

# PREA Facility Audit Report: Final

**Name of Facility:** The Summit Academy

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 10/27/2024

**Date Final Report Submitted:** 04/23/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Tammy A. Hardy-Kesler	<b>Date of Signature:</b> 04/23/2025

AUDITOR INFORMATION	
<b>Auditor name:</b>	Hardy-Kesler, Tammy
<b>Email:</b>	codyemomma@msn.com
<b>Start Date of On-Site Audit:</b>	09/09/2024
<b>End Date of On-Site Audit:</b>	09/13/2024

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

Primary Contact
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<b>Name:</b>	Dan French
<b>Email Address:</b>	frenchd@theacademyschools.com
<b>Telephone Number:</b>	724-282-1995

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

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

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	302
<b>Current population of facility:</b>	116
<b>Average daily population for the past 12 months:</b>	126
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Mens/boys
<b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For</b>	

<b>definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	13-18
<b>Facility security levels/resident custody levels:</b>	NA
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	144
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	3
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	The Summit School, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	839 Herman Road, Butler, Pennsylvania - 16002
<b>Mailing Address:</b>	
<b>Telephone number:</b>	724-282-1995

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Harry Stasik
<b>Email Address:</b>	stasikh@theacademyschools.com
<b>Telephone Number:</b>	724-282-1995

<b>Agency-Wide PREA Coordinator Information</b>
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<b>Name:</b>	Dan French	<b>Email Address:</b>	frenchd@theacademyschools.com
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## 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:	2024-09-09
2. End date of the onsite portion of the audit:	2024-09-13

#### 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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Victim Outreach Intervention Center (VOICe)

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	302
15. Average daily population for the past 12 months:	126
16. Number of inmate/resident/detainee housing units:	17
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> 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**

<b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	114
<b>19. 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:</b>	0
<b>20. 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:</b>	65
<b>21. 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:</b>	0
<b>22. 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:</b>	0
<b>23. 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:</b>	0
<b>24. 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:</b>	0

<p><b>25. 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:</b></p>	<p>0</p>
<p><b>26. 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:</b></p>	<p>2</p>
<p><b>27. 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:</b></p>	<p>5</p>
<p><b>28. 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:</b></p>	<p>0</p>
<p><b>29. 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):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>30. 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:</b></p>	<p>144</p>
<p><b>31. 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:</b></p>	<p>1</p>

<p><b>32. 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:</b></p>	<p>3</p>
<p><b>33. 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:</b></p>	<p>No text provided.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>20</p>
<p><b>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input checked="" type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input checked="" type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Utilizing the rosters provided and inquiry of the facility.</p>
<p><b>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>



<b>38. 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):</b>	There were no barriers to completing interviews or ensuring representation of random youth.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	13
<p>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".</p>	
<b>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> 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.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>40. 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).</b></p>	<p>There were no residents identified by either the facility or the auditor during onsite review.</p>
<p><b>41. 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:</b></p>	<p>8</p>
<p><b>42. 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:</b></p>	<p>0</p>
<p><b>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>42. 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).</b></p>	<p>There were no residents identified by either the facility or the auditor during onsite review.</p>
<p><b>43. 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:</b></p>	<p>0</p>

<p><b>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>43. 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).</b></p>	<p>There were no residents identified by either the facility or the auditor during onsite review.</p>
<p><b>44. 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:</b></p>	<p>0</p>
<p><b>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>44. 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).</b></p>	<p>There were no residents identified by either the facility or the auditor during onsite review.</p>
<p><b>45. 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:</b></p>	<p>0</p>

<p><b>45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>45. 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).</b></p>	<p>There were no residents identified by either the facility or the auditor during onsite review.</p>
<p><b>46. 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:</b></p>	<p>0</p>
<p><b>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>46. 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).</b></p>	<p>There were no residents identified by either the facility or the auditor during onsite review.</p>
<p><b>47. 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:</b></p>	<p>2</p>

<p><b>48. 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:</b></p>	<p>3</p>
<p><b>49. 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:</b></p>	<p>0</p>
<p><b>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>49. 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).</b></p>	<p>Based on information provided and the site review, there were no indications that the facility practiced isolation.</p>
<p><b>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>The auditor was able to oversample residents that were learning disabled. The auditor requested to have a list of residents that were receiving special education services to ensure that they were receiving PREA education that they were able to understand.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>51. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>14</p>

<p><b>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>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.</p>	
<p><b>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>28</p>
<p><b>56. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>58. Were you able to interview the PREA Coordinator?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>58. Explain why it was not possible to interview the PREA Coordinator:</b>	The facility has a PREA compliance manager.
<b>59. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

**60. 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



	<input type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	Database Manager Foodservice Worker Mailroom Staff Maintenance Staff Grievance Staff Classification Staff Training Director Disciplinary Staff
<b>61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>61. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
<b>62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>62. Enter the total number of CONTRACTORS who were interviewed:</b>	1

<p><b>62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
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<p><b>63. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>Auditor was unable to obtain an interview with the Pennsylvania Department of Human Services or the Pennsylvania State Police.</p>
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**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.

<p><b>64. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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**Was the site review an active, inquiring process that included the following:**

<p><b>65. 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)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>66. 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)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>68. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>There were no barriers during the site review of the facility both internally or externally.</p>
<p><b>Documentation Sampling</b></p>	
<p>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.</p>	
<p><b>70. 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?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>The auditor was provided through the supplemental file on the OAS both the staff and residents' files as well as other documentation requested on the issue log provided to the facility prior to onsite audit.</p>

# 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.

### 72. 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
<b>Inmate-on-inmate sexual abuse</b>	3	0	3	0
<b>Staff-on-inmate sexual abuse</b>	1	0	1	0
<b>Total</b>	4	0	4	0

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	1	0	1	0
<b>Total</b>	1	0	1	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	3	0	0	0
<b>Staff-on-inmate sexual abuse</b>	1	0	0	0
<b>Total</b>	4	0	0	0

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	1	0	0
<b>Total</b>	0	1	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

**78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:**

4

<p><b>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>3</p>
<p><b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>



<p><b>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	1
<b>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	Both the Pennsylvania State Police and the Pennsylvania Department of Human Services were unresponsive to contact by the auditor.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>95. 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.</b>	<input type="radio"/> Yes  <input checked="" type="radio"/> No

## Non-certified Support Staff

96. 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

96. Enter the **TOTAL NUMBER OF NON-CERTIFIED SUPPORT** who provided assistance at any point during this audit:

2

## AUDITING ARRANGEMENTS AND COMPENSATION

97. 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

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <p>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.</p>

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Summit Academy PREA Policy I-IV.J.1-3 CARF January 2015 (revised 6/4/2024)</li> <li>2. Pre-Audit Questionnaire (PAQ)</li> <li>3. Summit Academy Organizational Chart</li> <li>4. PREA Coordinator Job Description</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> </ol> <p>Findings (by Provision):</p> <p>115.311(a):</p>

Within Summit Academy PREA Policy CARF January 2015 (revised 6/4/2024), there is specifics to the agency's zero-tolerance for acts of sexual abuse and sexual harassment. Summit Academy PREA Policy section I. states Summit Academy has a zero-tolerance policy concerning sexual abuse, sexual assault and sexual harassment of Summit Academy students 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. Further in the policy, the agency outlines the following means of implementation: Outlined in The Summit Academy 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 Student Education
- Allegations of Inappropriate Conduct
- Staff First Responder Duties
- Reporting and Investigations
- Protection Against Retaliation
- Sexual Abuse Incident Reviews
- Documentation
- Discipline, including staff, contractors, volunteers, and student.
- Notifications to Students
- Data Collection and Review

The Summit Academy 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

Additionally, a notation in the policy references the above definitions were taken from the Prison Rape Elimination Act National Standards for Juvenile Facilities and only apply to this policy.

Included in Section III of the policy, the following acts are prohibited:

- Sexual conduct with Summit Academy students by Academy staff, volunteers, visitors or contractors.
- Sexual conduct among Summit Academy Student in Summit Academy

facilities.

- Cross-gender strip searches and pat searches.
- Opposite gender viewing of students 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 student for the sole purpose of determining the student's genital status.

The Summit 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 sections titled Staff Disciplinary Sanctions, Corrective Action for Contractors and Volunteers, and Interventions and Disciplinary Sanctions for Students.

The auditor located in the Summit Academy's 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 following descriptions:

- Staffing Plan
- Monitoring Plan
- Admission/Housing
- Employee Training
- Student Education
- Allegations of Inappropriate Conduct
- Staff First Responder Duties
- Reporting and Investigations
- Protection Against Retaliation
- Sexual Abuse Incident Reviews
- Documentation
- Disciplinary
- Notifications Students

The agency substantially meets compliance in this provision and no corrective action is required at this time.

115.311(b):

Summit Academy designated an upper-level agency wide PREA coordinator. Provided in the Pre-Audit Questionnaire (PAQ) was the Summit Academy Organizational Chart. On the document, the agency designated the Counselor Coordinator as the PREA Coordinator for the agency. The position is directly supervised by the executive director and the position is in the hierarchy of the agency, which has the ability to effect change. Additionally, the auditor requested the job description for the position in the issue log. The agency provided information via the supplemental files. The following duties were included in the section of the job description entitled PREA Responsibilities:

- Review client and personnel records to ensure PREA compliance
- Educate all staff upon hire and on an annual basis about PREA requirements and their responsibilities under PREA
- Educate all students at admission and 10 days after about PREA requirements and their rights and responsibilities under PREA
- Review all PREA related incidents within 30 days of the receipt of the conclusion of the investigation
- 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 monitoring technology.

According to the PREA coordinator, the position was filled within the last 6 months. It was expressed that there was adequate time to fulfill the responsibilities of the position. The position is solely responsible for the PREA compliance for Summit Academy. There is no other facility or PREA compliance managers that the position supervises. If there is an issue of non-compliance of PREA related mandates, the PREA coordinator stated identifies the area of deficiency and possible solutions and then refers to the agency head, in order to make necessary changes to ensure the facility is in PREA compliance.

The agency substantially meets compliance in this provision and no corrective action is required at this time.

115.311(c):

According to the PREA coordinator, the position is solely responsible for Summit Academy. The agency has not designated a PREA compliance manager at the facility.

The agency is substantially compliant with this provision and no corrective action is required at this time.

Summit Academy has a written PREA policy mandating the zero-tolerance toward all forms of sexual abuse and sexual harassment within the facility. 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 are 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 employs the Counselor Coordinator, which is an upper-level employee, 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 Summit Academy has not designated a PREA compliance manager.

The agency substantially meets compliance with this standard and no corrective action is required at this time.

<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 453 376">Documents:</p> <ol data-bbox="341 443 989 479" style="list-style-type: none"> <li>1. List of Entities Requiring PREA Compliance</li> </ol> <p data-bbox="280 519 437 555">Interviews:</p> <ol data-bbox="341 622 635 658" style="list-style-type: none"> <li>1. PREA coordinator</li> </ol> <p data-bbox="280 698 612 734">Findings (by Provision):</p> <p data-bbox="280 766 453 801">115.312 (a):</p> <p data-bbox="280 842 1481 1290">The Summit Academy is a private facility that provides therapeutic residential services for juvenile males. The agency does not contract for the confinement of its students 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. The auditor requested in the issue log for the list of entities that the facility contracted with to provide residential services. In turn, the facility provided in the supplemental files a document listing the entities requiring compliance to the PREA mandates. This provision does not apply to Summit Academy. The PREA coordinator further confirmed that there were no contracts for the confinement of students with other private agencies or government entities.</p> <p data-bbox="280 1330 1468 1402">The agency is substantially compliant with this provision and no corrective action is needed at this time.</p> <p data-bbox="280 1442 453 1478">115.312 (b):</p> <p data-bbox="280 1518 1481 1671">This provision does not apply to Summit Academy. There are no contracts for residential placement requiring the monitoring of contractor’s compliance with PREA standards. Summit Academy does not contract with any other private agencies or other entities for the confinement of residents.</p> <p data-bbox="280 1711 1091 1747">The agency is substantially compliant with this provision.</p> <p data-bbox="280 1787 1481 1859">The agency is substantially compliant with this standard, and corrective action is not required at this time.</p>



**115.313 Supervision and monitoring**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. 2024 PREA Staffing Plan
2. Pre-Audit Questionnaire (PAQ)
3. Auditor Randomly Selected Staff Shift Reports 9/11/23-8/3/2024
4. Pennsylvania Code 55 Chapter 3800 Child Care Worker
5. Auditor Requested Staff List of Designated Dates
6. Summit Academy PREA Policy IV.A.5 CARF January 2015 (revised 6/4/2024)

Interviews:

1. Superintendent
2. PREA Coordinator
3. Intermediate or Higher-Level Staff
4. Informal Conversations

Site Review:

1. Reviewed AM Shift 9/13/2024
2. Reviewed PM Shift 9/11/2024
3. Reviewed No Operating Cameras
4. Reviewed Concave Mirrors in 1 Housing Unit

Findings (by Provision):

115.313 (a):

As evidence of the development, implementation, and documentation of a staffing plan that provides for adequate levels of staffing, the agency provided in the Pre-Audit Questionnaire (PAQ) a copy of the Summit Academy Staffing Plan 2024. The staffing was predicated on 130 students, and the facility does not have a video monitoring system to protect residents against sexual abuse. There were no staffing plans available for prior years.

The superintendent and the PREA coordinator of Summit Academy did confirm that the facility documented a staffing plan for 2024. Further, it was affirmed that the staffing plan did consider the elements required by the PREA mandates. There is no video monitoring in the facility to consider in the staffing plan.

