant with this provision and corrective action is not required. 115.361 (f): During an interview, when asked are all allegations of sexual abuse and sexual harassment including those from third-party and anonymous reported directly to designated facility investigators, the superintendent stated yes, we report to DHS-Childline there are no facility investigators. The facility reported through the supplemental files there were 3 allegations of sexual abuse and 3 allegations of sexual harassment during within the last 12 months. The auditor was able to review the past three years of investigations. In review,

there were 3 allegations of sexual abuse and 3 allegations of sexual harassment that were investigated in the 12 months preceding the onsite audit.

Evidence shows that allegations of sexual abuse are reported to Childline which was verified through staff interviews and investigative reports.

Based upon this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Based upon this analysis, the facility is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. Update policy to outline that staff report immediately any knowledge, suspicion, or information of an incident of sexual harassment; require all staff to report immediately any retaliation against residents or staff who reported sexual abuse or sexual harassment; staff report immediately any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
2. Train all staff on updated policy and document staff have received training.

Verification of Corrective Action since the onsite PREA audit:

In response to the corrective action, the facility submitted documentation via OAS on 7/1/2024 and 7/5/2024. The following documents were submitted:

- Revised PREA Policy
- PREA Policy Update Acknowledgement Forms signed by staff
- Summary of actions taken to comply with PREA Standard 115.361

Corrective Action Intent:

The intent of this corrective action was to ensure that New Outlook Academy has updated the PREA policy requiring staff to report immediately any knowledge, suspicion, or information of an incident of sexual harassment and sexual abuse; require all staff to report immediately any retaliation against residents or staff who reported sexual abuse or sexual harassment; staff report immediately any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff members received training on this policy update, and documentation of this training was uploaded to supplemental files and to the agency’s website

https://theacademyschools.com/new-outlook-academy/helpful-policies-and-procedures/

Based on the information reviewed, the agency is substantially compliant with this standard.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, F. 2. Pre-Audit Questionnaire (PAQ). 3. Investigation Records. Interviews: 1. Agency head 2. Superintendent 3. 12 Random staff Findings (by Provision): 115.362 (a) 1-4: In the PAQ, the facility reported that when they learn that a resident is subject to a substantial risk of imminent sexual abuse, they take immediate action to protect the resident and implement appropriate protective measures without unreasonable delay. The agency relies on The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, F. that outlines every allegation of threatened or actual sexual abuse constitutes a reportable incident and shall be reported according to the Academy Critical Incidents Policy. During Interviews, the agency head stated they would take immediate action if they learned that a resident was at substantial risk, update of safety plan (room by themselves, transfer outside of facility (victim or perpetrator). During an interview, the superintendent stated immediate action, call the ChildLine, maintain safety of student, including separation. During interviews, all 12 staff stated they would remove a resident immediately if the resident was at risk of imminent sexual abuse. All staff interviewed reported they would separate, isolate, or remove the victim, create a safety plan, talk to resident and notify a supervisor if the resident was at risk of imminent sexual abuse. In the PAQ, the facility reported that for the past 12 months there was no residents

	determined to be at substantial risk of imminent sexual abuse. The facility reported that the average amount of time and longest time that passed before taking action was not applicable as there were no residents determined to be at substantial risk of imminent sexual abuse. The auditor reviewed investigation records that did not reveal an allegation where the agency had to take immediate action for a resident subject to a substantial risk of imminent sexual abuse. The evidence shows that the agency when they learn that a resident is subject to a substantial risk of imminent sexual abuse, they would take immediate action. This was verified through the policy, interviews and investigations documents. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.363	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, F. 2. Pre-Audit Questionnaire (PAQ) 3. Investigation Records. Interviews: 1. Agency head 2. Superintendent Findings (by Provision): 115.363 (a): In the PAQ, the facility reported they have a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, F, that states upon receiving an allegation that a resident was sexually abused while confined to another facility, the Executive Director shall notify the facility director of the other facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. In the PAQ, the agency reported in the last 12 months there has been no allegations received by the facility that a resident was abused while confined at another facility

	that would prompt a facility response. The auditor reviewed investigation records that confirm there was no allegation received by the facility during the last 12 months. The evidence shows that the agency has a policy that outlines the actions to be taken by the facility administrator upon receiving an allegation that a resident was sexually abused while confined at another facility including notifying the head of the facility and investigative agency. A review of the PAQ and investigation records reveals that the facility received no allegations that a resident was abused at another facility. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.363 (b): In the PAQ, the facility reported that their policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, F, that states such notification shall be provided as soon as possible but no later than 72 hours from receiving the allegation. The evidence shows that the agency policy outlines that notification would occur within 72 hours after receiving an allegation which was verified through policy, and PAQ. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.363 (c): In the PAQ, the facility reported that the facility documents that it has provided such notification within 72 hours of receiving the allegation. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, F, that states the notification shall be documented. The Academy requires that an investigation be conducted and documented whenever a violation of this policy is alleged. Local law enforcement authorities shall be contacted as necessary. During an interview, the Agency head reported that they have not received any allegations of sexual abuse. Since the Agency Head is point of contact, he would contact all facilities if reported. During the interview, the Superintendent reported no allegations have been reported but they would report to ChildLine. The evidence shows that the facility has not received any allegations to provide notification that would prompt the facility to document that notification within 72 hours. The policy outlines that documentation of the notification would occur within 72 hours of receiving the allegation consistent with this provision which was verified

	through policy, staff interviews and Investigation records. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.363 (d): In the PAQ, the facility reported that agency policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards. The facility reported in the last 12 months, they did not have any allegations of sexual abuse from other facilities. New Outlook Prisoner Rape Elimination Act (PREA) Policy IV, F, that states all incidents related to PREA is reported immediately as required by mandated reported at http://www.complas.state.pa.us. Every allegation of sexual abuse shall be reported. During an interview, the Agency head stated that all allegations are made through the ChildLine. There has been no incident where this has been reported. During an interview, the Superintendent stated it no allegations have been reported but they would report to ChildLine. The evidence shows that the agency policy does require that all allegations of sexual abuse are reported to the child abuse hotline for investigation. Information from the PAQ reveals the facility has not received any allegations of sexual abuse from another facility for investigation. which was verified through policy, staff interviews and Investigation records. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.364	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. The Academy Schools Rape Elimination Act (PREA) Policy IV, E, F. 2. Investigation Records Interviews: 1. Random Staff Findings (by Provision): 115.364 (a):

	In the PAQ, the agency reports that they have a first responder policy for allegations of sexual abuse, The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, E, outlines that upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to separate the alleged victim and abuser, preserve and protect the scene until appropriate steps can be taken to collect evidence, request the alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, swimming, drinking or eating, take steps to prevent the alleged abuser from destroying physical evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. In the PAQ, the agency reported there was no sexual abuse allegation of a resident in the last 12 months. Located in the supplemental files were incident based files which included 3 allegations of sexual harassment and 3 allegations of sexual abuse for the prior 12 months. All allegations were reported to Childline by New Outlook Academy. Of the 3 allegations of sexual harassment, two were screened out, and 1 was unfounded. Of the 3 allegations of sexual abuse, they were determined to be unfounded, screened out, and pending investigation. A review of facility investigation records did not show an allegation of sexual abuse that would require the security first responder to separate the alleged victim from abuser. There was an allegation that allowed for collection of physical evidence and a request for the victim or abuser not to destroy evidence. Evidence shows that the agency does have a first responder policy. The facility relies on the policy as evidence to support first responder action for an allegation of sexual abuse. Based upon this analysis, the facility is substantially compliant with this provision and corrective action is not required. 115.364 (b): In the PAQ, the agency reports their policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. All employees are security staff. The agency relies upon The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, E, F, outlines that all Academy employees, contactors and volunteers are required to report. The first staff member to respond to the report shall be required upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report to separate the alleged victim and abuser, preserve and protect the scene until appropriate steps can be taken to collect evidence, request the alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing

	clothes, urinating, defecating, smoking, swimming, drinking or eating, take steps to prevent the alleged abuser from destroying physical evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. A review of facility investigation records in the past 12 months revealed that there were no sexual abuse allegations where a member of staff was identified as a non-security first responder. During interviews, all 12 staff indicated that they would separate victim, secure area, call supervisor, Childline, document, do not allow residents to eat or shower, preserve evidence, and call for assistance. Evidence shows that the agency does have a first responder policy that outlines the first responder duties and that all staff are security staff. Based on the first responder policy, interviews, investigation records the facility is substantially compliant with this provision and corrective action is not required. Based upon this analysis, the facility is substantially compliant with this standard and corrective action is not required.