During the site review of the facility, the auditor observed the following. On the first day of onsite, the auditor did a cursory review of the internal and external areas of the facility. On the second day of the onsite audit the auditor completed a

comprehensive site review of the facility. The auditor compared the staffing schedule provided in the PAQ with the actual supervision at the facility. Additionally, the auditor returned on 9/11/2024 in the evening shift and 9/13/2024 in the morning shift to observe supervision during showering and telephone access and to observe morning routine of students. During the observations, staffing ratios exceeded the requirements of the PREA mandates. There were no volunteers or contractors present during the time of observations. During both the cursory and comprehensive site review, the auditor observed the following staff additional to the direct care supervision:

- Education staff
- Counselors
- Cafeteria staff
- Maintenance
- Driver
- Administration

There were no areas in which the auditor found to be used as isolation for administrative/disciplinary or protective custody. During informal conversation with both students and staff there were no indications that these areas existed in the facility.

According to the staffing plan, there were no areas where sexual abuse is known to be more likely to occur. The staffing plan states that no students shall be unattended or permitted to go anywhere without prior approval. During the onsite audit, the auditor observed that residents were escorted throughout the building. Also, during informal conversation with residents, it was further confirmed that residents are not allowed to roam through the building without being escorted. The facility is massive, and there are areas that are secured by lock. During school hours, the dormitory areas are locked and alarmed to prevent access. In some areas, the facility uses biometrics to access areas. The facility also provided the schematic of the facility indicating postings of staff. It appeared that staff adhered to the post assignments, and found at each post was either a desk or table situated for the staff. The post assignments provided adequate sight lines to monitor students in activity areas as well as in the housing areas. Staff can communicate via cell phones provided by Summit Academy, and the telephones have chirp capability.

Room checks were every 30 minutes. There were limited rooms that were occupied by more than one resident. The facility has the building capacity to keep all residents in a single room.

The site review yielded no concerns of understaffing, overcrowding, or failure to meet staffing ratios, or poor sightlines based on staff post assignments. During informal conversation with staff, there were no concerns indicated. Students informally communicated that staff are generally in close proximity. Areas that are not being supervised are locked and alarmed, and there are areas that require biometric access.

According to the shift reports and the direct care supervisor, there are unannounced rounds completed throughout the shift.

The agency is substantially compliant with this provision, and no corrective action is needed at this time.

115.313 (b):

According to the information reported in the PAQ by Summit Academy, there was no deviation from the staffing plan within the last 12 months. According to the randomly selected shift reports and auditor requested staff list of staff on designated dates requested in the issue log, there were no deviations from the staffing plan.

According to the superintendent, there were no deviations from the staffing plan within the prior 12 months. Since there was no staffing plan prior to 2024, it should be noted that there was no deviation from the required staff ratios.

The agency is substantially compliant with this provision, and no corrective action is required at this time.

115.313 (c)

Summit Academy is required by Pennsylvania Code to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. Specifically, Pennsylvania Code 55 Chapter 3800 Child Care Worker requires that there shall be 1 childcare worker during waking hours to every 8 children over 6 years old, and during sleeping hours there will be 1 child care worker per 16 children over the age of 6 years old. Review of shift summaries and list of staff working during designated days indicated the facility's practice of that ratio of 1:8 staff to students during waking hours and the staff to student ratio of 1:16 during student sleeping hours.

Further confirmed by the superintendent, the facility is required by Pennsylvania Code and PREA mandates to maintain the above ratios.

The facility is substantially compliant with this provision, and no corrective action is required at this time.

115.313 (d)

In the PAQ, Summit Academy provided evidence of an annual review of the Summit Academy Staffing Plan. The documentation showed a collaboration with the agency's prior PREA Coordinator in 2023 and 2021. The review was of the staffing plan to see whether adjustments were needed to the staffing plan, prevailing staffing patterns, the deployment of monitoring technology or the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan. It should be noted that there was not a documented staffing plan until 2024, but there were annual staffing plan reviews of 2023 and 2021, but there was no annual staffing plan review in 2022. The annual review of 2023 refers

to 2020, and it appears it may be the same report as the report from 2021.

It should be noted that the PREA coordinator has been in the capacity for the last 6 months and was not a participant in the last annual review.

The facility is not substantially compliant with this provision, and corrective action is required at this time.

115.313 (e)

Within Summit Academy PREA Policy IV.A.5, the facility references the use of higher-level staff to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Unannounced rounds are mentioned in the assessing of the practice and policy in the staffing and monitoring plans to determine if adjustments are necessary. The policy specifically cites implementation of the policy and practice of having administrative staff conduct and document unannounced rounds (all shifts) to identify and deter staff sexual abuse and sexual harassments. Policy is in place that prohibits staff from alerting other staff members that these supervisory rounds are taking place.

In the issue log, the auditor randomly selected dates and times for shift reports. The facility provided requested reports through the supplemental files of the OAS. Review of shift reports revealed that unannounced rounds are conducted at various times.

During the interview, the Night Counselor Supervisor confirmed that unannounced rounds are conducted, and staff are not made aware of rounds. Further, it was stated that rounds are done randomly to prevent staff from alerting other staff. Additionally, the rounds are documented on the shift reports.

The facility is substantially compliant with this provision, and no corrective action is required at this time.

The Summit Academy provided evidence of the development, implementation, and the documentation of a staff plan. Within the policy, the agency does require deviation from the staffing plan only except during exigent circumstances and the incident requires being documented. The agency is obligated by the Pennsylvania Code 55 to maintain staff to student ratios. Evidence was provided of an annual review of staffing by the Executive Director and the PREA coordinator, but the documentation referenced 2020 instead of 2023. Also, the document lacked specifics pertaining to incidents and staffing. Additionally, the PREA coordinator was not employed in the position during the time of the last annual review. Summit Academy, being a non-secured facility, is not required to conduct unannounced PREA rounds. The facility adheres to the provision by conducting, documenting and preventing staff from alerting other staff of unannounced rounds.

The agency does not substantially meet compliance for this standard and corrective action is required at this time.

Corrective Action:

1. Summit Academy is to revise the Annual Review completed in 2023 with correct date and include specific information as it relates to attendees, each incident, specific policy changes, assessment of adequate staffing, motivating factors, physical barriers, and whether monitoring technology was employed or should it be implemented.

Recommendations:

1. Summit Academy should consider the implementation of additional concave mirrors throughout the facility including interior and exterior areas and outbuildings in order to enhance the facility's ability to detect, prevent, and respond to incidents of sexual abuse and sexual harassment.
2. Summit Academy should consider the implementation of video monitoring throughout the facility including interior and exterior areas and outbuildings in order to enhance the facility's ability to detect, prevent, and respond to incidents of sexual abuse and sexual harassment.
3. Summit Academy should consider during the annual review of the staffing plan that direct care supervision should be represented during the annual review.

**Verification of Corrective Action:**

In response to the corrective action, the facility submitted documentation via OAS on 3/25/2025. The following document was submitted:

PREA Annual Review 2023

Corrective Action Intent:

The intent of this corrective action was to ensure that in accordance with the PREA mandates Summit Academy that an Annual Review was corrected and conducted to include information on specific incidents. It was confirmed that incidents were discussed with the agency head and the following were discussed:

- If a policy change was necessary
- Was there adequate staffing
- Were there motivating factors (age, race, SOGI, ethnicity, gang affiliation, etc...)
- Did any physical barriers play a role
- Was monitoring technology employed or is there additional monitoring technology that should be implemented

Based on review of the information received, the auditor finds the facility substantially compliant with this standard.

Summit Academy followed recommendation of the auditor and placed concave mirrors throughout the interior of the facility. Pictures were provided in the

	supplemental files of the OAS.
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115.315	Limits to cross-gender viewing and searches
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Summit Academy PREA Policy CARF January 2015 (revised 6/4/2024)</li> <li>2. Pre-Audit Questionnaire (PAQ)</li> <li>3. Summit Academy Search and Seizure Policy</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Non-medical Staff</li> <li>2. Random Staff</li> <li>3. Random Resident</li> </ol> <p>Site Review:</p> <ol style="list-style-type: none"> <li>1. Housing Units</li> </ol> <p>Findings (by Provision):</p> <p>115.315 (a):</p> <p>Summit Academy has policy that prohibits conducting cross-gender strip or cross-gender visual body cavity searches of residents. According to the Summit Academy PREA Policy III.C, the following acts are prohibited which includes cross-gender strip searches and pat searches. According to the Pre-Audit Questionnaire (PAQ), there were no cross-gender strip or cross-gender visual body cavity searches of residents.</p> <p>Additionally, the facility has a Summit Academy Search and Seizure Policy. Cited in the policy, staff may not remove a student’s clothing. Staff may only search pockets, cuffs and liners of student’s clothing. All searches must be conducted in an area of the building which provides for both privacy and security. Such searches will be conducted and observed by at least 2 staff members of the same sex as the student. At no time may another student be present during a search. Further, it states that determination of the need and approval to conduct a search will be made by the supervisor on duty. If, however, an internal, below-the-waist body cavity search is deemed necessary, the student will be transported to a medical facility. Included in the policy is the search procedure.</p>

During interviews with random staff, it was determined from responses that 10 out of 13 staff were trained to complete searches. The remainder may not have been trained to complete searches due to the nature of their position at the facility. A non-medical staff stated that strip and cavity searches are prohibited due to the facility being a trauma informed facility.

The facility is substantially compliant with this provision, and no corrective action is required at this time.

115.315 (b):

According to Summit PREA Policy III.C, all cross-gender strip searches and cross-gender pat-down searches are prohibited. The facility does not allow for searches in exigent circumstances. The facility responded on the PAQ that there were no cross-gender strip searches or cross-gender pat-down searches required due to exigent circumstances within the prior 12 months.

During interviews with random residents, it was confirmed that residents were not subjected to cross-gender body cavity searches or cross-gender pat searches.

The facility is substantially compliant with this provision, and no corrective action is required at this time.

115.315 (c)

Random staff responded that they had not observed any cross-gender cavity searches or cross-gender pat-down searches being conducted at Summit Academy. During the interview of students including random and targeted, there were no responses that indicated that the students had been cavity searched or pat-down searched by female staff.

Due to the prohibition of cross-gender searches, the facility does not maintain documentation or logs of cross-gender searches.

The facility is substantially compliant with this provision, and no corrective action is required at this time.

115.315 (d)

In Summit Academy PREA Policy III.D. the following acts are prohibited, which include the opposite gender viewing of students under circumstances when breasts, buttocks or genitalia would normally be exposed (shower/hygiene time, performing bodily functions, and changing clothes).

Further in the Summit Academy PREA Policy IV.C, staff of the opposite gender must announce their presence when entering a living unit or area where students change clothes, shower, or perform bodily functions.

Of the 20 residents that responded, there were 4 students that stated that female staff do not announce their presence when entering the housing unit. All 20 students did state that female staff do not enter bathrooms or bedrooms of

students. Additionally, during informal conversation during site review, the auditor was told that female staff are not permitted in bathrooms or bedrooms of students. The auditor did not locate any posters to remind staff of the opposite gender to announce prior to walking on shift onto the living units. During the site review, there were only male staff on the housing units that were observed during the PM showers and AM procedures, so the auditor was unable to observe a female announcement on the unit. The auditor's male assistant observed the showering practices in the bathrooms and confirmed the practice of dressing and undressing in the confines of the curtained shower stall as well as staff posted in the bathroom during showers.

According to interviews with the students, students dress and undress within the confines of the curtained shower stall.

According to the Summit PREA Policy III.C, staff of the opposite gender must announce their presence when entering a living unit or area where students change clothes, shower, or perform bodily functions.

Of the 20 residents that responded, there were 4 that stated that female staff do not announce their presence when entering the housing unit. All 20 students did state that female staff do not enter bathrooms or bedrooms of students. Additionally, during informal conversation during site review, the auditor was told that female staff are not permitted in bathrooms or bedrooms of students. The auditor did not locate any posters to remind staff of the opposite gender to announce prior to walking one shift onto the living units. During the site review, there were only male staff on the housing units that were observed during the PM showers. The auditor's male assistant observed the showering practices in the bathrooms and confirmed the practice of dressing and undressing in the confines of the curtained shower stall.

According to interviews with the students, students dress and undress within the confines of the shower stall.

The facility is substantially compliant with this provision, and no corrective action is required at this time.

#### 115.315 (e)

Summit Academy has a policy that prohibits staff from searching or physically examining a transgender or intersex student for the sole purpose of determining the resident's genital status. In Summit Academy PREA Policy III.E, the following acts are prohibited, which include searching or physically examining a transgender or intersex student for the sole purpose of determining the student's genital status. Based on the information provided in the PAQ by the facility, there were no students subjected to a search to determine genital status.

During interview of 13 random staff, there were 10 staff that were aware of the policy that prohibited the search of a student to solely determine the student's genital status. There were no students during the onsite audit that identified by either medical, mental health or administration as either being transgender or



intersex, so the auditor was unable to determine the experience of either a transgender or intersex student. During the intake process with a medical practitioner, the auditor observed that students are given various assessments which include questions pertaining to identification of students that may identify as LGBTQTI+.

The facility is substantially compliant with this provision, and no corrective action is required at this time.

115.315 (f)

According to the PAQ, staff were not trained to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.

The Summit Academy Search and Seizure Policy takes into consideration the trauma-informed approach to conducting searches. The policy reads as follows:

Students will be searched upon initial program admission, return from home pass, following visitation and upon return from truancy. Students may also be searched upon return from any off-campus activity. Finally, students may be searched based upon probable cause. A trauma-informed approach is to be used at all times.

Only the Executive Director or designee may authorize a search of the buildings, rooms, possessions or persons. Searches of the building, rooms or possessions may not be conducted without probable cause. For the purposes of safety and security, more than one person must be present and ensure that the search is witnessed. Searches must be reasonable in nature. Students will be informed of the search and the reason for the search and will be offered the opportunity to turn over items suspected to be in their possession. The least intrusive methods of search will be utilized. All searches will be conducted with dignity and respect.