115.365	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, D.1-5. Interviews: 1. Superintendent Findings (by Provision): 115.365 (a): In the PAQ, the facility reported they developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The agency relies on The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, D. that states Facility staff shall accept reports, in writing, anonymously and from third parties and shall document any verbal reports including all allegations of sexual abuse or assault, the victim will be immediately referred to

	Children's hospital of Pittsburgh for clinical assessment and gathering forensic evidence by professionals trained and experienced in victims of sexual abuse and assault. All victims must be brought to a medical facility; The medical trained examiner will make the final determination regarding evidence collection. Staff who can provide support to the victim shall accompany the youth; Staff shall attempt to make available a victim advocate from a rape crisis center and shall document effort to provide rape crisis services; Academy medical staff will follow universal precaution procedures, for management of high risk exposures, notify department of health, testing for victim and perpetrator for sexually transmitted diseases, prophylactic treatment and follow up to all victims, follow up will be done with mental health professional for crisis intervention counseling and long term follow up, report will be made to the Academy administration to ensure separation of victim and alleged abuser; notification to parent/legal guardian,; Pregnancy testing and related services and all medical and mental health counseling services shall be provided at no cost to the youth. During an interview, the superintendent stated they secure the scene, secure the victim/perpetrator, make sure that there is no eating, showering etc. The evidence shows that the agency has a written institutional plan to coordinate a response to incidents of sexual abuse among staff first responders, medical and mental health, investigators, and facility leadership which was verified through the agency policy, PAQ and interview with superintendent. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.366	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire (PAQ) 2. https://theacademyschools.com/new-outlook-academy/ 3. https://www.facebook.com/newoutlookacademy/ Interviews: 1. Agency head Findings (by Provision): 115.366 (a):

	In the PAQ, the agency reported they have not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. During an interview, when asked has the agency entered into or renewed any collective bargaining agreements or other agreements since August 20, 2012, the agency head reported they are a private school and there are no protective bargaining agreements. A review of the agency's website https://theacademyschools.com/new-outlook-academy/ provides a link to the agency's Facebook page that states New Outlook Academy is a private, residential school for at-risk, adolescent females. The evidence shows that the agency has not entered into a collective bargaining agreement that limits the agency's ability to remove an alleged staff abuser from contact with residents pending the outcome of an investigation or determination of whether and to what extent discipline is warranted which is verified through the PAQ, agency website and interviews with staff. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.367	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, G. 2. Organizational Chart Interviews: 1. Agency head 2. Superintendent 3. Designated Staff Member Charged with Monitoring Retaliation Findings (by Provision): 115.367 (a) 1-2: In the PAQ, the agency reported they have 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 Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, G., establishes that the Academy protects all residents and staff who report sexual abuse or sexual

	harassment or cooperate with the investigations of sexual abuse or sexual harassment investigations from retaliation by other residents or staff. In the PAQ, the agency reported that they have designated the program director with monitoring for retaliation. The program director serves as the agency's Superintendent. During an interview, staff that monitor for retaliation stated they are responsible for the behavior of all staff and investigates accordingly with executive director to prevent any retaliation for reports of sexual abuse and sexual harassment or any other allegations. A safety plan would be implemented for the students, a plan of supervision implemented for staff, would initiate case-by-case, look for notes, writings on wall things you hear or see, monitoring would be constant, and treatment could be monitored indefinite. The evidence shows that the agency has outlined a policy to protect residents and staff from retaliation and has designated staff members to monitor for retaliation which was verified through the agency policy, staff interviews and organizational chart. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.367 (b): The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, G. outlines that the Academy shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, an emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. During an interview, the agency head stated they would contact ChildLine for staff compliance (HR) and document any infraction, movement to another facility if student does not feel safe and or removal of staff If found detrimental to students. The evidence shows that the agency has outlined that they employ multiple measures for residents and staff that fear retaliation for reporting sexual abuse or sexual harassment which was verified through the agency policy and staff interviews. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.367 (c) 1-5: In the PAQ, the facility reported that they monitor the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff for 90 days or longer if needed. The facility

	reported there have been no incidents of retaliation in the past 12 months. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, G. outlines that the Academy for at least 90 days following a report of sexual abuse, the facility shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation. Items that would be monitored include any resident disciplinary reports, housing program changes, negative performance reviews and reassignments of staff. The academy shall continue such monitoring beyond 90 days if the initial monitoring indicated continued need. During an interview, the superintendent stated we document a safety plan. separate the residents, conduct retaliation monitoring, and move staff to different posts. During an interview, the retaliation monitor stated they would constantly monitor the conduct and treatment of residents and staff and would continue indefinitely if there was a concern that potential retaliation might occur. The evidence shows that the agency has a policy to protect residents and staff from retaliation and has designated a supervisor to monitor retaliation of residents and staff which was verified through the agency policy, organizational chart, interview with the Superintendent that is the staff in charge of retaliation monitoring. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.367 (d): Agency policy The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, G, outlines that the Academy shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. During an interview, the Agency head stated they can move the resident to another facility if the student does not feel safe and removal of the staff. During an interview, the retaliation monitor stated they would monitor the residents constantly and could be indefinite if there is a concern that potential retaliation might occur. The evidence shows that the facility has a process to monitor retaliation for residents through the staff who is responsible for retaliation monitoring for long than 90 days which was verified through the agency policy, interviews with the agency head and Superintendent in charge of retaliation monitoring. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.367 (e): The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, G, establishes that the academy will employ multiple protection measures for residents and staff who reported sexual abuse and of residents who reported to have suffered sexual

	abuse and shall act promptly to remedy any such retaliation. The agency reported in the PAQ that there has not been any incident of retaliation in the past 12 months. During interviews, the agency head stated they would move residents to another facility or remove staff. During an interview, the superintendent stated we can use separation to protect residents and staff and document in a safety plan. The evidence shows that the facility has a process to take appropriate measures to protect an individual that fears retaliation which was verified through the policy and staff interviews. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.368	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, B. 2. 14 Resident Files Interviews: 1. Superintendent 2. Medical and mental health staff Site Review Observations: 1. Site review of facility dormitory areas Findings (by Provision): 115.368 (a) 1-7: In the PAQ, the agency reported 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 resident’s safe can be arranged. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, B., youth may be kept from other youth only as a last resort when less restrictive measures are inadequate to keep them and other youth safe and then only until an alternative means of keeping all residents safe can be arranged. In the PAQ, the facility reported there were no residents to have suffered sexual

	abuse placed in Isolation, who have been denied daily access to large muscle exercises and/or legally required education or special education, held in isolation to protect them from sexual victimization in the last 12 months. The facility reported there were no residents at risk of sexual victimization held in isolation in the past 12 months. During an interview, the Superintendent stated that there were no residents alleged to have suffered sexual abuse placed in isolation during the last 12 months. During an interview, mental health staff indicated that the facility does not have isolation. During a review of 14 residential files, the auditor was able to confirm that there were no residents isolated at the facility that were alleged to have suffered from sexual abuse in the last 12 months preceding the onsite audit. During the onsite review, the auditor was able to observe the dormitory entrances and exits. The evidence shows the agency does not isolate residents at the facility which was verified through interview, observation, policy and documentation review. The evidence shows that there were no residents in the 12 months preceding the onsite audit that were isolated at the facility that was alleged to have suffered from sexual abuse. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.371	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. The Academy Schools PREA Policy IV.F 3. Incident-Based Files of Sexual Abuse and Sexual Harassment 4. Issue Log Interviews: 1. Pennsylvania Department of Human Services Western Regional Program Representative 2. Childline Supervisor 3. PREA Coordinator 4. Agency Head Findings (by Provision):

	115.371(a): The Academy School's does not conduct either administrative or criminal sexual abuse or sexual harassment investigations. Administrative investigations are conducted by the Pennsylvania Department of Human Services: Office of Children, Youth & Families, Western Region and/or the Allegheny County Office of Children, Youth & Families. Allegations considered criminal are conducted by the Bureau of Police of Pittsburgh. Investigations are initiated by Childline. Childline is part of a mandated statewide child protective services program designed to accept child abuse referrals and general child well-being concerns and transmit the information quickly to the appropriate investigating agency. It is responsible for receiving verbal and electronic referrals 24 hours a day, seven days a week. According to the supervisor representing Childline, all calls are screened in or out for investigation, the information is submitted electronically to respective agencies to further investigate. Agencies could include the state or county office of children, youth & families and/or the local police department. Within the Academy Schools PREA Policy, there are several sections that refer to investigations of PREA related incidents. The policy does not specifically mention criminal and administrative investigations, but rather all allegations are to be reported to Childline as well as submitted on the state database. The policy cites that incidents related to PREA, other assaultive and abusive behavior of children, abuse or neglect, wandering & AWOL, elopement, suicide or attempted suicide, sentinel events and other incident about which there may be relevance in the judgment of the reporter, is to be reported immediately, as required by mandated reporters, at https://www.compass.state.pa.us Further in the policy, it states every allegation of threatened or actual sexual abuse or sexual assault constitutes a Reportable Incident and shall be reported according to The Academy Critical Incidents Policy, including entering information onto the HCSIS System which is the Home and Community Services Information System operated by the Department of Human Services. During the interview with the state representative of OCYF, allegations of sexual abuse and sexual harassment would be investigated within 24 hours. It was stated anonymous or third-party allegations would be called into the Childline, and the allegations would be handled in the same manner as any other investigation. Within the prior 12 months of the PREA audit, there were 3 incidents of sexual abuse. Two of the allegations occurred after the Pre-Audit Questionnaire (PAQ) was submitted. Review of the 3 incident-based files of resident-on-resident sexual abuse, there is documentation that supports that New Outlook Academy contacted Childline. The status of one incident is still pending with the local police department, and the other was screened out by the police department. There was an allegation of sexual abuse that was determined to be unfounded. There were 3 allegations of sexual harassment two were screened out and there was one that was determined unfounded. Located within the agency's PREA policy, the auditor located the procedures to

	report an allegation of sexual abuse and sexual harassment, and the mechanisms to initiate an investigation including Childline and the HCSIS online system. The agency is substantially compliant with this provision. 115.371(b): The agency does not conduct administrative or criminal investigations. All investigations are conducted by either the county or state level offices of children, youth, & families and/or the local police department. The agency policy does reference that investigators are to receive specialized training in sexual abuse investigations. There are no facility level PREA investigators at New Outlook Academy. This was further confirmed by review of the incident-based files and the PREA Coordinator and the Agency Head. The agency is substantially compliant with this provision. 115.371(c): The agency does not conduct administrative or criminal investigations. All investigations are conducted by either the county or state level offices of children, youth, & families and/or the local police department. The facility would be responsible for all first responder duties in preserving direct and circumstantial evidence including any available physical and DNA evidence. Review of one of the incident-based files garnered verification that a resident was provided with a forensic examination at the Children’s Hospital in Pittsburgh in order to preserve evidence. Additionally, other evidence was maintained for the local police department. New Outlook Academy does not have electronic monitoring to retain footage of an incident. The agency is substantially compliant with this provision. 115.371(d): The agency does not conduct administrative or criminal investigations. All investigations are conducted by either the county or state level offices of children, youth, & families and/or the local police department. Review of the facility’s PREA policy, there is no reference in the policy that supports not terminating an investigation solely because the source of the allegation recants the allegation. According to the issue log submitted, the facility does not conduct investigations. The agency is substantially compliant with this provision. 115.371(e): The agency does not conduct administrative or criminal investigations. All investigations are conducted by either the county or state level offices of children, youth, & families and/or the local police department. For allegations of sexual abuse, the Bureau of Police of Pittsburgh would determine if the quality of evidence appears to support criminal prosecution. The police department would be

	responsible for consulting with prosecutors prior to conducting compelled interviews. The agency is substantially compliant with this provision. 115.371(f): The agency does not conduct administrative or criminal investigations. All investigations are conducted by either the county or state level offices of children, youth, & families and/or the local police department. The credibility of alleged victim, suspect, and or witness would be the responsibility of the investigative body. The practice of requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding would not be in the scope of Academy Schools. The agency is substantially compliant with this provision. 115.371(g): The agency does not conduct administrative or criminal investigations. All investigations are conducted by either the county or state level offices of children, youth, & families and/or the local police department. According to the Pennsylvania Department of Human Services Western Regional Program Representative, the state level OCYF would be responsible for determining if staff actions or failure to act contributed to abuse, and there would be a written report available. The report would include the outcome of the investigation. There are 3 findings utilized by the department. They are indicated, unfounded, and founded. Founded outcomes proceed to criminal prosecution by the local police department. The agency is substantially compliant with this provision. 115.371(h): The agency does not conduct administrative or criminal investigations. All investigations are conducted by the county or state level offices of children, youth, & families and/or the local police department. Criminal reports would be completed by Pittsburgh Police. One of the alleged sexual abuse investigations is pending investigation, so the auditor was unable to determine the practice of completing written police reports from the investigative body. The other allegation of sexual abuse was screened out by the police department. The agency is substantially compliant with this provision. 115.371(i): The agency does not conduct administrative or criminal investigations. All investigations are conducted by either the county or state level offices of children, youth, & families and/or the local police department. Criminal reports would be completed by Pittsburgh Police. The one case of alleged sexual abuse is pending

	investigation, so the auditor was unable to determine the practice of referring substantiated allegations of conduct that appears to be criminal being referred for prosecution. According to information from the local police department, the case of sexual abuse has not been completed, and it has not been referred for prosecution. The agency is substantially compliant with this provision. 115.371(j): Based on incident-based files reviewed, the agency retains information pertaining to administrative and criminal allegations of sexual abuse or sexual harassment. Based on the information reviewed, the agency head retains a timeline of all communication with all investigative bodies. A cursory review of files found that administrative files contained evidence of the outcomes of allegations. In the instances of criminal investigations, it appears that reports and outcomes are more challenging to obtain based on the auditor’s experience with obtaining information from the local police department. The agency is substantially compliant with this provision. 115.371(k): The agency does not conduct administrative or criminal investigations. All investigations are conducted by either the county or state level offices of children, youth, & families and/or the local police department. The investigative body is to ensure that the departure of an alleged abuser or victim from employment or control of the facility or agency does not provide a basis for terminating an investigation. The agency is substantially compliant with this provision. 115.371(l): Auditors are not required to audit this provision. 115.371(m): It is evident from the incident-based files and interviews that New Outlook Academy attempts to remain informed about the progress of sexual abuse and sexual harassment investigations. The superintendent responded that the facility would stay informed of the progress of a sexual abuse investigation by following up and documenting information obtained from investigative entities. The agency is substantially compliant with this provision. The agency does not conduct administrative or criminal investigations. All investigations are conducted by either the county or state level offices of children, youth, & families and/or the local police department. The agency has demonstrated there are references in the policy of the procedure to report to Childline to initiate

	administrative and criminal investigations of sexual abuse and sexual harassment. Additionally, the agency maintains incident-based files of ongoing investigations of sexual abuse and sexual harassment. Additionally, the agency follows up and documents the progress of investigations. Based on this analysis, the facility is substantially compliant with this standard, and there is no corrective action needed at this time.

115.372	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Issue Log 3. Incident-Based Files of Sexual Abuse and Sexual Harassment Interviews: 1. Pennsylvania Department of Human Services Western Regional Program Representative Findings (by Provision): 115.372(a): According to the Pre-Audit Questionnaire (PAQ) and the Issue Log, Academy schools reported that allegations of sexual abuse and sexual harassment are investigated by the local or state offices of children, youth & families and/or the Bureau of Pittsburgh Police. Review of the incident-based files of sexual abuse and sexual harassment appear to impose either a standard of the preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. Further, the state program representative confirmed that reasonable doubt would be utilized in criminal cases, and preponderance of the evidence would be used in administrative cases. In the incident-based files, administrative investigations outcomes are listed as indicated, unfounded, and founded. Based on the analysis, the agency is substantially compliant with this standard, and no corrective action is needed at this time.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. The Academy Schools PREA Policy IV.K.1-4 2. Pre-Audit Questionnaire (PAQ) 3. Incident-Based Files of Sexual Abuse and Sexual Harassment 4. Issue Log 5. Resident Personal Safety Plan Interviews: 1. Pennsylvania Department of Human Services Western Regional Program Representative Findings (by Provision): 115.373(a): The Academy Schools PREA Policy IV.K.1 states following an investigation into a youth's allegation of sexual abuse occurring in an agency facility, the agency shall inform the youth as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Within the prior 12 months, there have been 3 allegations of sexual abuse. The allegations occurred after the Pre-Audit Questionnaire (PAQ) was submitted. Currently, one of the sexual abuse investigations is pending investigation with the Pittsburgh Police Department. There was one that was screened out by the police department, and another that was unfounded. The auditor is unable to determine whether residents would be notified of the outcomes due to the pending status of the investigation. The state representative for OCYF disclosed that notification to residents is not specifically required by the department, but the correspondence of outcomes is sent to the facility. This practice of notifying the resident of investigation outcomes was further confirmed by the superintendent. The facility is substantially compliant with this provision. 115.373(b): Review of the Academy Schools’ incident-based files of sexual abuse and sexual confirmed the facility’s continuous request for status of sexual abuse investigations. Within the last 12 months, there was 1 sexual abuse investigation that is pending, and 1 sexual abuse investigation that was screened out. There was another that

	was determined unfounded. Due to the pending status of the investigation, there have been no residents alleging sexual abuse in the facility who were notified verbally or in writing of the outcomes of the investigations. The auditor was unable to determine the notifications to residents of the outcomes of investigations. The facility is substantially compliant with this provision. 115.373(c): The Academy Schools addresses staff on resident allegations of sexual abuse. The Academy Schools PREA policy IV.K.2 states that following a youth's allegation that a staff member has committed sexual abuse against the youth, the agency shall subsequently inform the youth (unless the agency has determined that the allegation is unfounded) whenever: • The staff member is no longer posted within the youth's unit. • The staff member is no longer employed at the facility. • The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; and/or • The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The auditor sought clarification through the issue log of how a resident would be informed of the status of a staff member that has alleged to have committed sexual abuse against the resident. The PREA coordinator detailed the use of the Personal Safety Plan. Residents are required to read, adhere, and acknowledge the receipt of the plan. Once allegations are reported or closed, the plan is developed or modified to reflect the outcome. The document details the plan to ensure the safety of the residents as well as serve as notification of the outcome of the allegation. The was 1 sexual abuse allegation of staff on resident that were substantiated, unsubstantiated, or determined to be founded within the prior 12 months. The agency is substantially compliant with this provision. 115.373(d): The Academy Schools informs residents of resident-on-resident allegations of sexual abuse. Included in the Academy Schools PREA Policy IV.K.3., it is referenced that following a youth's allegation that he or she has been sexually abused by another youth, the agency shall subsequently inform the alleged victim whenever: a. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or b. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The auditor sought clarification via the issue log of how a resident would be

	informed of the status of a resident that has alleged to have committed sexual abuse against the resident. The PREA coordinator detailed the use of the Personal Safety Plan. Once allegations are received or closed, the plan is developed or modified to reflect the outcome. Residents are required to read, adhere, and acknowledge the receipt of the plan. The document provides details of the plan to ensure the safety of the resident as well as serve as a notification of the outcome of the allegation. There were 2 sexual abuse allegations of resident on resident that were substantiated, unsubstantiated, or founded within the prior 12 months. The agency is substantially compliant with this provision. 115.373(e): In the PAQ, the agency confirmed the PREA policy requires that all notifications of this standard are to be documented. Found in The Academy Schools PREA Policy IV.K.4, it is cited all such notifications or attempted notifications shall be documented. The Academy’s obligation to report under this standard shall terminate if the resident is released from the agency's custody. The auditor reviewed 4 Personal Safety Plans for 2 sexual abuse investigations. Plans detailed information that would ensure the safety of residents during the ongoing investigation. The agency is substantially compliant with this provision. 115.373(f): Auditors are not required to audit this provision. The facility has provided policy and interviews that confirm the practice of notifying residents of outcomes of sexual abuse investigations. The agency has made attempts to request relevant information from external investigative entities to inform residents of the outcomes of sexual abuse allegations. The agency utilizes Personal Safety Plans to inform residents of the status of alleged staff or resident who may have perpetrated sexual abuse. Required by policy, all such notifications are to be documented. Based on this analysis, the agency is substantially compliant with this standard and no corrective action is needed at this time.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, J.
2. Investigation Records

Findings (by Provision):

115.376 (a):

In the PAQ, the facility states staff is subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse and sexual harassment policies.