Staff may not remove a student's clothing. Staff may only search pockets, cuffs and liners of student's clothing. All searches must be conducted in an area of the building, which provides for both privacy and security. Such searches will be conducted and observed by at least two staff members of the same sex as the student. At no time may another student be present during the search.

Determination of the need and approval to conduct a search will be made by the supervisor on duty. If, however, an internal, below-the-waist body cavity search is deemed necessary, the student will be transported to a medical facility.

The policy continues, but it does not refer to search procedures of transgender and intersex residents in a professional and respectful manner consistent with security needs. The policy does not designate the means to determine who will search the resident during pat-down searches. The policy does highlight trauma informed care but not the student's personal safety plan.

Based on this analysis, the facility is not compliant in this provision and corrective action is needed at this time.

The evidence provided by the facility has shown Summit Academy prohibits conducting cross-gender strip, cross-gender visual body cavity, or cross-gender pat-down searches of students. The policy and practice enable residents to shower, perform bodily functions, and change clothing without being viewed by the opposite gender. Opposite gender staff members announce their presence on the student housing units and areas. Students stated that female staff are not posted in the bathrooms or enter bedrooms where students are likely to shower, perform bodily function, or change clothing. Based on PREA policy and interviews, the facility prohibits the examination of transgender or intersex residents for the purpose of determining the residents' genital status. As far as the Summit Academy Search and Seizure Policy, there is no specifics of the procedures of searches as it relates to transgender and intersex youth.

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

Corrective Action:

1. Revise Summit Academy's Search and Seizure Policy to include the procedures for searches of transgender and intersex students.

Recommendation.

1. Summit Academy to consider posting signs outside of housing units as a reminder to the opposite gender to announce at the beginning of shifts when entering housing units.

**Verification of Corrective Action:**

In response to the corrective action, the facility submitted documentation via OAS on 3/25/2025. The following document was submitted:

1. Revised Summit Academy Search and Seizure Policy

Corrective Action Intent:

The intent of this corrective action was to ensure that searches are conducted in accordance with the PREA mandates. The policy ensures that transgender and intersex residents are searched in manner that is professional and respectful. Specifically, transgender and intersex students will be provided with an opportunity to select the sex of the staff member conducting the search.

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<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Summit Academy PREA Policy CARF January 2015 (revised 6/4/2024)</li> <li>2. Day Interpreting on-Demand Language List</li> <li>3. Summit Academy Diversity, Equity, and Inclusion Plan</li> <li>4. Pennsylvania Child Welfare Resource Center Course "Supporting Children and Families with Disabilities"</li> <li>5. CARF Training PowerPoint</li> <li>6. PREA Video with Closed Caption</li> <li>7. Summit Admission/Readmission Criteria</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Agency Head</li> <li>2. Residents with disabilities</li> </ol> <p>Site Review:</p> <ol style="list-style-type: none"> <li>1. Intake</li> </ol> <p>Findings (by Provision):</p> <p>115.316 (a):</p> <p>According to the Pre-Audit Questionnaire, the Summit 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. The admission criteria does not include students that require 24-hour one on one supervision, which would include students that have a communication barrier or impairment and significant vision impairment.</p> <p>Within the Summit Academy 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</p>

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 student.

Summit Academy is a private school for juvenile males 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 Summit Academy due to the selection criteria. The Summit Academy Admission/Readmission Criteria includes the following 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 students' needs can be met by Summit Academy
4. Students with a medically fragile condition

During the onsite audit, there were 65 residents receiving special education services.

Residents are interviewed and screened prior to admittance to the facility. 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. Staff are provided training specific to supporting disabled students utilizing the Pennsylvania Child Welfare Resource Center Course "Supporting Children and Families with Disabilities".

During site review, the auditor observed the use of PREA posters in both English and Spanish. The PREA posters in Spanish were for visitors if they needed to report incidents of sexual abuse or sexual harassment of students at the facility.

The auditor requested a list of residents that were physically disabled or those who received special education services. There were eight students affirmed that they received sexual abuse and sexual harassment information that they were able to understand. Additionally, they stated they received education via video, posters, and staff. Six 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. During an intake, the auditor observed the use of a PREA video that had the closed caption capability. The instruction of the PREA orientation is facilitated by the PREA coordinator with the use of a PREA video.

According to the agency head, the facility has established procedures to provide

residents with disabilities 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 is substantially compliant with this provision and no corrective action is required at this time.

115.316 (b):

The agency policy requires all education, and information shall be made available in formats accessible to all youth (limited English proficient, 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 Day Interpreting on-Demand Language list. 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 by administration, medical, or mental health practitioners.

Found in the Summit Academy Diversity, Equity, and Inclusion Plan is the outline to ensure competence of individuals providing language assistance, as well as to provide easy to understand print and multimedia materials and signage in languages commonly used by the population served in service areas.

During site review, the auditor observed the use of PREA posters in both English and Spanish.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.316 (c)

Based on the admission criteria of Summit Academy, candidates with limited English proficiency would not be accepted. Through the Summit Academy Diversity, Equity, and Inclusion Plan, it is stated the Summit Academy 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, Summit 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 11 out of 13 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 facility is substantially compliant with this provision and no corrective action is required at this time.

The agency has provided evidence of its efforts to ensure residents with disabilities

	<p>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 verified by documentation and interviews. The agency provides access through providing formats of PREA education for those that may have a disability or are limited English proficient. The facility prohibits the use of resident interpreters, resident readers, and other resident assistance based on policy and interviews. Translation service is made available for residents that may have parents or guardians that are limited English proficient.</p> <p>The agency is compliant with this standard, and there is no corrective action required at this time.</p>
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<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Summit Academy Procedure No. 103 Basic Requirement for Employment</li> <li>2. Commonwealth of Pennsylvania Sexual Misconduct/Abuse Disclosure Release (pursuant to Act 168 of 2014)</li> <li>3. Employee Disclosure Statement [Required by Child Protective Services Law, 11 P.S. &amp; 2223.1 (0)]</li> <li>4. Independent Contractor Addendum</li> <li>5. Summit Academy Employee Handbook</li> <li>6. List of Staff Promotions for the prior 12 Months</li> <li>7. List of Staff Terminations for the Prior 12 Months</li> <li>8. List of New Hirers for the Prior 12 months</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Administrative Human Resources-</li> </ol> <p>Findings (by Provision):</p> <p>115.317(a):</p> <p>The Summit Academy 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 Summit Academy Policy Procedure No. 103: Basic Requirements for Employment. All prospective employees are subject to the</p>

following reviews as and when determined by Summit Academy:

1. State Police Criminal History Clearance;
2. Department of Human Services Child Abuse History Clearance;
3. Drug Screening;
4. Department of Transportation Driver's License Check;
5. Physical Examination for Communicable Diseases;
6. Reference Checks;
7. Federal Bureau of Investigation Criminal History Clearance; and
8. Academic/Educational Qualifications/Certifications
9. 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, Summit 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 31 randomly selected employee files, the auditor found that all 31 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 list provided in the supplemental files, there were three contractors

and one volunteer (intern) in which 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. In the prior 12 months, there was a contractor and intern that had a criminal background and child abuse registry conducted.

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 and no corrective action is required at this time.

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 31 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 abuse and sexual harassment.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.317 (c)

The Summit 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 Summit 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?

According to the Pre-Audit Questionnaire (PAQ), there were 49 new hires that completed the criminal background process within the prior 12 months.

The human resource staff confirmed that new hirers and contractors are required to complete criminal background checks including child registry. Part of the process would be to complete Act 168 form. The staff are required to complete a continuing affirmative duty to disclose any such misconduct within 72 hours of arrest or conviction and employees are mandated under state law to complete the Arrest/Conviction Report and Certification Form and submit it to the administration of Summit Academy. The reportable offenses listed include acts of sexual misconduct and sexual abuse.

It was also determined the human resource department 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 and no corrective action is required at this time.

115.317 (d)

According to information provided in the PAQ, the agency references the Summit 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 Summit Academy 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. Additionally, the auditor and assistant were required to complete necessary criminal background checks and child abuse registry. In the past 12 months, there was one contractor that completed the criminal background record checks. Further, the human resource staff confirmed the completion of criminal background checks and child registry consults.

The agency is substantially compliant with this provision and no corrective action is required at this time.

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 31 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 and no corrective action is required at this time.

115.317 (f)

Summit Academy utilizes the Commonwealth of Pennsylvania Sexual Misconduct/ Abuse Disclosure Release to inquire about previous misconduct described in 115.317(a). Review of records the auditor determined there is no inquiry either during annual evaluation or at promotion pertaining to previous misconduct of sexual abuse or sexual harassment. 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 Summit Academy.

The agency is substantially compliant with this provision and no corrective action is required at this time.

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 Summit Academy.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.317 (h)

According to the human resource staff, the facility would adhere to the requirements of Act 168 in that the facility 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 and no corrective action is required at this time.

The Summit Academy has provided evidence of 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

	<p>institutional employers verified by policy. Review of employee files provided proof of practice of required 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. Within 72 hours of an incident, staff are required to disclose to the facility by completing a form. Falsifying or providing misleading information is grounds for termination according to policy. Additionally, upon request the facility will provide information of former employees substantiated findings of sexual abuse and sexual harassment.</p> <p>The agency is substantially compliant with this standard, and there is no corrective action needed at this time.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> <li>1. Create a document to be completed annually inquiring of current employees, contractors, volunteers, and promoted employees have or have not engaged in the following conduct: <ul style="list-style-type: none"> <li>• Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.</li> <li>• 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</li> <li>• Been civilly or administratively adjudicated to have engaged in the activity described above.</li> </ul> </li> </ol>
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<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Schematic of Facility</li> <li>2. Pre-Audit Questionnaire (PAQ)</li> </ol> <p>Interviews:</p>

1. Agency Head
2. Superintendent

Site Review:

1. Internal Site Review of Facility
2. External Site Review of Facility
3. Industrial Trades Buildings
4. Football Field and Adjacent Buildings

Findings (by Provision):

115.318(a):

Based on information provided on the PAQ, Summit Academy has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit in October 2021. According to the agency head, there has not been any new construction of the facility since it was opened. It was added that the agency is aware of the layout of the facility, and it has made necessary plans to lock off areas that would be susceptible to sexual abuse. The PREA coordinator affirmed that the staffing plans considers the physical plant including the blind spots.

The agency substantially meets compliance in this provision and corrective action is not needed at this time.

115.318 (b):

Summit Academy has not installed or upgraded video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit in October 2021. Review of Summit Academy PREA Policy. IV. A mentions during annual reviews the Summit 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. During the site review, the auditor located cameras at the entrance of the industrial trade building, cafeteria, and an inoperable camera in a hallway of a housing unit. The auditor did not locate a central control room or closet designated for servers for monitoring equipment. During the interview with the maintenance worker, it was confirmed that there was a camera at the entrance of the industrial trades buildings to deter theft of equipment. There is a housing unit that utilizes concave mirrors to assist with sight lines.

The agency substantially meets compliance in this provision and no corrective action is required at this time.

Summit Academy has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit. The agency has not installed or upgraded video monitoring system, electronic surveillance system, or

	<p>other monitoring technology for the detection, prevention or response to sexual abuse or sexual harassment since the last PREA audit.</p> <p>The agency is substantially compliant with this standard and no corrective action is required at this time.</p>
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<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. The Summit Academy PREA Intake Pamphlet</li> <li>2. Student Posters</li> <li>3. Request MOU from VOICe- Email Victim Resource Partnership Request 6/12/2024</li> <li>4. Memorandum of Agreement with Butler Healthcare Providers D/B/A Butler Memorial Hospital</li> <li>5. Memorandum of Agreement Between the Victim Outreach Intervention Center (VOICe) and the Summit School 10/23/2024</li> <li>6. Pre-Audit Questionnaire (PAQ)</li> <li>7. Copy of Licensing Information for Counselor</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Pennsylvania Department of Human Services: Office of Children, Youth &amp; Families (OCYF) Investigator</li> <li>2. Random Staff Q 10, 12</li> </ol>

3. Butler Hospital SANE/SAFE Coordinator
4. PREA Coordinator (PREA Compliance Q 14, 15, 16)
5. Residents who Reported Sexual Abuse

Site Review:

1. Intake providing Summit Academy PREA Intake Pamphlet

Findings (by Provision):

115.321(a):

According to the Pre-Audit questionnaire (PAQ), Summit Academy does not conduct administrative or criminal sexual abuse investigations. Notated in the PAQ, the Pennsylvania Department of Human Services: Office of Children, Youth & Families (OCYF) conducts administrative investigations of sexual abuse. During interview with the OCYF investigator, it was determined that Butler County Children & Youth Services also conducts administrative investigations of sexual abuse and sexual harassment. The auditor attempted to correspond with the Butler County Children & Youth Services, but there were no return calls or emails.

The responsibility for criminal investigations of sexual abuse and sexual harassment was listed in the PAQ as the Pennsylvania State Police. Several attempts to confirm responsibility by email and telephone were made by the auditor to the department, but there were no return correspondences. Located in the PAQ was the draft of a memorandum of agreement between Summit Academy and the Pennsylvania State Police Department. Additionally, there were email correspondences between both entities showing attempts by Summit Academy.

According to Summit Academy 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>.

Further in policy, it states allegations of sexual abuse and sexual harassment are referred through Childline to an agency with the legal authority to conduct criminal investigations.

The facility does not have internal PREA investigators. Review of investigative files, the agency head maintains documentation pertaining to timelines in reporting of all allegations of sexual abuse and sexual harassment. In the prior 12 months reported in the PAQ, there were three allegations of sexual abuse and one of sexual harassment. All sexual abuse allegations were reported to Childline by Summit Academy. Three allegations of sexual abuse were unfounded. The allegation of sexual harassment, it was determined to be unfounded. One of the sexual abuse allegations was reported after the PAQ was submitted, and the allegation of sexual

harassment was not investigated by the established investigative bodies. It was investigated by Community Care Behavioral Health Organization (CCBH).

During an interview with the regional program investigator for OCYF, it was determined that allegations of sexual abuse and sexual harassment are handled by the Butler County Children & Youth Services. Since there are no conflicts of interest between Summit and Butler County Children & Youth Services, the entity is primary in investigating allegations of abuse. The Pennsylvania Department of Human Services: Office of Children, Youth & Families, Western Region are secondary in the investigation of abuse. Electronically, both the state and county child welfare entities would be contacted by Childline for allegations of sexual abuse and sexual harassment. Due to the unavailability of Butler County Children & Youth Services, the auditor was unable to determine the difference of the services between the two child welfare entities.

This provision is not applicable to Summit Academy.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.321 (b):

The Summit Academy does not conduct administrative or criminal investigations of allegations of sexual abuse or sexual harassment. This provision is not applicable to Summit Academy.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.321 (c):

According to the PAQ, Summit Academy offers all residents who experience sexual abuse access to forensic medical examination at Butler Memorial Hospital. The facility provided a copy of the Memorandum of Agreement with Butler Healthcare Providers D/B/A Butler Memorial Hospital

Facility PREA policy requires forensic examinations are conducted by individuals who are trained and experienced in the management of victims of sexual abuse and assault. Further in Summit Academy's PREA Policy IV.D.6 states that all medical, mental health and counseling services shall be provided at no cost to the student.

During the interview with a representative of Butler Memorial Hospital, the auditor confirmed that there is an existing memorandum of agreement between the facility and the hospital. Additionally, it was mentioned that SANE and SAFE are usually available due to their other assignments in the hospital. Also, the hospital always has a SANE or SAFE on call.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.321 (d):

There is an existing memorandum of agreement between Summit Academy and Victim Outreach Intervention Center (VOICe) (The agency does reference the rape crisis center in the Summit 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 Victim Outreach Intervention Center (VOICe) at 1-800-400-8551 or PO Box 401, Butler PA 16003. This information was also located on a PREA poster located throughout the building. Summit Academy provided emails and the memorandum of agreement as 10/23/2024 between the facility and the crisis center. The auditor contacted VOICe to check the availability of services. The customer service representative was able to assist with the need for services but was unable to discuss matters pertaining to administration. The auditor was successful with corresponding by telephone with the Executive Director of VOICe pertaining to the establishment of the agreement with Summit Academy

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 individual did not have the specific training as it related to providing victim advocacy services to a sexual abuse victim.

The auditor interviewed two residents that were identified as allegedly experiencing sexual abuse by another resident. According to the residents, one resident was allowed to contact someone, and in the other allegation, the resident stated they did not contact anyone.

According to the PREA coordinator, the facility was in process of getting a memorandum of agreement with VOICe. The auditor was provided email correspondence and the draft of the document. During intake with students, the PREA coordinator utilized the Summit Academy PREA Intake Pamphlet which contained information for VOICe.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.321 (e):

As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The auditor interviewed two residents that were identified as allegedly experiencing resident-on-resident sexual abuse. There were no forensic examinations conducted. According to the residents, one resident was allowed to contact someone, but there is no evidence that the person contacted was a victim advocate or qualified agency staff member. Further, the student stated he was not seen by medical or mental health practitioners but relocated within facility to another housing unit. With the other allegation, the resident stated that he did not



contact anyone but was seen by a medical practitioner.

According to the PREA Coordinator, a student can request a victim advocate or qualified agency staff member to provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.321 (f):

Summit Academy is not responsible for investigating administrative or criminal allegations of sexual abuse, and it relies on another agency to conduct these investigations. The facility has attempted to request the entity that conducts criminal investigations to follow the requirements of 115.321 (a). Summit Academy does not have an existing memorandum of agreement with the Pennsylvania State Police Department. Located in the supplemental files of the PAQ, the facility documented attempts via email and a draft of memorandum of agreement. In the draft of the document, the facility requested investigations be conducted following a uniform evidence protocol for the use of administrative proceedings and criminal prosecutions. In the case of administrative investigations, child welfare agencies have existing protocols and procedures for conducting administrative investigations.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.321 (g):

This provision does not apply to Summit Academy.

The agency is substantially compliant with this provision and no corrective action is needed at this time.

115.321 (h):

For the purpose of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues. According to the response in the issue log, Summit Academy does have a designated qualified staff member that has been screened to serve in this role, but they have not received education concerning sexual assault and forensic examination. The agency provided the Bureau of Professional and Occupational Affairs license indicating the individual was a professional counselor, but the individual does not meet the education requirement of having training about sexual assault and forensic examination. Based on the posters in the facility, Summit has relied on VOICE to provide needed advocacy services and there is an existing memorandum of agreement. In the Memorandum of Agreement with Butler Memorial Hospitals, it states that Summit Academy will send a victim advocate.

	<p>The agency is substantially compliant with this provision and corrective action is required at this time.</p> <p>Cases of administrative allegations of sexual abuse and sexual harassment are conducted by the Pennsylvania Department of Human Services, Western Region and the Butler County Children &amp; Youth Services. Cases of criminal allegations of sexual abuse or sexual harassment are conducted by the Pennsylvania State Police Department. Through a MOA with Butler Memorial Hospital, the agency offers all residents who experience sexual abuse access to forensic medical examinations by a SANE or SAFE. The agency has an existing memorandum of agreement with VOICe to provide victim advocacy and emotional support verified by agency policy and posters in the building. The facility has screened for appropriateness a staff member that is a master level counselor but does not have the required training in sexual assault or forensic examination, but VOICe has appropriately trained individuals that are able to work with sexual abuse victims.</p> <p>The agency is substantially compliant with this standard, and no corrective action is required at this time.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> <li>1. The facility should consider having existing therapist trained to be victim advocates and emotional support for sexual abuse victims.</li> </ol>
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<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Summit Academy PREA Policy CARF January 2015 (revised 6/4/2024)</li> <li>2. Pre-Audit Questionnaire (PAQ)</li> <li>3. <a href="https://theacademyschools.com/the-summit-academy">https://theacademyschools.com/the-summit-academy</a></li> <li>4. Draft of Memorandum of Agreement with Summit Academy and the Pennsylvania State Police Department</li> <li>5. Email Correspondence with the Pennsylvania State Police Department</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Pennsylvania Western Region Children Youth and Families Investigator</li> <li>2. Agency Head</li> </ol>

Findings (by Provision):

115.322 (a):

In the Pre-Audit Questionnaire (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 Summit Academy PREA Policy IV.F. that states all incidents related to PREA are 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. Pennsylvania State Police Department (PSP) shall be contacted for criminal investigations. Summit Academy has attempted through telephone, emails, and a draft of a memorandum of agreement to come into agreement with the PSP. The auditor attempted correspondence with the Pennsylvania Police Department to interview and discuss the status of the memorandum of agreement.

In the prior 12 months, Summit Academy reported on the PAQ that there were three sexual abuse allegations and one allegation of sexual harassment. In all three sexual abuse allegations, there was contact made with Childline. All sexual abuse allegations were unfounded. One of the sexual abuse investigations was conducted by the Pennsylvania State Police Department and it was closed the same day. The sexual harassment allegation was unfounded, but the allegation was not called into the Childline which resulted in the child welfare entities not conducting the administrative investigation of sexual harassment. The investigation was conducted by the Community Care Behavioral Health Organization. This organization does not have the authority to conduct administrative investigations of sexual abuse or sexual harassment for Summit Academy.

According to the agency head, the agency does ensure that an administrative or criminal investigation are completed for all allegations of sexual abuse or sexual harassment. It was explained that Childline is called, and the determination for the police department is made. It was communicated that once the police department is involved, they will handle and make decisions on allegations.

The auditor finds the facility is not substantially compliant with this provision and corrective action is required at this time.

115.322 (b):

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 Summit Academy 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>. The Pennsylvania State Police shall be contacted as necessary. The facility does not have an agreement with the Pennsylvania State Police, but historically, the department has jurisdiction of Summit Academy.

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. In the PAQ, the agency provide <https://theacademyschools.com/the-summit-academy/helpful-policies-and-procedures/> which 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.

In the PAQ, the agency reported that they document all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. The auditor was provided with investigative files in both the PAQ as well as the supplemental files. The investigative files were documented but not necessarily uniformed. The Summit Academy 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 files 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 explained the investigative process of allegations of sexual abuse and sexual harassment being referred to Childline. The auditor was not able to interview a representative from the Pennsylvania State Police Department who was responsible for conducting criminal investigations for allegations of sexual abuse and sexual harassment.

The auditor finds the facility is substantially compliant with this provision and corrective action is not required at this time.

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.

The facility does not have an existing memorandum of agreement with the Pennsylvania State Police. Summit Academy has attempted to establish an agreement with the PSP. The facility provided in the PAQ and supplemental files correspondence with PSP and a draft of a memorandum of agreement. Historically, the PSP has responded to incidents that have occurred at the facility. Recently in August, the department responded to an allegation of sexual abuse.

A review of the agency's website under a third-party reporting link identifies the Pennsylvania State Police (Butler Barracks) as a reporting agency for sexual abuse and sexual harassment.

The auditor finds the facility is substantially compliant with this provision and corrective action is not required.

115.322 (d): Auditor is not required to audit this provision

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.322 (e): Auditor is not required to audit this provision

The facility is substantially compliant with this provision and no corrective action is required at this time.

Summit Academy ensured allegations of sexual abuse were conducted according to the facility according to the PREA policy, but the allegation of sexual abuse was investigated, but not the appropriate investigative body based on review of investigative files. The facility has made attempts to establish a memorandum of agreement with the Pennsylvania State Police, and it was verified by correspondence and draft of the memorandum of agreement.

The auditor finds the facility is not substantially compliant with this standard and corrective action is required at this time.

Corrective Action:

1. Administrative staff to complete a mock incident of a sexual harassment incident documenting steps taken to prevent, detect, and respond in accordance with the facility's PREA policy and reported to Childline and investigated by entities responsible for conducting administrative and criminal investigations. Provide auditor with scenario and copy of roster of signatures of participants.

**Verification of Corrective Action:**

In response to the corrective action, the facility submitted documentation via OAS on 3/25/2025. The following document was submitted:

1. Corrective Action Mock Scenario- Mock Sexual Harassment Incident
2. Mock Scenario Report -Reportable Incident Child Residential and Day Treatment Facilities including reference to Safety Plan for resident and staff involved.

Corrective Action Intent:

The intent of this corrective action was to ensure that Summit Academy responded according to PREA mandates in the detection and response of an incident of sexual harassment. The mock scenario response included reporting to an outside entity to investigate, safety plan, offering of emotional support. The facility does not conduct administrative or criminal investigations.

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<b>115.331</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ)</li> <li>2. Video Safeguarding Your Sexual Safety-Moss Group and the Texas Juvenile Justice</li> <li>3. Pennsylvania Department Human Resources (DHS) Mandated Reporting &amp; Child Protection Training- Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania online Training- 3 Hour Course - <a href="https://www.reportabusepa.pitt.edu/">https://www.reportabusepa.pitt.edu/</a></li> <li>4. PREA Refresher: Juvenile Detention PREA Basics</li> <li>5. Summit Academy PREA Policy CARF January 2015 (revised 6/4/2024)</li> <li>6. Professional Communication and Boundaries</li> <li>7. Human Rights Campaign Foundation Recorded Webinar Introduction to LGBTQ+ Inclusion <a href="https://www.thehrcfoundation.org/professional-resources-/all-children-all-families-online-learning-archive">https://www.thehrcfoundation.org/professional-resources-/all-children-all-families-online-learning-archive</a></li> <li>8. Selected Staff Personnel Records</li> <li>9. PowerPoint Summit PREA Refresher Training 2024</li> <li>10. PREA Refresher: First responder Duties</li> <li>11. Blank PREA Refresher Acknowledgement</li> <li>12. CARF Training</li> <li>13. Summit Academy Employee Handbook 2019</li> <li>14. Initial Orientation CARF Training Checklist</li> <li>15. MinistrySafe Online Training and Assessment</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Staff</li> </ol>

Site Review:

Findings (by Provision):

115.331(a):

According to the response on the Pre-audit questionnaire (PAQ) Summit Academy 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: Safeguarding Your Sexual Safety, Child Protection Act, Juvenile Detention PREA Basics, and Professional Communication and Boundaries. In the videos Safeguarding Your Safety it is clearly stated the facilities zero tolerance for sexual abuse and sexual harassment. Contained in the CARF training PowerPoint, there is a slide dedicated to the agency's Zero Tolerance Policy.

The introduction of the Summit Academy PREA Policy states the facility has a zero-tolerance policy concerning sexual abuse, sexual assault and sexual harassment of facility students 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 31 out of 31 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 CARF orientation training that includes PREA training, 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. As of 2024, the facility has added MinistrySafe Training and Assessment as a supplement to the existing PREA training. Ministrysafe provides a complete child safety system for churches and other child-serving organizations. The auditor completed the web-based online training and assessment. It appears that the training and assessment is specific to sexual abuse. The facility reported that the training would be a supplement to the annual CARF training, which includes PREA refresher training.