The facility relies on The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, J., that outline staff is subject to disciplinary sanctions as determined by the Academy up to and including termination for violating the agency sexual abuse and sexual harassment policies.

The evidence shows that agency Policy provides that staff is subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse and sexual harassment policies which was verified though the PAQ and agency policy.

Based upon this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.376 (b):

In the PAQ, the facility reported in the last 12 months there was no staff at the facility that violated, resigned or have been terminated for violating the agency sexual abuse or sexual harassment policies.

Located in the supplemental files were incident based files which included 3 allegations of sexual harassment and 3 allegations of sexual abuse.in the prior 12 months. All allegations were reported to Childline by New Outlook Academy. Of the 3 allegations of sexual harassment, two were screened out, and 1 was unfounded. Of the 3 allegations of sexual abuse, they were determined to be unfounded, screened out, and pending investigation.

The evidence shows that no staff violated, resigned or was terminated for violating the agency sexual abuse or sexual harassment policy which was verified through policy, staff interviews and investigation records.

Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required.

115.376 (c):

In the PAQ, the facility reported that sanctions for violations of agency policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar

	histories. The facility reported the last 12 months there had been no staff disciplined for violating the agency's sexual abuse or sexual harassment policy. The facility relies on The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, J., that outlines that staff disciplinary sanctions fons of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature of circumstances of the acts committed, staff members disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Facility staff reported there were no allegations of sexual abuse or sexual harassment during the last 12 months. Located in the supplemental files were incident based files which included 3 allegations of sexual harassment and 3 allegations of sexual abuse.in the prior 12 months. All allegations were reported to Childline by New Outlook Academy. Of the 3 allegations of sexual harassment, two were screened out, and 1 was unfounded. Of the 3 allegations of sexual abuse, they were determined to be unfounded, screened out, and pending investigation. The evidence shows that no staff violated the agency sexual abuse or sexual harassment policy which was verified through policy, staff interviews and investigation records. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.376 (d): In the PAQ, the facility reported all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The facility reported the last 12 months there had been no staff terminations or resignations for violating the agency's sexual abuse or sexual harassment policy. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, J., that outlines that all dismissals for violations of agency sexual abuse or sexual harassment policies, or resignation by staff who would have been dismissed or subject to dismissal proceedings if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Facility staff reported there were no allegations of sexual abuse or sexual harassment during the last 12 months. Located in the supplemental files were incident based files which included 3 allegations of sexual harassment and 3 allegations of sexual abuse.in the prior 12 months. All allegations were reported to Childline by New Outlook Academy. Of the 3 allegations of sexual harassment, two were screened out, and 1 was unfounded. Of

	the 3 allegations of sexual abuse, they were determined to be unfounded, screened out, and pending investigation. The auditor reviewed the past three years of investigation records for allegations of sexual abuse and sexual harassment. No staff was found to have violated the agency's sexual abuse or sexual harassment policy that would have warranted notification to law enforcement agencies. The evidence shows that no staff violated the agency sexual abuse or sexual harassment policy that would have warranted notification to law enforcement agencies which was verified through policy, PAQ and investigation records. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.377	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy II A, M. 2. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, J,2. 3. Investigation Records Interviews: 1. Superintendent Findings (by Provision): 115.377 (a): In the PAQ, the agency reported that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was not criminal to relevant licensing bodies and be prohibited from contact with residents. In the past 12 months the facility reported that there had been no volunteers or contractors reported to law enforcement or licensing bodies for engaging in sexual abuse of residents. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy II A, M., outlines contractor as any person not an employee providing any service for an agreed upon form of compensation and volunteers as any person by mutual agreement with Academy provides a service without compensation. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV. J, 2., outlines

	any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies and to relevant licensing bodies unless the activity was clearly not criminal. Facility staff reported there were no allegations of sexual abuse or sexual harassment during the last 12 months. The evidence shows that contractor and volunteers are subject to reporting to law enforcement for engaging in sexual abuse, prohibited from contact with residents which was verified by policy, PAQ and investigation records. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.377 (b): In the PAQ, the agency reported that facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV. J, 2., outlines the facility shall take appropriate remedial measures and shall prohibit further contact with residents. Facility staff reported there were no allegations of sexual abuse or sexual harassment during the last 12 months by a contractor or volunteer. During an interview with the superintendent, when asked in the case of any violation of agency sexual abuse and sexual harassment policy by a contractor or volunteer does your facility take remedial measures and prohibit further contact with residents, staff stated yes. The auditor reviewed the past three years of investigation records for allegations of sexual abuse and sexual harassment. No volunteer or contractor was found to have violated the agency’s sexual abuse or sexual harassment policy that would have warranted remedial action to prohibit contact with residents. The evidence shows that the facility would take remedial measure to prohibit further contact of volunteers and contractors from contact with residents for violation of agency sexual abuse or sexual harassment policies which was verified by policy, interviews, and investigation records. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.378	**Interventions and disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Documents: 1. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, J, 3. 2. Investigation Records 3. 14 Resident Files Interviews: 1. Superintendent 2. Medical and mental health staff 3. Discipline staff Onsite Review Observations: 1. Observations during onsite review. Findings (by Provision): 115.378 (a): In the PAQ, the agency reported that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding or criminal finding of guilt that the resident engaged in resident-on-resident sexual abuse. The facility reported in the past 12 months there was no administrative finding or criminal finding of guilt for resident-on-resident sexual abuse that occurred at the facility. The facility relies on The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, J, 3., which outlines residents are subject to disciplinary sanctions pursuant to the agency's disciplinary procedures or following a criminal conviction or delinquency finding. As written, the policy does not specifically mention a formal disciplinary process following an administrative finding or criminal finding of guilt that the resident engaged in resident-on-resident sexual abuse. The agency does not conduct administrative or criminal investigations. A review of the investigative records for the past three years confirms there was no allegation of resident-on-resident sexual abuse during the 12 months preceding the onsite audit. The evidence shows that there were no administrative or criminal findings of guilt for resident-on-resident sexual abuse in the 12 months preceding the onsite audit, which was verified through PAQ, investigation records, and policy. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.378 (b): In the PAQ, the facility reported if a disciplinary sanction for resident-on-resident

	sexual abuse results in isolation of a resident, policy requires that residents in isolation have daily access to large-muscle exercise, legally required educational programming, and special education services, shall receive daily visits from medical or mental health care clinician, and have access to other programs and work opportunities. In the PAQ, the facility reported there were no residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse that were denied access to large-muscle exercise, legally required programs, special education services, other programs, or work opportunities. During an interview with the superintendent, when asked what disciplinary sanctions residents are subject to following an administrative or criminal finding that a resident engaged in resident-on-resident sexual abuse, staff stated they remove residents from the facility, and they use mediation before a final decision is made. During interviews, Mental health and medical staff stated there is no isolation at the facility. During the onsite review, the auditor went into all areas of the facility. The facility has a designated orientation area. They will use this area if they have to separate but it is not a secured area, Residents can be placed there when admitted for up to three days. A review of resident files did not reveal that residents were placed in isolation for resident-on-resident sexual abuse. The evidence shows the facility does not isolate residents at the facility. Which was verified through interview, observation, policy and documentation review. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.378 (c): In the PAQ, the facility reports that the disciplinary process considers whether a resident’s mental disabilities or mental health contributed to his or her behavior when determining what sanction, if any, should be imposed. During an interview with the superintendent, when asked is a mental disability or mental illness considered when determining sanctions, staff indicated no. The facility uses trauma informed restorative tasks. They do not isolate residents. A review of investigative records reveals there were no allegations, administrative finding or criminal finding of guilt of resident-on-resident sexual abuse. The evidence shows that a resident’s disability and mental health is considered when determining sanctions uses trauma informed restorative task. They do not isolate residents. which was verified through interviews, and investigation information. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required.

	115.378 (d): In the PAQ, the facility reported that they offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, they do not require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, access to general programs and education is not conditional on participation. Facility stated youth will be immediately removed from the program if found to have engaged in sexual assault. The facility relies on New Outlook Prisoner Rape Elimination Act (PREA) Policy IV, J, 3, D., that states consideration shall be given to providing the offending youth therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, which may include alternate placement or enrollment in a non-related facility. Participation in such interventions will not be used as a condition of access to general programming or education. During interviews with medical and mental health staff, when asked if the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for sexual abuse, does the facility offer to offending resident, staff stated they do not accept offending students at the facility, underlining service will be followed. When asked do you provide these services as a condition of access, staff stated no. Facility staff reported there were no allegations of sexual abuse or sexual harassment during the last 12 months. The evidence shows that the facility offers therapy without conditions of access, which was verified through PAQ, investigation records and staff interviews. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.378 (e): In the PAQ, the facility reports that the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The facility relies on New Outlook Prisoner Rape Elimination Act (PREA) Policy IV, J, 3, E., which outlines the facility may only discipline a youth for sexual contact with a staff upon finding that the staff member did not consent to such contact. Facility staff reported there were no allegations of sexual abuse or sexual harassment during the last 12 months. A review of investigative information confirms there was no administrative finding or criminal findings a resident had sexual contact with a staff member and the finding indicates the staff did not consent at the facility during the 12 months preceding the onsite audit. The evidence shows that the agency disciplines residents for sexual conduct with

	staff upon finding that the staff did not consent, which was verified by PAQ, policy, and investigative records. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.378 (f): In the PAQ, the facility reported they prohibit disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. Agency relies on New Outlook Prisoner Rape Elimination Act (PREA) Policy IV, J, 3, F., that provides a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying even if an investigation does not establish evidence sufficient to substantiate the allegation. Facility staff reported there were no allegations of sexual abuse or sexual harassment during the last 12 months. The evidence shows that the agency prohibits disciplinary action for a report of sexual abuse made in good faith, which was verified by PAQ, interviews, and investigation records. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.378 (g): In the PAQ, the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Agency relies on New Outlook Prisoner Rape Elimination Act (PREA) Policy IV, J, 3, G., that provides sexual activity between residents is prohibited, however for such activity to constitute abuse it must be forcible or coerced. Facility staff reported there were no allegations of sexual abuse or sexual harassment during the last 12 months. A review of investigative information confirms there was no reported sexual activity between residents at the facility during the 12 months preceding the onsite audit. The evidence shows that the agency prohibits all sexual activity between residents which was verified by PAQ, policy, and Investigation records. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, B. 2. 14 Resident Files 3. 95 PREA Risk Assessments Interviews: 1. Staff Responsible for Risk Screening 2. Medical and Mental Health Staff Findings (by Provision): 115.381 (a): In the PAQ, the agency reported that all residents at this facility who have disclosed any prior sexual victimization during a screening are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. In the PAQ, the facility reported in the past 12 months, all residents who would disclose prior victimization during a screening would be offered a follow-up meeting with a medical or mental health practitioner and medical and mental health staff maintains secondary materials documenting compliance. The facility relies on The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV B., which outlines that youth will be screened for potential vulnerabilities to victimizations and propensity to victimize others with sexually aggressive behavior prior to commitment to the academy. The screening will be documented in the intake questionnaire completed at court, or with youth’s caseworker. Youth shall be referred to a mental health therapist when they are identified as a high risk with a history of sexually assaultive behavior and identified as at risk for sexual victimization. Such youth will be monitored and counseled. The referring entity will be notified and removal from the school considered. During an interview, Staff that conduct risk screening when asked if the screening indicate that a resident has experienced prior sexual victimization whether in an institutional setting or community, do you offer a follow-up meeting, staff reported they would offer a follow up meeting within the 14 days of their initial assessment, staff stated yes. They would offer follow-up within three days. The auditor reviewed 14 resident file records and 95 intake screening documentation and determined that if a resident disclosed prior victimization during risk screening, they would be offered follow-up.

	The evidence shows that the facility requires that a follow-up meeting is offered to residents that disclose prior victimization and the facility would conduct the follow-up within 3 days of the intake process, which was verified through PAQ, policy, interview, and documentation review. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.381 (b): In the PAQ, the agency reported that all residents who have ever previously perpetrated sexual abuse are not offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening as a sexual abuse perpetrator would not meet admission criteria for program. In the PAQ, the facility reported in the past 12 months, all residents who would disclose they previously perpetuated sexual abuse during screening are offered a follow-up meeting with a mental health practitioner. Mental health staff maintain secondary materials documenting compliance. During an interview, Staff that conduct risk screening when asked if the screening indicates that a resident previously perpetuated sexual abuse, do you offer a follow-up meeting, staff reported they would offer a follow up meeting within the 14 days of their initial assessment and perpetrators are normally screened out. The auditor reviewed 14 resident files and 95 intake documentation and determined that there was not resident that disclosed that they previously perpetuated sexual abuse during screening that would prompt a follow up meeting with mental health staff. The evidence shows that the facility does not require that a follow-up meeting is offered to residents that disclose they previously perpetuated sexual abuse which was verified through PAQ, interview and documentation review. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.381 (c): In the PAQ, the agency reported that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners, information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. During an interview, the Information Technology Analyst (IT) staff stated that PREA related reports are not stored in a system. A review of the resident file shows that risk screening is stored in the resident’s file.

	A review of the PREA Risk Assessment notifications shows that the information informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments is only provided to the Superintendent/Program Director. The evidence shows that the agency has controlled the level of access that each member of staff has to control and protect sensitive information. In addition, information related to sexual victimization or abusiveness is limited and strictly controlled which was verified by PAQ, documentation review and interviews. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.381 (d): In the PAQ, the agency reported that the 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. During an interview with medical and mental health staff, when asked, do you obtain informed consent from residents before reporting about prior sexual victimization that did not occur in an institutional setting, staff stated yes, it is mandatory that they obtain informed consent. A review of file documentation, medical and mental health staff obtain informed consent for all residents which was verified through the PAQ, staff interviews and documentation review. The evidence shows that medical and mental health staff do obtain informed consent for all residents and mental health and medical staff are mandated reporters. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.382	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, D,1. (8/14/

2016)
2. Memorandum of Agreement Between Community Specialist Corporation (CSC) The Academy of Schools and Children's Hospital of Pittsburgh. (6/9/15).
3. Pittsburgh Action Against Rape (PAAR) 1-800-363-7233. https://paar.net/child-family-services/treatment-care/.
4. 14 Resident Files

Interviews:

1. Medical and Mental Health Staff
2. Children's Hospital of Pittsburgh (SANE)

Findings (by Provision):

115.382 (a-b):

In the PAQ, the facility reported that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, services are determined by medical and mental health practitioner's professional judgement.

In the PAQ, the facility reported that medical and mental health staff maintain secondary materials that document the timeliness of emergency medical treatment and crisis intervention services provided; the response by non-health staff if health staff were not present at the time the incident was reported; and appropriate and timely information and services concerning contraception and sexually infection prophylaxis.

The facility relies on The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, D,1, that outlines for all allegations of sexual abuse or assault, the victim will be immediately referred to Children's Hospital of Pittsburgh for a clinical assessment and gathering of forensic evidence by professional who are trained and experienced in the management of victims of sexual abuse and assault. Academy medical staff will follow universal precautions procedure paying attention to prophylactic treatment and follow up for sexually transmitted diseases will be offered to all victims as appropriate if not already done in the emergency room. The Academy has an MOU with Children's Hospital of Pittsburgh.

A review of the MOU outlines that the Academy agrees to contact the Children's Hospital of Pittsburgh emergency room to inform them of the pending youth arrival who has reported being a victim of a sexual assault and provide continuous security supervision of the patient while at the medical center. The Children's Hospital of Pittsburgh agrees to provide a forensic examination by a Sexual Assault Nurse Examiner (SANE), collect the integrity of the evidence collected during the examination for law enforcement, contact agency director who will send an advocate to the hospital to provide rape crisis counseling and advocacy services.

The auditors were able to contact the Children's Hospital of Pittsburgh charge nurse that confirmed that they conduct all forensic examinations for New Outlook

	Academy, they are always staff 24/7 and provide referrals for advocate services for victims. The facility relies on The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, D,1, outlines that the agency shall attempt to make available a victim advocate from a rape crisis center and shall document effort to provide rape crisis services could be sought from Pittsburgh Action Against Rape (PAAR) at 1-866-363-7273. The auditor was able to review Pittsburgh Action Against Rape (PAAR) agency website that outlines that residents are provided trauma counseling for children; crisis support and in-person support in emergency rooms. The auditor called the number1-866-363-7273 listed in the agency PREA policy and was taken through a series of prompts to contact a victim advocate. During an interview with medical staff, when asked do victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention, staff stated yes. Medical staff stated the residents would receive these services immediately. When asked is the nature and scope of these services determined by your professional judgement, staff stated yes. The evidence shows that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services which was verified through PAQ, policy, documentation review and interviews. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.382 (c): In the PAQ, the agency reported that resident victims of sexual abuse while incarcerated are offered timely information about access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The facility relies on The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, D,1, C., that provides The Academy medical staff will follow Universal precautions procedures for prophylactic treatment and follow up for sexually transmitted diseases will be offered to all victims, as appropriate, if not already done in the emergency room. Provision will be made for testing for sexually transmitted diseases or HIV, gonorrhea, hepatitis, and other diseases and release of information for purposes of medical management of both the victim and alleged perpetrator. During an interview with medical and mental health staff, when asked are victims of sexual abuse while incarcerated were offered timely information about access to emergency contraception and sexually transmitted infections prophylaxis, staff stated yes. The evidence shows that resident victims of sexual abuse while incarcerated are

	offered timely information about access to emergency contraception and sexually transmitted infections prophylaxis which was verified thought PAQ, Policy documentation review and interviews. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.382 (d): In the PAQ, the agency reported that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, D,1, 5., provides that all medical, mental health and counseling services shall be provided at no cost to the youth. The evidence shows that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation which was verified through PAQ, policy and documentation review. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.383	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, D,3. 2. 14 Resident files 3. 95 Risk assessments Interviews: 1. Medical and Mental Health Staff 2. Children’s Hospital of Pittsburgh (SANE) Findings (by Provision): 115.383 (a):