Additionally, the agency provides the same CARF Training for orientation and refresher PREA training. Based on information provided in the PAQ, Summit Academy's training curriculum includes the following topics:

- Zero-tolerance Policy for sexual abuse and sexual harassment- PREA Video and CARF Training PowerPoint
- How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures- 3 Hour Web Based Training <https://www.reportabusepa.pitt.edu/>
- The right of residents to be free from sexual abuse and sexual harassment- PREA video
- The right of residents and staff to be free from retaliation for reporting sexual abuse and sexual harassment- PREA Refresher: Juvenile Detention PREA Basics
- The dynamics of sexual abuse and sexual harassment in juvenile facilities- PREA Refresher: Juvenile Detention PREA Basics
- The common reactions of juvenile victims of sexual abuse and sexual harassment- PREA Refresher: Juvenile Detention PREA Basics
- 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- Summit PREA Policy
- How to avoid inappropriate relationships with residents- PREA Video and PREA Professional Communication & Boundaries
- How to communicate effectively and professionally including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming residents- Human Rights Campaign Foundation Recorded Webinar Introduction to LGBTQ+ Inclusion
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. - Pennsylvania Department Human Resources (DHS) Mandated Reporting & Child Protection Training- Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania online Training- 3 Hour Course - <https://www.reportabusepa.pitt.edu/>
- Relevant laws regarding the applicable age of consent- PREA Policy
- The agency delivers PREA training through several methods that include one video, an acknowledgement form, two handouts, and a policy. Curriculum items utilized below:
  - Juvenile Detention PREA Basics- Handout
  - Professional Communication and Boundaries- Handout
  - Summit Academy PREA Policy
  - Acknowledgement of Understanding of the Substance of the Child Protection Act- Form
  - Safeguarding Your Sexual Safety: A PREA Orientation Video- Moss Group and Texas Juvenile Justice

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

During the review of 31 personnel files and additional training materials, the auditor determined that the facility trains the staff on all the criteria required by the PREA



mandates.

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 agency is substantially compliant with this provision and no corrective action is required at this time.

115.331 (b):

Reported in the PAQ, Summit Academy is an all-male facility. In the Summit Academy PREA Overview 2024 PowerPoint, there is a bullet referencing discussion of males in confinement. There was a list of signs of sexual abuse and harassment, but there was a single error on the PowerPoint: Summit Academy PREA Overview 2024.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.331(c):

According to the PAQ, between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. Annually, staff at Summit Academy are provided with CARF Training which includes PREA refresher training. Review of staff folders, the auditor was able to determine that staff receive CARF training annually. The training includes the handouts PREA Basics, PREA Refresher First Responder Duties. Added to this year's refresher training was the MinistrySafe Online Training and Assessment and the PowerPoint: Summit Academy PREA Overview 2024. The annual training is documented on the employees' transcript in the personnel file.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.331 (d):

Summit Academy reported in the PAQ that the facility documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. 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 and no corrective action is required at this time.

The facility provides PREA training to employees on the facility's zero-tolerance policy. Also, Summit Academy provides PREA education utilizing handouts, videos, and acknowledgement forms. The curriculum utilized meets the requirements set by

	<p>115.331(a)-1-11. Annually, staff are provided with PREA refresher training. The facility maintains documentation of PREA training, and staff acknowledge understanding and participation by signature.</p> <p>The agency is substantially compliant with this standard, and there is no corrective action needed at this time.</p>
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115.332	Volunteer and contractor training
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ)</li> <li>2. Issue Log</li> <li>3. Summit Academy PREA Policy</li> <li>4. Contractor Files</li> <li>5. Volunteer (Intern) File</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Contractor</li> <li>2. Volunteer (Intern)</li> </ol> <p>Findings (by Provision):</p> <p>115.332(a):</p> <p>Summit Academy reported in the Pre-audit questionnaire (PAQ) that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The facility has three contractors and one volunteer (intern).</p> <p>Within the Summit Academy PREA Policy IV.C.2, all volunteers and contractors who have contact with students shall be trained in 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.</p>

Provided in the PAQ, the facility provided a copy of the contact information for both the contractors and the volunteer (intern). The auditor interviewed both a contractor and the volunteer. It was confirmed that they had been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response per the agency policy and procedure. Both were able to convey the subject matter covered during training.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.332 (b):

Summit Academy responded on the PAQ that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. Review of files in the PAQ and the supplemental files did not include any training materials specifically utilized for volunteers or contractors for the auditor to determine compliance.

During the interview, the volunteer and contractor recalled information pertaining to scene preservation, the facility's zero-tolerance policy, and Childline reporting both online and by telephone.

The facility is not compliant with this provision and corrective action is required at this time.

115.332(c):

Summit Academy responded in the PAQ that the facility maintains documentation confirming that the volunteers and contractors understand the training they have received.

For clarification the auditor requested information on the issue log. The facility responded that there was no documentation of PREA training in the contractors' files. Further the auditor reviewed the volunteer's file, and it yielded no documentation of PREA training.

The facility is not compliant with this provision and corrective action is required at this time.

Summit Academy has provided PREA training to contractors and volunteers and the practice is verified through PAQ and interviews. The auditor was unable to review the curriculum to determine the scope of training for volunteers and contractors. The facility does not practice maintaining documentation of PREA training for volunteers and contractors.

The facility is not substantially compliant with this standard, and corrective action is needed at this time.

Corrective Action:

	<ol style="list-style-type: none"> <li>1. Provide a curriculum of PREA instruction for volunteers and contractors that includes PREA the agency’s zero-tolerance for sexual abuse and sexual harassment and ways to report sexual abuse and sexual harassment.</li> <li>2. Maintain documentation of acknowledgement of participation and understanding of PREA training.</li> </ol> <p><b>Verification of Corrective Action:</b></p> <p>In response to the corrective action, the facility submitted documentation via OAS on 3/25/2025. The following document was submitted:</p> <ol style="list-style-type: none"> <li>1. Acknowledgement Form of PREA Training for Contractors/Volunteers</li> <li>2. Acknowledgement Form of PREA Training signed by contractors</li> </ol> <p>Corrective Action Intent:</p> <p>The intent of this corrective action was to ensure that Summit Academy trained contractors in accordance with the PREA mandates. The contractor was trained on the agency’s zero tolerance policy and the ways that incidents of sexual abuse and sexual harassment can reported.</p>
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<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ)</li> <li>2. Summit Academy PREA Policy</li> <li>3. Video PREA Juvenile Intake: Let’s Talk About the PREA Standards</li> <li>4. Video Safeguarding Your Sexual Safety Maine Department of Corrections PREA</li> <li>5. Summit Schools PREA Intake Pamphlet</li> <li>6. Student Orientation Checklist</li> </ol>

7. 23 Student Files
8. Summit Academy Student Orientation Packet
9. PREA Comprehensive Training Acknowledgement Form Implemented 7/2024

Interviews:

1. PREA Coordinator (Intake Staff)
2. Random Residents

Site Review:

1. Observation Orientation PREA Training with Student
2. Observation Comprehensive PREA Training with Student
3. PREA Posters No Means No

Findings (by Provision):

115.333(a):

In the pre-audit questionnaire (PAQ) facility provided as evidence of policy, Summit Academy PREA Policy IV.B. The policy states upon admission, students 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. Students 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 student, during the admission process. Students will be clearly advised that sexual conduct encompassing all definitions in this policy by adults or other students in Summit Academy facilities is prohibited and that students 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 260 students that received information pertaining to the facility's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. Students are delivered the information by viewing the video PREA Juvenile Intake: Let's Talk About the PREA Standards.

The PREA coordinator is responsible for providing PREA education during intake. It was confirmed by the PREA coordinator that during intake students are provided information about the facility's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. It was disclosed that students get to view the pamphlet, but they do not receive a copy. The copies are in the respective counselors' offices.

During interviews with students, there was 16 out of 20 students who recalled receiving information about the facility's rules against sexual abuse and sexual harassment when they first were admitted to the facility.

During the observation of the intake PREA education, the auditor viewed PREA video and was provided Summit Schools PREA Intake Pamphlet, which contained information related to zero-tolerance and how to report.

The facility is substantially compliant with the provision and no corrective action is needed at this time.

115.333 (b):

The Summit Academy PREA Policy IV.C.5 states within 10 days of admission to an Academy operated facility all students 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 Summit Academy policies and procedures for responding to incidents of sexual abuse, assault or harassment, as well as the various methods of reporting.

As of 7/2024, the auditor determined from review of student files that all PREA education was during intake instead of in two separate sessions of orientation PREA education and comprehensive PREA training. During informal conversation, the PREA coordinator disclosed that PREA education only during intake was the practice of the facility. Added, it was believed by the PREA coordinator when the two sessions for PREA education were implemented students had a better understanding.

Once the practice was 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.

The 13 out of the 20 students interviewed recalled during their PREA education that they received information on two or more of 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 PREA coordinator stated that residents are informed of their rights during their PREA comprehensive training. Students are made aware of all their rights during the comprehensive training, and they sign the PREA Comprehensive Training Acknowledgement Form. This practice has recently been implemented as of 7/2024.

The facility does not substantially meet compliance in this provision and corrective action is needed at this time.

115.333(c):

Review of 23 student files, all students received PREA education. The issue with the education is that up until 7/2024 all the PREA education occurred during the

orientation to the facility instead of being delivered in two parts. PREA orientation training should be 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.

All students subsequently received training in both PREA orientation criteria and PREA comprehensive criteria.

According to the PAQ, Summit Academy is a private facility, and there is no transferring of students from one facility to another so there are no concerns regarding additional training of students.

The facility meets compliance with this provision and no corrective action is needed at this time.

115.333(d):

Within the Summit Academy PREA Policy IV.C.5, it is cited all education and information shall be made available in formats accessible to all student (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 has a contract with Day Translations, Inc. to provide translation services for limited English proficient and hearing impaired. During informal conversation, it was found that the language line is utilized for parents and guardians. Summit Academy's Admission/Readmission Criteria does not allow admittance of students that would be in need of one-on-one supervision. The facility has the necessary office equipment to enlarge fonts of materials. Also, the PREA training videos have closed caption for those students that may be hearing impaired.

During the interviews with targeted students with learning disabilities, it was confirmed that assistance is provided by staff when necessary for reading and understanding materials. Most of the PREA training is provided verbally and by video.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.333(e):

Review of 23 student files, the auditor located the Student Orientation Checklist. The checklist is found within the Summit Academy Intake Packet. Upon completion

of the training, the students acknowledge by initial and signature receipt of PREA training. Due to the manner of delivery of PREA education, the students only acknowledge receipt of the orientation PREA training up until 7/2024. Summit Academy has just recently begun providing separate initial PREA orientation and comprehensive PREA training. As of 7/2024, the facility began documenting the comprehensive PREA training on the Comprehensive PREA Training Acknowledgement Form.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.333 (f)

Summit Academy ensures that key information pertaining to PREA is displayed throughout the facility. During the site review, the auditor observed contact information for Victim Outreach Intervention Center (VOICe) on PREA posters on housing units and the Summit Schools PREA Intake Pamphlet in offices. Also, the auditor observed copies of the audit postings throughout the facility. The facility provided pictures of locations of the posters in the supplemental files.

The facility substantially meets compliance in this provision and no corrective action is required at this time.

During intake students are provided PREA orientation training verbally and by video information about Summit 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 PREA education instead of having PREA orientation and PREA comprehensive training within 10 days, and it was verified by PAQ, interview and documentation. Review of random student files provided evidence that students had received PREA training. PREA education is provided verbally and by video, and the facility has provided means for all students to benefit from PREA education. The auditor located in students' files evidence of student participation in PREA education, but for only the orientation due to the delivery method. The auditor concluded that all PREA education was done at the same time until 7/2024 and verified by interview and documentation. The facility implemented a practice of delivering the training in accordance with the PREA mandates beginning 7/2024. During the site review, the auditor observed posters ensuring that key information of the agency's PREA policies were continuously and readily available.

The facility is not substantially compliant with this standard, and corrective action is required at this time.

Corrective Action:

1. The facility shall provide all students with copies of the Summit Schools PREA Intake Pamphlet. The auditor shall be provided with signed acknowledgement that all students have received a copy of the pamphlet.



2. The facility shall provide comprehensive PREA education within 10 days of intake to the facility. Maintain and document acknowledgment of participation and understanding. The facility shall provide the auditor copies of all PREA Comprehensive Training Acknowledgement Forms for all students that are admitted into the facility. Provide the roster of admittance to check for compliance. 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 (VOICE).

**Verification of Corrective Action:**

In response to the corrective action, the facility submitted documentation via OAS on 3/25/2025. The following document was submitted:

1. 180 Acknowledgements of Comprehensive PREA Training
2. 130 Acknowledgment of Comprehensive PREA Training/ How to Submit Anonymous Grievance

Corrective Action Intent:

The intent of this corrective action was to ensure that Summit Academy established and continued to educate residents initially during intake and within 10 days of admission. Prior to July 2024, the facility was providing PREA education only during the intake process. The residents are now provided both PREA orientation at admission and PREA comprehensive training within 10 days of admission. The residents are provided education on the following:

1. Your right not to be sexually abused or sexually harassed
2. How to report sexual abuse or sexual harassment
3. Your right not to be punished or retaliated against for reporting sexual abuse or sexual harassment.
4. Address and phone number to the local rape crisis center (VOICE).

Students are provided with a copy of the PREA education pamphlet.

Also, the intent of this corrective action was to ensure that residents were educated and acknowledge receipt of how to submit an anonymous grievance.

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<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Summit Academy PREA Policy CARF January 2015 (revised 6/4/2024)</li> <li>2. Pre-Audit Questionnaire (PAQ)</li> <li>3. Home and Community Services Information System (HCSIS) 2014-2017</li> <li>4. Investigative files dated from 2017 to 2024</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Pennsylvania Western Region Office of Children Family and Youth (OCYF)</li> <li>2. Butler County Office of Children Family and Youth (OCYF)-unavailable by interview or email</li> <li>3. Pennsylvania State Police- unavailable by interview or email</li> </ol> <p>Findings (by Provision):</p> <p>115.334(a):</p> <p>According to information provided on the PAQ, this provision is not applicable to Summit Academy. The agency does not conduct administrative or criminal sexual abuse investigations. Further review of sexual abuse and sexual harassment investigative files provided in the Pre-Audit Questionnaire (PAQ) and supplemental files confirmed that the facility does not conduct administrative or criminal investigations. Within the Summit Academy’s PREA Policy IV.C.3., states that 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:</p> <ul style="list-style-type: none"> <li>• Techniques for interviewing juvenile sexual abuse victims.</li> <li>• Sexual abuse evidence collection in facility settings.</li> <li>• Criteria and evidence required to substantiate a case for administrative action and/or prosecution referral.</li> </ul>

It should be noted, there are no internal PREA investigators at Summit Academy.

Administrative investigations of allegations of sexual abuse and sexual harassment are conducted by the Pennsylvania State Police. Criminal investigations of sexual abuse and sexual harassment are conducted by the Butler County Office of Children Family and Youth and the Pennsylvania Western Region Office of Children Family and Youth. Due to Summit Academy not having a contract for residential services with the County of Butler, the Butler County Office of Children Family and Youth take the lead in conducting administrative investigations for Summit Academy.

During the interview with the investigator from Pennsylvania Western Region OCYF, the auditor determined that the investigator received training in completing investigations at residential settings. Additionally, the investigator provided information pertaining to the role of the county level and state level roles in administrative investigations at Summit Academy. The investigator from the Butler County OCYF or the Pennsylvania State Police did not avail themselves for interview or email.

The agency substantially meets compliance in this provision and no corrective action is required at this time.

115.334 (b):

Summit Academy does not conduct administrative or criminal sexual abuse investigations.

The agency is substantially compliant in this provision and no corrective action is required at this time.

115.334(c):

Summit Academy does not conduct administrative or criminal sexual abuse investigations.

The agency is substantially compliant in this provision and no corrective action is required at this time.

115.334(d):

The agency is substantially compliant with this provision and no corrective action is required at this time.

Summit Academy does not conduct administrative or criminal investigations of sexual abuse.

The agency is substantially compliant with this standard and no corrective action is needed at this time.

<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Summit Academy PREA Policy CARF January 2015 (revised 6/4/2024)
2. Employee Files
3. NIC Helpdesk request
4. Training Certificates for Medical Mental Health Practitioners PREA 201
5. MOA between Summit and the Butler Hospital for SANE/SAFE

Interviews:

1. Butler Memorial Hospital SANE/SAFE Coordinator
2. Medical and Mental Health Practitioners

Findings (by Provision):

115.335(a):

Summit Academy has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. Contained in the Summit Academy 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 13 medical and mental health care practitioners who work regularly at Summit Academy who received the National Institute of Corrections (NIC) PREA 201 training. The PREA 201 training given by NIC includes all elements required by the PREA standard 115.335. Initially, there was a problem with obtaining the PREA 201 training from NIC that prompted the facility to contact NIC. The facility provided the auditor with the correspondence. The facility obtained access to the training, and all staff were trained on PREA 201.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.3335(b):

The medical practitioners at Summit Academy do not conduct forensic medical

exams. Forensic medical exams are conducted by Butler Memorial Hospital Emergency Room. It was confirmed by the medical practitioner at Butler Memorial Hospital that forensic examinations are conducted at the hospital

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.3335(c):

According to Summit Academy, the facility maintains documentation showing that medical and mental health practitioners have completed the required training. The agency demonstrates the practice of maintaining documentation of medical and mental health practitioner training. Through the supplemental files, the auditor was provided NIC PREA 201 certificates, Medical and Mental Health Roster, and the PREA training from PREA standard 115.331.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.335(d):

The Summit Academy 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 that CARF is an annual training course including PREA refresher training. Review of files submitted in the supplemental files, the medical and mental health practitioners had received the orientation and PREA refresher training within the CARF training.

The agency is substantially compliant with this provision and no corrective action is required at this time.

Summit Academy PREA Policy outlines the required specialized training for medical and mental health care practitioners. The training includes all the elements that are required by PREA standard 115.335(a) The medical practitioners do not conduct forensic examinations verified by interview and policy. The agency does maintain and document the training of its medical and mental health care practitioners verified in PAQ and supplemental files. Lastly, the agency conducts and documents the medical and mental health care practitioners' understanding and participation in the PREA training mandated in PREA standard 155.331 verified by documents in the supplemental file.

The agency does is substantially compliant, and no corrective action is needed at this time.

<b>115.341</b>	<b>Obtaining information from residents</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 344 453 378">Documents:</p> <ol data-bbox="341 445 1270 770" style="list-style-type: none"> <li>1. Summit Academy PREA Policy</li> <li>2. Summit Academy Vulnerability Risk Assessment</li> <li>3. 23 Student Files</li> <li>4. 23 Risk Assessments</li> <li>5. Pre-Audit Questionnaire (PAQ)</li> <li>6. List of Staff conducting Risk Assessments</li> <li>7. List of Staff who have Access to Risk Assessments</li> <li>8. Samples of Communication of Risk to Administration and Staff</li> </ol> <p data-bbox="280 815 437 848">Interviews:</p> <ol data-bbox="341 916 877 1039" style="list-style-type: none"> <li>1. Staff responsible for risk screening</li> <li>2. Random Resident</li> <li>3. PREA Coordinator</li> </ol> <p data-bbox="280 1084 453 1117">Site Review:</p> <ol data-bbox="341 1173 1270 1207" style="list-style-type: none"> <li>1. Intake- Risk Assessment Observation with Medical Practitioner</li> </ol> <p data-bbox="280 1252 612 1285">Findings (by Provision):</p> <p data-bbox="280 1330 453 1364">115.341 (a):</p> <p data-bbox="280 1397 1477 2047">In the PAQ, the Summit Academy 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 students within 72 hours of intake and reassessed periodically throughout their confinement. Summit Academy Prisoner PREA Policy IV. B. 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, 260 students 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 114 students admitted to the facility. The auditors reviewed 23 student PREA screenings and student files. In review, all students that were screened at intake were completed within 72 hours of admission to the facility. The PREA risk assessment form provides that the student is being screened for sexual victimization and sexual abusiveness. During interviews with students, 13 out of 20 students recall being asked questions related to sexual abuse by the</p>

medical practitioner at intake within 72 hours of intake. During interviews with staff that are responsible for risk screening, when asked do you screen students within 72 hours of their intake, staff stated yes within 72 hours; when asked how often students' risk levels are assessed, staff stated risk levels are reassessed every therapy session.

The facility is substantially compliant with this provision and no corrective action is required at this time.

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 student's overall risk of sexual victimization or risk of abusiveness towards others. This process is conducted on the Summit 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 student and the scores yield an outcome that could be used to inform staff of supervision needs for housing, bed, movement and program placement. During the onsite review, the auditor observed the risk assessment being conducted privately and in a manner that fostered comfort and elicited responses.

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

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 life experience, sexual experience, criminalistic lifestyle, and disabilities.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.341 (d):

During an interview with staff that conduct risk screening, when asked how information is ascertained, staff stated they review information obtained during admission process and during intake interview. The auditors reviewed 23 student PREA screenings and 23 student files. During interviews with students, 13 out of 20 students recall being asked questions related to sexual abuse by the nurse at intake on the first day.

The facility is substantially compliant with this provision and no corrective action is required at this time.

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 student's detriment by staff or other students. During an interview with the PREA coordinator, when asked has the agency outlined who should have access to a student's risk assessments within the facility in order to protect the student's information from exploitation, staff indicated yes maintained in the medical file, and only medical practitioners completes assessment. During an interview with staff that conducts risk screening, when asked has the agency implemented appropriate controls on the dissemination of information, staff stated yes, information is placed in medical files in a shared file and there is limited access by others. 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 and other staff. There is an email sent of risk communications that only details if the student is a risk but does not specify the type of PREA risk.

The facility is substantially compliant with this provision and no corrective action is required at this time.

The agency requires screening upon admission or transfer and periodic reassessments which was verified through PAQ, policy, student files, student interviews, and staff interviews. The agency's risk assessment is conducted using an objective screening instrument which was verified through PAQ, risk assessment, and staff interviews. All PREA mandated criteria for the risk screening are included in the risk assessment screening instrument, which was verified by the PAQ, risk assessment and staff interviews. In obtaining information for the risk assessment, it is evident that Information is ascertained from talking with the student, reviewing file information from admission interview which is verified through the risk assessment, onsite observation of risk assessment and staff interview. Summit Academy has controlled the level of access that each staff has, to control and protect sensitive information of the risk assessments, which was verified by the interviews, risk assessments, onsite observation.

The facility is substantially compliant with this standard and no corrective action is required at this time.

<b>115.342</b>	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



Documents:

1. Summit Academy PREA Policy
2. 23 Student Files
3. 23 Summit Academy Vulnerability Risk Assessment
4. Student Roster
5. <https://theacademyschools.com/the-summit-academy/>
6. Pre-Audit Questionnaire (PAQ)

Interviews:

1. Staff responsible for risk screening
2. Superintendent
3. Medical and Mental Health Practitioners

Site Review Observation:

1. Observation during onsite review of physical plant

Findings (by Provision):

115.342 (a):

The facility reported in the Pre-Audit questionnaire (PAQ) that they use information from the risk screening to form housing, bed, work, education, and program assignments with the goal of keeping all students safe and free from sexual abuse. The agency relies on the Summit Academy PREA Policy IV.B. The screening will be documented in the intake questionnaire completed at court, or with a student'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 students safe and free from sexual abuse and sexual harassment, staff stated they use information for separation and identify the propensities for victimization. The auditor was able to determine that students 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 students safe and free from sexual abuse. The auditor was able to review 23 risk assessments that provide information on how staff use the information to inform them on specific recommendations.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.342 (b):

Summit Academy reported in the PAQ that they do not have a policy for students at risk of sexual victimization. They may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other students safe, and

only until an alternative means of keeping all student's safe can be arranged or requires that students 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 were no students 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 students in isolation receive visits from medical and mental health care, staff stated no, and the facility does not practice isolation. During interviews with the superintendent, when asked, are students only isolated from others as a last resort when less restrictive measures are inadequate to keep them and other students safe, and only until an alternative means of keeping all students safe can be arranged, staff stated no, and the facility does not practice isolation. During the onsite review, there were no students to interview that were in isolation.

During the onsite review, the auditor was able to observe the physical plant of the facility, and the facility does not practice isolation but has the capability of separating students. The facility is not a secure facility. At the time of the onsite review, there were no students in isolation that were at risk of sexual victimization or alleged to have suffered sexual abuse. The auditor reviewed student roster and confirmed that there were no students in isolation.

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

115.342 (c):

Summit Academy reported in the PAQ that they prohibit placing lesbian, gay, bisexual, transgender, or intersex students in particular housing, bed, or other assignments solely on the basis of such identification or status. Additionally, the facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. According to Summit Academy 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 students, staff stated no. At the time of the onsite audit, the auditor reviewed student files and housing placements for students. There were no students placed in a housing assignment solely based off of their identification status. There were no special housing units solely for LGBTQI students. During the onsite audit, there were no students that identified as LGBTQI for the auditor to interview.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.342 (d):

In the PAQ, the facility reported they make housing and program assignments for transgender or intersex students in the facility on a case-by-case basis. The facility relies on Summit Academy PREA Policy IV.B. that outlines that placement and programming for transgender and intersex students shall be reassessed at least annually to review any threat to safety experienced by the student. Prior to the onsite review, the auditor reviewed the facility website and obtained information that the facility housed male students. At the time onsite audit, there were no students identified as transgender or intersex for the auditor to interview.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.342 (e):

Summit Academy reported placement and programming assignments for each transgender or intersex student shall be assessed at least twice each year to review any threats to safety experienced by the student. The facility cites in the Summit Academy PREA Policy IV.B. that outlines that placement and programming for transgender and intersex students shall be reassessed at least annually to review any threat to safety experienced by the student. As written agency policy outlines that transgender and intersex students 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 student reassessed to review any threats to safety experienced by the student, staff stated they are reassessed every counseling session. The auditor reviewed 23 student files and was able to determine there was no student that identified as transgender or intersex. At the time of onsite audit, there were no students that identified as transgender or intersex for the auditor to interview.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.342 (f):

In the PAQ, A transgender or intersex student'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 students own views with respect to his or her own safety given serious consideration in placement and programming assignments, staff stated yes. The auditor reviewed 23 student files and there were none that identified as transgender or intersex. Considered on the risk assessment at intake is a question pertaining to students' own views with respect to his or her own safety. During onsite audit, there were no students identified as transgender or intersex for the auditor to interview.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.342 (g):

Summit Academy reported that transgender and intersex students shall be given the opportunity to shower separately from other students. During an interview with staff responsible for risk screening, when asked are transgender or intersex students given the opportunity to shower separately from other students, staff stated yes. During the onsite review, the auditor observed the showers are separate and all students shower separately. The auditor's assistant observed that only one student per shower stall and staff were posted in bathrooms during showering. The auditor reviewed 23 student files and was able to determine there were no students that were identified as transgender or intersex.

The facility is substantially compliant with this provision and no corrective action is required.

115.342 (h):

Summit Academy reported in the PAQ that there were no students isolated pursuant to paragraph (b) of this section in the past 12 months that required the facility to document a concern of a student's safety. During the onsite review, the auditor did not observe any housing rooms utilized as isolation. A review of 23 student files did not reveal that students were placed in isolation as outlined in this provision for risk of sexual victimization.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.342 (i):

In the PAQ, every 30 days, the facility shall afford each student described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population. Summit Academy reported they do not utilize isolation. During an interview with administration and medical staff, it was reported they do not isolate students. During the onsite review, the auditor did observe housing rooms and there was no evidence that there were areas of isolation. The facility has the capacity to move students housing if there are concerns of safety. A review of 23 student files did not reveal that students were placed in isolation as outlined in this provision. The evidence shows the facility does not isolate students at the facility which was verified through interview, observation, and documentation review, the facility did not have an incident where a student 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.

The facility is substantially compliant with this provision and no corrective action is required at this time.