	In the PAQ, the facility reported they 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. The facility relies on The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, D,3, that outlines for all allegations of sexual abuse or assault, the victim will be immediately referred to Children's Hospital of Pittsburgh for a clinical assessment and gathering of forensic evidence by professional who are trained and experienced in the management of victims of sexual abuse and assault. Follow up will be done by a mental health professional to assess the need for crisis intervention counseling and long term follow up. During interviews with medical staff, when asked what evaluation and treatment of residents who have been victimized entail, staff stated evaluation is done at Children's Hospital. Medical also does a precursor evaluation for preventative and education. The auditors were able to interview the Children's Hospital of Pittsburgh charge nurse that confirmed that they conduct all forensic examinations for New Outlook Academy, they are always staff 24/7 and provide referrals for advocate services for victims. The evidence shows that medical and mental health services evaluation and treatment is offered for residents that have been victimized by sexual abuse which is verified through policy, interviews with mental health and medical staff, Children's Hospital of Pittsburgh Nurse and documentation review. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.383 (b): In the PAQ, the facility reported that evaluation and treatment for victims include follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to another facility or release from custody. The facility relies on The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, D,3. Resident victims will be referred to Children's Hospital of Pittsburgh for medical interventions. Non- emergency and mental health care are offered to all residents who are victims of sexual abuse in any juvenile facility. Follow up will be done by a mental health professional to assess the need for crisis intervention counseling and long term follow up. A review of the MOU outlines that the Academy agrees to contact the Children's Hospital of Pittsburgh emergency room to inform them of the pending youth arrival who has reported being a victim of a sexual assault and provide continuous security supervision of the patient while at the medical center. The Children's Hospital of Pittsburgh agrees to provide a forensic examination by a Sexual Assault Nurse Examiner (SANE), collect the integrity of the evidence collected during the

	examination for law enforcement, contact executive director who will send an advocate to the hospital to provide rape crisis counseling and advocacy services. The facility relies on The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, D,1, outlines that the agency shall attempt to make available a victim advocate from a rape crisis center and shall document effort to provide rape crisis services could be sought from Pittsburgh Action Against Rape (PAAR) at 1-866-363-7273. The auditor was able to review Pittsburgh Action Against Rape (PAAR) agency website that outlines that residents are provided trauma counseling for children; crisis support and in-person support in emergency rooms. The auditor called the number1-866-363-7273 listed in the agency PREA policy and was taken through a series of prompts to contact a victim advocate. During interviews with medical staff, when asked what evaluation and treatment of residents who have been victimized entail, staff stated evaluation is done at Children's Hospital. Medical also does a precursor evaluation for preventative and education. The evidence shows that the facility provides evaluation and treatment for victims include follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to another facility or release from custody which was verified though policy, MOU, interviews. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.383 (c): In the PAQ, the facility reported they provide victims with medical and mental health services consistent with the community level of care. During interviews with medical and mental health staff, when asked are medical and mental health services consistent with community level of care, medical staff stated yes. A review of the 14 resident files confirms that medical mental health staff see every resident upon admission. The auditor reviewed the agency's website for the facility, the facility website provides that residents receive trauma-focused mental health services. The evidence shows that the facility provides victims with medical and mental health services consistent with the community level of care, which was verified though PAQ, documentation review, and interviews. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.383 (d-e): In the PAQ, the facility reported that they offer female victims of sexual abusive

	vaginal penetration while incarcerated pregnancy test. The facility relies on The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, D, pregnancy testing as well as comprehensive information and access to all lawful pregnancy related medical services and timely contraception and STD prophylaxis shall be provided in a timely manner. Based upon this analysis, the facility is substantially compliant with this provision, which is verified by PAQ, and policy. No corrective action is required. 115.383 (f): In the PAQ, the facility reported that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. The facility relies on The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, D, that provides a Provision will be made for testing for sexually transmitted diseases or HIV, gonorrhea, hepatitis, and other diseases and release of information for purposes of medical management of both the victim and alleged perpetrator. Based upon this analysis, the facility is substantially compliant with this provision, which is verified by PAQ, policy, file documentation review and no corrective action is required. 115.383 (g): In the PAQ, the facility reported that treatment services are 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. The facility relies on The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, D, that provides all medical, mental health counseling services shall be provided at no cost to the youth. Based upon this analysis, the facility is substantially compliant with this provision which is verified by PAQ, policy, documentation review and no corrective action is required. 115.383 (h): In the PAQ, the facility reported that the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Youth will be immediately removed from program if found to have engaged in sexual assault. During interviews with mental health staff, when asked, do you conduct a mental health evaluation of all known resident-on-resident abusers and offer treatment if appropriate. Mental health staff stated no.

	The auditors reviewed 14 files and 95 risk assessments. There was no indication of abuse history. Based upon this analysis, the facility is substantially compliant with this provision, which is verified by PAQ, policy, documentation review and interviews and no corrective action is required. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.386	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire (PAQ) 2. The Academy Schools PREA Policy IV.H. Interviews: 1. PREA coordinator 2. Superintendent 3. Incident Review Team Member Findings (by Provision): 115.386(a): According to information provided by the Pre-Audit Questionnaire (PAQ), New Outlook Academy 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. The Academy Schools PREA Policy IV.H. states within 30 days of the conclusion/ receipt of the investigation The Academy shall conduct a sexual abuse incident review of all allegations (substantiated and unsubstantiated) unless the allegation has been determined to be unfounded. Reviews shall be conducted by a team of staff, and shall include input from direct care staff, investigators, medical staff and mental health practitioners. After the submission of the PAQ, the facility received 2 allegations of sexual abuse. At the time of the onsite audit, one allegation was pending an investigation, and the other was screened out by the police department. Earlier in the year, there was a

	sexual abuse allegation that was determined unfounded. The auditor inquired during the post onsite audit with the PREA Coordinator, and the status of the investigation had not changed. The auditor attempted communication with the police department responsible for conducting criminal investigations. The auditor was redirected by the Pittsburgh Police Department, and there was no return communication. The auditor was unable to determine the practice of conducting sexual abuse incident reviews due to the pending status of the allegation. The facility substantially meets compliance in this provision. 115.386(b): The facility confirmed in the PAQ the facility conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigations in accordance to the agency's PREA policy. The Academy Schools PREA Policy IV.H. states within 30 days of the conclusion/ receipt of the investigation the Academy shall conduct a sexual abuse incident review of all allegations (substantiated and unsubstantiated) unless the allegation has been determined to be unfounded. Reviews shall be conducted by a team of staff, and shall include input from direct care staff, investigators, medical staff and mental health practitioners. The auditor was unable to determine the practice of conducting sexual abuse incident reviews within 30 days of the conclusion of the criminal investigation due to the pending status of the sexual abuse investigation. The facility substantially meets compliance in this provision. 115.386(c): Within the PAQ, the facility notated the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. Within the Academy Schools PREA Policy IV.H. states the reviews shall be conducted by a team of staff, and shall include input from direct care staff, investigators, medical staff and mental health practitioners. The policy does not specifically reference upper-level management, but rather states a team of staff. There are no internal facility PREA investigators. The facility substantially meets compliance in this provision. 115.386(d)(e): Through the PAQ, New Outlook Academy conveyed that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determination made pursuant to Standard 115.386(d)(1)-

	(d)(5) and any recommendations for improvement, and submits such report to the facility head and PREA compliance manager. Additionally, the facility confirmed the implementation of sexual abuse incident review recommendations for improvement or documentation of the facility's reasons for not doing so. Within the Academy Schools PREA Policy IV.H. the facility prepares a report of its findings from sexual abuse incident reviews based on the following criteria: 1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; 3. Examine the area in the facility where the incident allegedly occurred to assess whether physical layout may enable abuse; 4. Assess the adequacy of staffing levels in that area during different shifts; 5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and 6. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. The policy further states the facility shall implement the recommendations for improvement or shall document its reasons for not doing so. Based on the interview with the superintendent, the facility is developing a sexual abuse incident review team, and the team would look at all the considerations. The superintendent is a member of the incident review team. It was reiterated the team would consider all factors listed in Standard 115.386(d)(1)-(d)(5). It was also confirmed that physical barriers would be examined that may have enabled sexual abuse as well as staffing levels in the area. Lastly considered is whether monitoring technology should be deployed or augmented to supplement supervision by staff. The auditor was unable to determine the practice of the facility's preparation of a report of its findings from a sexual abuse incident review, and the facility's implementation of recommendations for improvement or documentation of its reason for not doing so. There were no sexual abuse cases that findings were determined due to pending status. The facility substantially meets compliance with this provision. Through policy and confirmation from the PAQ, New Outlook Academy conducts sexual abuse incident reviews at the conclusion of criminal and administrative investigations within 30 days. The facility incident review team includes a team of staff as well as input from line supervisors, investigators, and medical and mental health practitioners. The facility considers the criteria set by PREA Standard 115.386

	to conduct the sexual abuse incident review. Lastly, the facility implements the recommendations for the improvement or documents its reasons for not doing so. Based on this analysis, the facility substantially meets compliance with this standard, and no corrective action is needed at this time. Recommendation: 1. Amend the language of the Academy Schools PREA Policy IV.H. to add upper-level management instead of a team of staff.