Summit Academy 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 students safe and free from sexual abuse which was verified by risk assessment, policy and staff interviews. The evidence shows the

	<p>facility does not practice isolation of students. There were no students 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. The facility does not have a special housing for LGBTQI students or consider identification status as a likelihood of being sexually abusive. This was verified by policy, interviews, student files and onsite observation. During the onsite review, the auditor observed male students at the facility. The facility makes housing and program assignments for transgender and intersex students on a case-by-case basis which is verified by PAQ, policy, website, and onsite. Each transgender or intersex student shall be assessed during every counseling session which is verified through PAQ, interviews with staff and documentation review. Additionally, each transgender or intersex student views are considered which is verified by PAQ and risk assessment. Also, each transgender or intersex student are given an opportunity to shower separate from other students which is verified by PAQ, interviews, files and onsite observation. Lastly, the facility does not isolate students at the facility which was verified through interview, observation, and documentation review.</p> <p>The facility is substantially compliant with this standard and no corrective action is required at this time.</p>
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<b>115.351 Resident reporting</b>	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Summit Academy PREA Policy CARF January 2015 (revised 6/4/2024)</li> <li>2. PREA Intake Pamphlet</li> <li>3. PREA Poster</li> <li>4. Student Grievance Policy (revised 4/30/2020)</li> <li>5. Student Grievances for the Prior 12 Months</li> <li>6. The Academy Schools: The Summit Academy Child’s Rights</li> <li>7. The Academy Schools: The Summit Academy: Summit Academy Family Visitation Policy</li> <li>8. The Academy Schools: Student Mail Rights Policy</li> <li>9. Acknowledgement of Child Protection Act</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. 13 Random Staff</li> <li>2. 20 Random Residents</li> <li>3. PREA Coordinator</li> <li>4. Resident who reported sexual abuse</li> </ol>

Site Review:

1. Grievance Forms
2. Auditor initiated a report to Childline
3. Observed Residents utilizing telephone with staff
4. Observed Resident PREA Posters

Findings (by Provision):

115.351(a):

According to information provided on the Pre-audit Questionnaire (PAQ), Summit Academy provides multiple internal ways for residents to privately report sexual abuse and sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. In the Summit Academy PREA Policy IV.D., it outlines that students can report incidents to a designated staff member, supervisor, counselor, mental health clinician, medical personnel, facility administrator, Summit Academy child advocate. Reports can be made verbally and in writing. Residents can report to the Pennsylvania Department of Human Services via toll free numbers posted on living units. Students, 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 reach an operator on the facility's cell phone. Students utilize the facility's cell phones for all calls.

During the interviews with 13 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 tell a family member or staff member. Out of 20 students, there were seven students that knew that allegations of sexual abuse and sexual harassment can be reported by a grievance. One resident identified calling the Childline when reporting allegations of sexual abuse, sexual harassment, retaliation for reporting or staff neglect or violation of responsibilities that may have contributed to such incidents.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.351 (b):

Reported in the PAQ, the facility provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency reported they do not provide information for immigrant services. The facility does not detain residents for immigration purposes. The

agency relies on The Summit Academy PREA Policy IV.D., it states that a resident can make a complaint about sexual abuse and sexual harassment verbally to staff, filing a grievance, or calling the Childline.

During interviews with 20 random residents, there was one student who recalled Childline.

During interviews the auditor asked all of the students 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.

The PREA coordinator confirmed the use of facility cell phones to make student calls to Childline.

During the onsite review, the auditor did observe postings with the Victim Outreach Intervention Center (VOICe) which is the outside victim advocate. The contact information is 1-800-400-8551 and the address 111 S. Cliff Street, Suite 1A, Butler, PA 16001. The center explained that they would take calls for reporting purposes. The Childline contact information was not located on the poster. Both the Childline information and Voice information were located on the pamphlet No Means No. Residents do not have the means to mail a confidential letter anonymously. Mail is handled by staff.

The auditor utilized the Childline number and was able to contact Childline relatively quickly.

The facility is not substantially compliant with this provision and corrective action is required at this time.

115.351(c):

In the PAQ, the facility 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. The agency relies on The Summit Academy Schools PREA Policy IV.D. which states that facility staff shall accept reports including reports made regarding other Summit or non-Summit Academy facilities made verbally, in writing anonymously, and from third parties and shall promptly document any verbal reports.

During interviews with random staff, all 13 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 13 stated yes. It would be recorded in Orbund, a web platform that provides various tools for education management. When asked how long it ordinarily takes to document after a resident makes a verbal report, all 13 staff stated immediately.

During interviews with 20 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 facility is substantially compliant with this provision and no corrective action is required at this time.

115.351(d):

In the PAQ, the facility reported that they provide students 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 have access to grievances, and they can be submitted directly to staff. During interviews with students that reported sexual abuse, it was stated that they were not assisted in writing a written report.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.351 (e):

In the PAQ, the agency reported that they established procedures for staff to privately report sexual abuse and sexual harassment of students and staff are informed of these procedures during PREA training through the Summit Academy PREA Policy and the Acknowledgement of Understanding of the Substance of the Child Protection Act. The facility relies on Child Protection Act that states how staff can privately report sexual abuse and sexual harassment of residents.

During interviews with 13 random staff, staff reported that they can privately report through the Childline, they can tell a supervisor, and stated they can report anonymously.

The facility is substantially compliant with this provision and no corrective action is required at this time.

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, postings in the facility. The facility has provided at least one way for a student to report sexual abuse to a public or private entity or office that is not part of the agency, but students do not have access to the information, or they have not been educated on the ways to contact the public and private entity or office that is not a part of Summit Academy. This information was verified through interviews, 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 the facility for therapeutic treatment but not for civil immigration purposes. The evidence shows that the facility has a policy that mandates 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. The evidence



shows that the facility provides residents access to make written reports through staff and grievance form, which was verified through interviews, posting in the housing unit, and grievance forms. During the site review, the auditor located grievance forms, but there were no locked grievance boxes for students to submit grievances anonymously. The facility demonstrates that the agency has an established procedure for staff to privately report sexual abuse and sexual harassment of students 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.

The facility is not substantially compliant with this standard and corrective action is needed at this time.

**Corrective Action:**

1. The facility shall develop ways for residents to report anonymously sexual abuse, sexual harassment, incidents of retaliation for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to outside reporting agencies.
2. The agency shall educate students on the contact information for outside reporting agencies and how to report anonymously either by telephone, email or mail. Provide signature page that residents participated and understand the instruction on how to report to outside agencies incidents of sexual abuse, sexual harassment, retaliation, and staff neglect or violations that may cause incident.
3. The facility shall provide lock boxes for residents to submit correspondence anonymously such as grievance and mail.

**Verification of Corrective Action:**

1. In response to the corrective action, the facility submitted documentation via OAS on 3/25/2025. The following documents were submitted:
2. Revised PREA Intake Brochure with information on how to report to the outside reporting agency.
3. 129 Signed Copies of PREA Comprehensive Training/Anonymous Grievance
4. Student Mail Rights with Employee and Witness Acknowledgement
5. Pictures of five installed locked grievance boxes
6. Summary of instructions for anonymous submission of grievances to outside reporting agency to report sexual abuse, sexual harassment, incidents of retaliation for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to outside reporting agencies. To do this, students are instructed to follow the steps below:
  - Obtain a grievance form (or use a plan piece of paper) along with an envelope where they are maintained next to the grievance box on each floor.

	<ul style="list-style-type: none"> <li>• Students should then complete the form (or write the information on the piece of paper) and place it in the envelope. Students have the option of including their name or choosing to remain anonymous.</li> <li>• Students will then address the envelope to the Office of Children Youth and Families. The address is posted next to the grievance box, in addition to being listed in the pamphlet students are provided at intake or upon request.</li> <li>• Students will then seal the envelope and place it in the grievance box on their floor without putting their name on the return address or elsewhere on the envelope.</li> <li>• The staff member responsible for checking the grievance boxes each day will then mail any envelopes in the box to the address listed.</li> </ul> <p>Corrective Action Intent:</p> <p>The intent of this corrective action was to ensure that Summit Academy established a way for residents to report sexual abuse, sexual harassment, incidents of retaliation for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to outside reporting agencies.</p>
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<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Summit Academy PREA Policy</li> <li>2. Student Grievance Policy</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Grievance Coordinator</li> </ol> <p>Site Review:</p> <ol style="list-style-type: none"> <li>1. Location of Grievance Forms</li> </ol> <p>Findings (by Provision):</p>

115.352 (a-g):

Summit Academy responded on the Pre-audit questionnaire (PAQ) that they have an administrative procedure that addresses resident grievances regarding sexual abuse. All allegations of sexual abuse are submitted to a supervisor. Within the Grievance Policy, it is stated that in cases involving student allegations regarding any type of abuse, it is the responsibility of the staff member to submit this information immediately to the supervisor on duty. All staff are mandatory reporters of sexual abuse to the ChildLine. An external agency is responsible for investigations and resolution.

The facility Student Grievance Policy and procedure permits third parties including fellow residents, staff members, family members, attorneys and outside advocates to assist residents in filing grievances relating to sexual abuse.

In the PAQ, the agency reported they had no grievances alleging sexual abuse in the past 12 months. Upon review of the grievances, there was one for an allegation of sexual abuse and one for an allegation of sexual harassment. Both allegations were reported to ChildLine, and they were investigated. The two grievances were reviewed by staff within one day of being submitted to staff and were submitted to ChildLine.

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.

Summit Academy has a policy that limits its ability to discipline a student 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 Summit Academy 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 the Student Grievance Policy, and 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 are submitted immediately to the supervisor, the supervisor will report to the program director and to the ChildLine. During an interview, the grievance staff stated they have a process for residents to file a grievance. The process requires that abuse be reported directly to ChildLine. The grievance staff explained the process of submitting a grievance form to staff. 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 is submitted to staff, but not a secure box. Any grievance that involves sexual abuse or sexual harassment will be processed immediately.

During the onsite review, the auditor located grievance folders throughout the facility, but there were no locked grievance boxes to submit completed grievances

in an anonymous manner.

Summit Academy has a grievance process and grievances that are related to sexual abuse or sexual harassment are processed immediately, referred to the primary counselor, and program director and the ChildLine, which was confirmed through PAQ, Policy, and staff interviews. Grievances are not secured, and residents cannot submit a grievance anonymously.

The facility is not substantially compliant with this standard and corrective action is required at this time.

Corrective Action:

1. The facility shall provide locked grievance boxes for the anonymous submission of grievances.
2. The facility shall modify the Grievance Policy to add for the frequency of the collection and the limits to access of grievances.
3. The facility shall train residents in ways to anonymously report sexual abuse, sexual harassment, retaliation for reporting, and staff neglect and violation of PREA policy.

**Verification of Corrective Action:**

In response to the corrective action, the facility submitted documentation via OAS on 3/25/2025. The following documents were submitted:

1. Revised Grievance Policy
2. Revised PREA Education Brochure
3. 129 Signed Copies of PREA Comprehensive Training/Anonymous Grievance
4. Student Mail Rights Policy with Employee and Witness Acknowledgement
5. Pictures of five installed locked grievance boxes
6. Summary of instructions on:
7. Collection of grievances by supervisors
8. Submission of grievances
9. Anonymous submission of grievances to outside reporting agency to report sexual abuse, sexual harassment, incidents of retaliation for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to outside reporting agencies.
10. To do this, students are instructed to follow the steps below:
  - Obtain a grievance form (or use a plain piece of paper) along with an envelope where they are maintained next to the grievance box on each floor.
  - Students should then complete the form (or write the information on the piece of paper) and place it in the envelope. Students have the option of including their name or choosing to remain anonymous.
  - Students will then address the envelope to the Office of Children Youth and

	<p>Families. The address is posted next to the grievance box, in addition to being listed in the pamphlet students are provided at intake or upon request.</p> <ul style="list-style-type: none"> <li>• Students will then seal the envelope and place it in the grievance box on their floor without putting their name on the return address or elsewhere on the envelope.</li> <li>• The staff member responsible for checking the grievance boxes each day will then mail any envelopes in the box to the address listed.</li> </ul> <p>Corrective Action Intent:</p> <p>The intent of this corrective action was to ensure that Summit Academy established a way for residents to report sexual abuse, sexual harassment, incidents of retaliation for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to outside reporting agencies.</p>
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<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Student PREA Posters with Victim Outreach Intervention Center (VOICe) Information</li> <li>2. Summit Academy PREA Policy CARF January 2015 (revised 6/4/2024)</li> <li>3. Summit Academy PREA Intake Pamphlet</li> <li>4. The Summit Academy Child’s Rights Policy</li> <li>5. Email Correspondence Summit Academy Victim Resource Partnership 6/12/2024</li> <li>6. Memorandum of Agreement Between Summit Academy and VOICe 10/23/2024</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Resident</li> </ol>

2. Residents who Reported Sexual Abuse
3. Superintendent
4. PREA Coordinator
5. Executive Director Victim Outreach Intervention Center (VOICe)

Site Review:

1. Student Intake PREA Training

Findings (by Provision):

115.353(a):

Summit Academy reported in the Pre-audit questionnaire that the facility provides students 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 students with access for reasonable communication to these organizations in a manner as confidential as possible. The information is provided in PREA postings throughout the building and an intake pamphlet titled No Means No. During intake, the student was given an overview of the information contained on the intake pamphlet, No Means No. The agency reported they do not provide information for immigrant services because they prohibit admittance of persons for civil immigration purposes.

According to Summit 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 Victim Outreach Intervention Center (VOICe) at 1-800-400-8551 or P.O. Box 401, Butler, PA16003. Additionally, in the Summit Academy Child Right's acknowledgement signed by students, a child has the right to access self-help and advocacy support services.

The auditor was unable to ascertain whether students who reported sexual abuse were either offered or knowledgeable about services provided by VOICe.