115.387	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire (PAQ) 2. The Academy Schools PREA Policy IV.L 3. Survey of Sexual Victimization, 2022 4. Survey of Sexual Victimization, 2021 5. Community Specialists Corporation: Quality Assurance Annual Report and Action Plan, 2022 6. Pictures of Secured Area Data is Retained Site Review: Secured Area Data is Retained Findings (by Provision): 115.387(a): According to information obtained from the Pre-Audit Questionnaire (PAQ), Academy Schools confirmed that New Outlook Academy collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. Further in the Academy Schools PREA Policy IV.L, the Academy will maintain a log of incidents related to this policy. Reporting will be included in the Annual Report. Information will be entered into State or National databases, according to law. The auditor requested in the issue log a copy of the form or tool utilized to collect

	allegations of sexual abuse at the facility. A reference was made that the definitions were in the agency's PREA policy. There were definitions of items that should be referenced in the data collection instrument, but there was no data collection instrument provided as evidence in the PAQ or in the supplemental files. The agency substantially does not meet this provision. 115.387(b): In the Academy Schools PREA Policy IV.L, it is cited that the Academy will maintain a log of incidents related to this policy. Reporting will be included in the Annual Report. Review of the information provided through the PAQ and the supplemental files, the auditor was unable to determine that at least annually the agency aggregates the incident-based sexual abuse data. There was no log of aggregated sexual abuse data provided. Within Community Specialists Corporation: Quality Assurance Annual Report and Action Plan, 2022, there was a table with critical incidents summarized on pp 40-41. The listed inappropriate sexual contact among children and sexual assault. The definitions that were identified in the policy were not located on the agency's annual report. It appears that all programs operated by the agency are included on this table. The agency substantially does not meet this provision. 115.387(c): The Academy Schools confirmed in the PAQ, the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. Submitted in the supplemental files by request, the Academy Schools provided the completed Survey of Sexual Violence (SSV), 2022 conducted by the Department of Justice. Though there was no standardized instrument included in the PAQ or supplemental files, the facility was able to complete the Survey of Sexual Violence (SSV) conducted by the Department of Justice, 2022. At a minimum, the incident-based file had data necessary to answer the questions from the most recent version of the SSV. The agency is substantially compliant with this provision. 115.387(d): In the PAQ, the Academy Schools affirms that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Based on the completion of the SSV and the site review of secured area data is

retained, the auditor determined the agency does maintain, review, and collect data as needed from all available incident-based documents including reports, investigations files, and sexual abuse incident reviews.

The agency is substantially compliant with this provision.

115.387(e):

The Academy Schools does not contract with other private facilities for the confinement of its residents. This provision is not applicable.

The agency is substantially compliant with this provision.

115.387(f):

The Academy Schools provided the auditor through the supplemental files with a copy of the Survey of Sexual Victimization.

The Academy Schools did not provide evidence of collecting accurate, uniform data for every allegation of sexual abuse at New Outlook Academy using a standardized instrument and set of definitions. The agency does not aggregate the incident-based sexual abuse data at least annually. The agency completed the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The facility does practice the maintenance, review, and collects data as needed from all available documents. The agency provided evidence of the submission of data provided to the Department of Justice with the data from the previous calendar year.

Based on this analysis, the agency does not substantially meet compliance with this standard, and corrective action is needed at this time.

Corrective Action:

1. Develop a standardized instrument to collect accurate uniform data for every allegation of sexual abuse at New Outlook Academy using a standardized instrument and set of definitions.
2. Annually, aggregate information obtained for the standardized instrument and set of definitions. Provide this information in an annual report on the agency’s website.

Verification of Corrective Action since the onsite PREA audit:

In response to the corrective action, the facility submitted documentation via OAS on 7/1/2024 and 7/5/2024. The following documents were submitted:

- Sexual Abuse Incident Review (SAIR) Report Form
- PREA Annual Report Jan – Dec 2022
- Summary of actions taken to comply with PREA Standard 115.387

Corrective Action Intent:

	The intent of this corrective action was to ensure that New Outlook Academy has developed a standardized instrument to be used to collect accurate, uniform data. Additionally, New Outlook Academy has updated the PREA Annual Report with incident-based data and aggregated data of sexual abuse and sexual harassment, all applicable definitions, and corrective actions pertaining to PREA. This report is publicly available on New Outlook Academy's website through the link below: https://theacademyschools.com/new-outlook-academy/helpful-policies-and-procedures/ All client identifiers or information that would present a clear and specific threat to the safety and security of the facility has been redacted from this report, and the report states this in the first sentence under the "PREA Aggregated Data" section of the report on page 4. The report was approved by the agency head, and it includes the signature of the agency head. Based on the information reviewed, the agency is substantially compliant with this standard.

115.388	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire (PAQ) 2. CSC 2021 PREA Annual Review 12/2/2021 3. CSC 2021 PREA Annual Review 11/30/2022 4. Community Specialist Corporation: Quality Assurance Annual Report 2022 Interviews: 1. PREA coordinator 2. Agency head Findings (by Provision): 115.388(a): According to the Pre-Audit Questionnaire (PAQ), the agency affirmed the agency reviewed data collected and aggregated pursuant to PREA standard 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention,

	detection, response policies, and training including identifying problem areas; taking corrective action on an ongoing bases; and preparing an annual report of its findings from its data review and any corrective actions for the New Outlook Academy. Provided in the supplemental files, Academy Schools uploaded the CSC 2021 PREA Annual Review 12/2/2021 and CSC 2022 PREA Annual Review 11/30/2022. Involved in the review is t the agency head and the PREA coordinator. The auditor determined the following was reviewed: • Agency PREA Policy and the need for policy change • Adequacy of staffing • Motivating factors of sexual abuse that need to be addressed. • Physical Barriers • Monitoring technology deployment • Staffing plan During interviews the agency head and PREA coordinator were asked how the agency uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, response policies, practices, and training. The agency head responded corrective action was utilized to eliminate the ability for an incident to reoccur as well as adherence to the agency's zero tolerance policy. The PREA coordinator responded that all critical incidents are reviewed. Further, it was affirmed that an annual report is completed from the data review. It was determined that the agency-wide annual report, the Quality Assurance Annual Report 2022 does not include aggregated sexual abuse data, all the definitions related to PREA, or corrective actions pertaining to PREA. The agency does not substantially meet compliance with this provision. 115.388(b): The Quality Assurance Annual Report 2022 does include a narrative of the comparisons of the prior year. Specifically, the annual report does not include comparisons of PREA related incidents. Rather the report compares information from all critical incidents across the agency. In assessing the agency's progress in addressing sexual abuse, there was mention of PREA training along with other trainings to address all critical incidents across the agency. The agency does not substantially meet compliance with this provision. 115.388(c): Based on the information obtained from the PAQ the facility provided a website for the auditor to locate the contact information to request a copy of the annual report. Review of the website yielded the New Outlook Academy PREA final report 2021 and the third-party reporting information.

According to the agency head, the annual report is approved before being released for public review.

The agency does not meet compliance in this provision.

115.388(d):

Review of the Community Specialist Corporation: Quality Assurance Annual Report 2022, there were no personal identifiers located in the section pertaining to critical incidents. The information reported in the PAQ corroborates that the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. According to the PREA coordinator, redactions are made for client identifiers.

The Academy Schools reviews data in order to assess and improve the effectiveness of PREA mandates. The annual report includes a comparison of prior year's data and corrective action plans. Though there was limited information pertaining to PREA related incidents and definitions. The agency makes its annual report available to the public by request. The agency practices redaction prior to the publication of annual data reporting.

Based on the analysis, the agency does not substantially meet the standard, and corrective action is needed at this time.

Corrective Action:

1. The agency shall upload a PREA annual report containing incident-based data and aggregated data of sexual abuse and sexual harassment with comparison to the previous year. The report should detail corrective actions and recommendations for improvement.

Verification of Corrective Action since the onsite PREA audit:

In response to the corrective action, the facility submitted documentation via OAS on 7/1/2024 and 7/5/2024. The following documents were submitted:

- PREA Annual Report and Action Plan with agency head's signature Jan-December 2022
- Summary of actions taken to comply with PREA Standard 115.388

Corrective Action Intent:

The intent of this corrective action was to ensure that New Outlook Academy created an annual report with incident-based data and aggregated data of sexual abuse and sexual harassment, all applicable definitions, and corrective actions pertaining to PREA. This report is publicly available on New Outlook Academy's website through the link below:

	https://theacademyschools.com/new-outlook-academy/helpful-policies-and-procedures/ All client identifiers or information that would present a clear and specific threat to the safety and security of the facility has been redacted from this report, and the report states this in the first sentence under the “PREA Aggregated Data” section of the report on page 4. The report was approved by the agency head, and it includes the signature of the agency head. Based on the information reviewed, the agency is substantially compliant with this standard.

115.389	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit questionnaire (PAQ) 2. Pictures of Secured Area for Retained Data 3. The Academy Schools PREA Policy I. 4. The Academy Schools PREA Policy L. 5. Community Specialist Corporation: Quality Assurance Annual Report 2022 Interviews: 1. PREA Coordinator Site Review: 1. Secured Area Data for Retained Data 2. Agency Head Office Findings (by Provision): 115.389(a): Academy Schools ensures that incident-based data is securely retained in the office of the agency head. It is a double lock system. The file cabinet and the door to the office are both secured by lock. The PREA coordinator uploaded pictures of the secured area, and further confirmed during the interview.

	The agency is substantially compliant with this provision. 115.389(b): The Academy Schools PREA Policy L. cites the Academy will maintain a log of incidents related to this policy. Reporting will be included in the Annual Report. Information will be entered into State or National databases, according to law. The policy does not specify that aggregated sexual abuse data from New Outlook Academy be readily available to the public, at least annually, through the website. The agency indicated on the Pre-Audit Questionnaire that the provision is not applicable. The provision is applicable because the New Outlook Academy is within its direct control of Academy Schools. The auditor further requested the agency's annual report. Provided in the supplemental files was the Community Specialists Corporation Quality Assurance Annual Report and Action Plan for 2022. The auditor was unable to locate aggregated data of sexual abuse and sexual harassment for New Outlook Academy. The document referenced PREA training, but there was no information pertaining to the number of incidences of sexual abuse and sexual harassment, statistics of resident-on-resident allegations, statistics of staff on resident allegations, and the outcomes of allegations. Additionally, this information was not published on the website. There is a reference on the website to how the public can request the report. The Academy Schools does not collect aggregate sexual abuse and sexual harassment data from other facilities. The facility does not contract with other facilities for residential services. The agency is not substantially compliant with this provision. 115.389(c): Currently, there is no PREA annual report to review with aggregated sexual abuse data. The auditor is unable to determine whether the agency before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency is not substantially compliant with this provision. 115.389(d): According to the PAQ, the agency maintains sexual abuse data collected pursuant to PREA standard 115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. The Academy Schools PREA Policy I. states all case records associated with claims of sexual abuse/assault, including incident reports, investigative reports, juvenile information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling must be marked "Confidential" and retained.

	Site review of the retained documents confirmed that the facility retained all PREA related documentation. The agency securely retains incident- based and aggregated data. The Academy Schools does not annually aggregate or report sexual abuse data to the agency website. The agency does retain sexual abuse data collected pursuant to PREA standard 115.387 for at least 10 years. Based on this analysis, the agency does not substantially meet compliance for this standard, and corrective action is needed at this time. Corrective Action: 1. Update The Academy Schools PREA Policy to include the requirement that aggregated sexual abuse data from New Outlook Academy be made readily available to the public, at least annually, through the website. 2. Within the annual report, the agency shall aggregate sexual abuse data from the New Outlook Academy. The aggregated data shall be available to the public, at least annually, through its website. 3. The agency shall ensure that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. **Verification of Corrective Action since the onsite PREA audit:** In response to the corrective action, the facility submitted documentation via OAS on 7/1/2024 and 7/5/2024. The following documents were submitted: • Revised PREA Policy • PREA Policy Update Acknowledgement Forms signed by staff • PREA Annual Report and Action Plan with agency head’s signature Jan-December 2022 • Summary of actions taken to comply with PREA Standard 115.389 **Corrective Action Intent:** The intent of this corrective action was to ensure that New Outlook Academy requires aggregate sexual abuse and sexual harassment information be available annually on the agency's website. The information is provided in the PREA Annual Report that has been made readily available to the public at https://theacademyschools.com/new-outlook-academy/helpful-policies-and-procedures/ All client identifiers or information that would present a clear and specific threat to the safety and security of the facility has been redacted from this report, and the report states this in the first sentence under the “PREA Aggregated Data” section of the report on page 4. Based on the information reviewed, the agency is substantially compliant with this

	standard.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Issue Log 3. Supplemental Files 4. PREA Final Report 6/10/2015 Interviews: 1. Specialized Staff 2. Random Staff 3. Targeted Residents 4. Random Residents 5. Mailroom Staff Site Review: 1. All Areas of the Facility 2. Detached Gymnasium 3. PREA Audit System (theacademyschools.com) 2020 New Outlook Final PREA Report 2020 4. New-Outlook-PREA-Audit-Report1.pdf (theacademyschools.com) New Outlook Final PREA Report 2017 Findings (by Provision): 115.401(a): New Outlook Academy was audited three times since August 20, 2013. The facility was audited on 6/10/2015, 4/28/2017 and 1/21/2021. The agency is substantially compliant with this provision. 115.401(b): During the prior three-year audit period, Academy Schools ensured that the facility

	was audited at least once. Based on information obtained from the agency's website, the New Outlook Academy was audited during the third year of the three-year audit cycle. The facility's final report was submitted on 1/21/2021. The agency is substantially compliant with this provision. 115.401(h): During the onsite review of New Outlook Academy, the auditor was granted unimpeded access to all areas of the facility including the detached gymnasium. The facility did not have a surveillance or video monitoring system for the auditor to review. The agency is substantially compliant with this provision. 115.401(i): New Outlook Academy provided all files and documentation requested by the auditor with no restrictions including electronically stored information. Requested files and information were provided via PAQ, issue log, supplemental files, email, and hard copies of documents. The agency is substantially compliant with this provision. 115.401(m): The auditor was provided a location to conduct private interviews with random residents, targeted residents, specialized staff, and random staff. The agency is substantially compliant with this provision. 115.401(n): Residents were permitted to send confidential information and correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor confirmed by both staff and residents that the audit announcement postings were posted since 12/13/2023. Additionally, the auditor was emailed with the photos of the placement of the audit postings, and later the photos were uploaded to the supplemental file. Further there was confirmation by mailroom staff that any correspondence to auditor would be handled in the same manner as communications to legal counsel. The auditor had not received any correspondence from staff or residents at the New Outlook Academy. The agency is substantially compliant with this provision. The Academy Schools ensured New Outlook Academy completes PREA audits. The audits have been conducted within the three-year audit cycle. The facility provided the auditor with unimpeded access to interview staff and residents and review all requested documentation and files. Residents were given the opportunity to correspond via mail with the auditor in the same manner as legal counsel.

	Based on this analysis, the agency substantially meets compliance in this standard, and there is no corrective action needed at this time.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. New Outlook Final PREA Report 1/21/2021 Interview: 1. Agency Head 2. PREA Coordinator Site Review: 1. PREA Audit System (theacademyschools.com) Findings (by Provision): 115.403(F): According to the Pre-Audit Questionnaire (PAQ), Academy Schools has published on its agency website the final PREA report for the New Outlook Academy. The final report was submitted on 1/21/2021. Further confirmed by both agency head and PREA coordinator, the agency publishes final PREA audit reports. During review of the agency website, the auditor located the final PREA audit report for New Outlook Academy dated 1/21/2021. Based on this analysis, the agency substantially meets compliance with the standard, and there is no corrective action needed at this time.

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.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
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	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	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)	na
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	na
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	na

	functions of the facility? (N/A for non-secure facilities)	
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	yes

	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?	
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:	no

	Residents who have speech disabilities?	
	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.)	no
	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	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
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	**Hiring and promotion decisions**	

(c)		
	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	yes

	employees?	
	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 responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
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?	no
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?	no
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)?	no
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	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	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.)	yes
115.341 (a)	**Obtaining information from residents**	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	**Obtaining information from residents**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	**Obtaining information from residents**	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	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	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
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?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	no
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	**Placement of residents**	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	**Placement of residents**	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	**Placement of residents**	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	**Placement of residents**	
	Are each transgender or intersex resident’s own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
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	yes

	entity or office that is not part of the agency?	
	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.)	no
	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.)	no
	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.)	no
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.)	no
	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.)	no
	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.)	no
	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.)	no

	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.)	no
	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.)	no
	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.)	no
	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.)	no
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	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
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	yes

	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?	
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	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	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	yes

	accordance with these standards?	
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	yes

	of sexual abuse, does the agency: Act promptly to remedy any such 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: 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?	no
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?	no
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	no
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	no
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	**Criminal and administrative agency investigations**	

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as resident or staff?	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?	no
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	no
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?	no
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?	no
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	no

	does not provide a basis for terminating an investigation?	
115.371 (m)	**Criminal and administrative agency investigations**	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	**Evidentiary standard for administrative investigations**	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	**Reporting to residents**	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	**Reporting to residents**	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	**Reporting to residents**	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	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?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	**Reporting to residents**	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	**Reporting to residents**	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

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

115.378 (a)	**Interventions and disciplinary sanctions for residents**	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	**Interventions and disciplinary sanctions for residents**	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	**Interventions and disciplinary sanctions for residents**	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	**Interventions and disciplinary sanctions for residents**	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	no

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	no
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?	no
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	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
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.)	yes
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.)	yes
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	yes

	cooperates with any investigation arising out of the incident?	
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	na

	the confinement of its residents.)	
115.387 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	**Data review for corrective action**	
	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?	yes
115.388 (c)	**Data review for corrective action**	
	Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
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.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	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