During the site review, the auditors did observe PREA postings with information about the Victim Outreach Intervention Center (VOICe). The posting provided the agency contact phone number and address for writing to access services. The auditor tested the VOICe telephone number at (800)-400-8551, and the victim advocate answered immediately without any prompts. The auditor was able to review the website for VOICe. The agency provides victim advocacy services for children and families. Students are provided with phone access by direct care staff and counselors by facility cell phones. Staff are within proximity to students during phone usage, and calls are to be dialed by staff. Students have access to writing materials to send correspondence. Mail is moved through the facility by staff which limits anonymity.

Students were asked questions about their knowledge of victim support services.

During interviews, 5 out of 20 students stated they knew of an agency but could not provide the name of the agency, 0 out of 20 knew about or how to receive the mailing addresses or phone numbers for contacting VOICe, or a victim advocate or rape crisis organizations, 0 of 20 students was aware of a toll-free number for the outside victim advocacy agency VOICe, 0 of the 20 students knew about communicating to this organization confidentially.

The facility is not substantially compliant with this provision and corrective action is required.

115.353 (b):

In the PAQ, the Summit Academy reported that they inform students, 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 students 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, 0 out of 20 students 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 facility is not substantially compliant with this provision and corrective action is required.

115.353(c):

In the PAQ, the facility responded that the facility as a licensed, outpatient mental health provider Summit Academy have therapist available on site with the ability to provide these services as needed. The staff at the facility does not have the specific training required by the PREA mandates to conduct victim advocacy and emotional support related to sexual abuse.

The facility provided an email correspondence requesting a resource partnership with VOICe dated 6/12/2024. As of 10/23/2024, the facility has a memorandum of agreement with VOICe. The agreement does outline that VOICe will provide students with victim advocacy and emotional support services related to sexual abuse.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.353(d):

Summit Academy reported in the PAQ that the facility provides students 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. It also states that a child shall have the right to visit with family at least once every 2 weeks at a location that is convenient for the family, the child and the facility.

During interviews, the superintendent stated visits are available and the facility provides students access to their family and attorney. With the assistance of supervisors, students are placed on visit virtually through video calls, weekly telephone calls, day and overnight passes. During interviews with students, 17 out of 20 students stated they could make a private call to their attorney, and all students knew that they could contact their families. Facility staff stated that students are allowed access to their attorney and parents through phone calls, video visits, in person visits, and written correspondence. The students knew that they were allowed access to contact their attorney privately and visit with their parents through video visits, and telephone calls.

The facility is substantially compliant with this provision and no corrective action is required.

Summit Academy has a policy that establishes that students will be provided access to advocacy support services. The auditor did observe information that would provide students with a victim advocate and emotional support. Students were not aware of services provided by VOICe. 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. Students were not informed of the communication monitoring with VOICe or mandatory reporting limits to confidentiality with outside support services. As of 10/23/2024, Summit Academy and VOICe have a memorandum of agreement. The agreement outlines victim advocacy and emotional support services related to sexual abuse. Verified by interview and policy the facility provides students with confidential calls and visits with their attorney, and they have contact with a parent through phone calls and/or visits.

The facility is not substantially compliant with this standard and corrective action is required at this time.

Corrective Action:

1. The facility shall educate all students on the victim advocacy for emotional support related to sexual abuse services provided by Victim Outreach Intervention Center (VOICe), including contact information.
2. The facility shall inform students of the mandatory reporting rules regarding privacy and confidentiality, disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality.
3. The facility will provide an opportunity for students to communicate confidentially and anonymously with the victim advocacy and emotional support agency.
4. The facility shall document that all students have received the education on



VOICe.

5. The facility shall provide each student with a copy of the Intake Pamphlet No Means No.

**Verification of Corrective Action:**

1. In response to the corrective action, the facility submitted documentation via OAS on 3/25/2025. The following documents were submitted:
2. Pictures of five installed locked grievance boxes including the posting of the PREA Education Brochure
3. Revised PREA Education Brochure including limits to confidentiality
4. 129 Signed Copies of PREA Comprehensive Training/Anonymous Grievance

**Corrective Action Intent:**

The intent of this corrective action was to ensure that Summit Academy provided documented education for all students on the victim advocacy for emotional support related to sexual abuse services provided by Victim Outreach Intervention Center (VOICe), including contact information, reporting rules on privacy and confidentiality, and disclosures of sexual abuse made to outside victim advocates including any limits to confidentiality.

115.354	Third-party reporting
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"><li>1. Pre-Audit Questionnaire (PAQ)</li><li>2. Summit Academy Third Party Reporting Information</li><li>3. <a href="https://theacademyschools.com/wp-content/uploads/2021/01/Third-Party-Reporting-Information.pdf">https://theacademyschools.com/wp-content/uploads/2021/01/Third-Party-Reporting-Information.pdf</a></li><li>4. Investigative Files</li></ol> <p>Site Review:</p> <ol style="list-style-type: none"><li>1. Signage</li></ol>

2. Posting of Third-Party Reporting in Visiting Areas
3. 10/24/2024 Telephone Reporting to 724-282-1995
4. Pennsylvania Childline 800-932-0313

Findings (by Provision):

115.354(a):

Summit Academy indicated in the Pre-audit questionnaire (PAQ) that they facility provides a method to receive third-party reports of sexual abuse or sexual harassment. The facility also affirmed that it publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. Designated on the agency's website is a section containing information for Third-Party Reporting. Information can be located at <https://theacademyschools.com/wp-content/uploads/2021/01/Third-Party-Reporting-Information.pdf>.

On the website, there is a posting containing information to make a third-party report. The posting lists the following:

- Reporting to staff in person or in writing. A report can be made anonymously.
- Calling or writing to the administrative office and speaking to the PREA coordinator. 724-282-1995
- Pennsylvania Childline 800-932-0313
- Pennsylvania State Police (Butler) 724-284-8100
- Butler County Child Advocacy Center 724-431-3689

Per Summit Academy PREA Policy IV.D, Facility staff shall accept reports, including reports made regarding other Summit or non-Summit Academy facilities made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

Review of the investigative files, there was one allegation of sexual abuse reported by a third party.

During the site review, the auditor observed signage throughout the building. The frequency, appearance and text size were adequate. In the visiting areas, there were signs pertaining to sexual abuse and sexual harassment available both in English and Spanish, and there were postings specific to third-party reporting. Additionally, there were auditor postings in the area.

The auditor tested the numbers provided on the third-party reporting posting. All numbers accepted sexual abuse and sexual harassment reports.

The facility is compliant with this provision, and no corrective action is required at this time.

Summit Academy has demonstrated that the facility provides methods of receiving third-party reports of resident sexual abuse or sexual harassment in various

	<p>manners. This information was verified through a review of the agency policy, website information, investigative files, and site review. Staff and the public can make a third-party report of sexual abuse or sexual harassment by calling the ChildLine, Pennsylvania State Police, contacting the agency PREA coordinator, making a report anonymously by telephone or written, or calling the Butler County Child Advocacy Center.</p> <p>The facility is substantially compliant with this standard and no corrective action is required at this time.</p>
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<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Summit Academy Acknowledgement of Understanding of the Substance of the Child Protection Act</li> <li>2. Understanding of Responsibility to Protect Students' Privacy</li> <li>3. Summit Academy PREA Policy CARF January 2015 (revised 6/4/2024)</li> <li>4. Pre-Audit Questionnaire (PAQ)</li> <li>5. Investigative Files</li> <li>6. 23 Student Files</li> <li>7. 31 Staff Files</li> </ol> <p>Interview:</p> <ol style="list-style-type: none"> <li>1. Random Staff</li> <li>2. Medical and Mental Health Practitioners</li> <li>3. PREA Coordinator</li> <li>4. Superintendent</li> </ol> <p>Findings (by Provision):</p> <p>115.361 (a):</p> <p>In the Pre-audit questionnaire (PAQ), the facility reported they require all staff to</p>

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. Additionally, the facility reported they require all staff to report immediately any retaliation against residents or staff who reported such an incident. Also, the facility 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 Summit Academy PREA Policy section IV.F, 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>. Further, the policy cites that all Summit Academy employees, contractors and volunteers are required to immediately report knowledge or suspicion of any alleged, threatened or actual violations of this policy, including knowledge, suspicion, or information of an incident of sexual harassment, retaliation against residents or staff who reported sexual abuse or sexual harassment, or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation to their supervisor, any on-duty employee above them in the chain of command, the Clinical Program Director and the Executive Director.

During interviews, 13 Random staff reported that they knew about the agency's 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, 13 random staff knew the agency's policy or procedure for reporting any information related to a resident sexual abuse. Reporting included contacting Childline and reporting to immediate supervisor.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.361 (b):

According to information provided on 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 Summit Academy 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 31 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, 13 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.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.361 (c):

Based on the information provided on 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.

The Understanding of Responsibility to Protect Students' Privacy has a strict obligation to protect the privacy of each student who have attended or are attending Summit Academy; information contained in the student's file; or discuss any aspect of any student at Summit Academy with members of the media.

During the review of the staff files, it was determined that staff had acknowledged their responsibility of protecting students' privacy.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.361 (d):

All three medical and mental health practitioners, when asked about a requirement to report sexual abuse to their supervisors and facility administrators, stated 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 23 student files and 23 student orientation checklists that confirm the students and staff discussed the students' rights and responsibility regarding confidentiality policy and HIPAA. Students signed and initialed where appropriate.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.361 (e)

Upon receiving any allegation of sexual abuse, the Superintendent stated he would report it immediately to the ChildLine and the state child welfare investigators. When asked would you report to the juvenile court if they retain jurisdiction or the juvenile's attorney on record, the superintendent answered yes.

The facility reported through the PAQ and supplemental files there were three allegations of sexual abuse and one allegation of sexual harassment during the last 12 months. One of the sexual abuse allegations was reported through the supplemental files due to it occurring after the PAQ was submitted.

In review of the investigative files, there were 3 allegations of sexual abuse and 1 allegation of sexual harassment that were investigated in the 12 months preceding the onsite audit. The sexual harassment was investigated through the Community Care Behavioral Health Organization rather than the state and county child welfare.

The facility is substantially compliant with this provision and no corrective action is required at this time.

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 PAQ and supplemental files there were three allegations of sexual abuse and one allegation of sexual harassment during the last 12 months. One of the sexual abuse allegations was reported through the supplemental files due to it occurring after the PAQ was submitted.

In review of the investigative files, there were 3 allegations of sexual abuse and 1 allegation of sexual harassment that were investigated in the 12 months preceding the onsite audit. The sexual harassment was investigated through the Community Care Behavioral Health Organization rather than Childline.

Evidence shows that allegations of sexual abuse are reported to Childline which was verified through staff interviews and investigative reports, but in the case of sexual harassment the facility did not utilize the Childline. Contacting Childline would have prompted the investigation to be conducted by either Butler County Children & Youth Services or the Department of Human Services Western Region Office of Children, Youth, and Families.

The facility is substantially compliant with this provision and corrective action is not required at this time.

Summit Academy PREA Policy as written does specifically outline to report immediately any knowledge, suspicion, or information of an incident of sexual harassment, and it requires 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.

	<p>Summit Academy requires all staff to comply with any applicable mandatory child abuse reporting laws, which was verified through policy, staff records and staff interviews. Evidence shows that the agency prohibits staff from revealing any information related to a Summit Academy student, which was verified through the facility's Understanding of Responsibility to Protect Students' Privacy and staff files. 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 were verified through staff interviews, resident files, and student orientation checklist. Evidence shows that the three allegations of sexual abuse are reported to the appropriate agency which was verified through staff interviews, policy and investigative reports.</p> <p>The facility is substantially compliant with this standard and no corrective action is required at this time.</p>
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<b>115.362</b>	<b>Agency protection duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Summit Academy PREA Policy CARF January 2015 (revised 6/4/2024)</li> <li>2. Pre-Audit Questionnaire (PAQ)</li> <li>3. Investigative Files</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Agency Head</li> <li>2. Superintendent</li> <li>3. Random Staff</li> </ol> <p>Site Review:</p> <p>Findings (by Provision):</p> <p>115.362 (a) 1-4:</p> <p>In the Pre-audit questionnaire (PAQ), Summit Academy 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 student and implement appropriate protective measures without unreasonable delay. Summit Academy Schools PREA Policy IV.F.</p>

	<p>outlines that every allegation of threatened or actual sexual abuse constitutes a reportable incident and shall be reported according to the Summit Academy Critical Incidents Policy.</p> <p>During interviews, the agency head stated they would take immediate action if they learned that a resident was at substantial risk. Action would include the immediate separation, investigation, and possible removal.</p> <p>During an interview, the superintendent stated immediate action would include separation and initiating a safety plan.</p> <p>All 13 staff stated they would remove a resident immediately if the resident was at risk of imminent sexual abuse. All staff interviewed reported that if a student was at risk of imminent sexual abuse they would separate, isolate, remove the victim, create a safety plan, talk to student and notify a supervisor.</p> <p>According to the PAQ, the facility reported that for the prior 12 months there were 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.</p> <p>The facility is substantially compliant with this provision and no corrective action is required.</p> <p>The evidence shows that when Summit Academy learns that a resident is subject to a substantial risk of imminent sexual abuse, they would take immediate action. This was verified through the policy, interview, and investigations documents.</p> <p>The facility is substantially compliant with this standard, and no corrective action is needed at this time.</p>
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<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Summit Academy PREA Policy</li> </ol>



2. Pre-Audit Questionnaire (PAQ)
3. Investigation Records.
4. Notification of Sexual Abuse Allegation to Another Facility 11/16/2023

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 Summit Academy PREA Policy IV.F. 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 were 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 a student regarding abuse that occurred at another facility during the prior 12 months.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.363 (b):

According to the PAQ, Summit Academy reported that the facility policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. The Summit Academy PREA Policy IV.F. states such notification shall be provided as soon as possible, but no later than 72 hours from receiving the allegation.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.363 (c):

Reported in the PAQ, the facility reported that the facility documents that it has provided such notification within 72 hours of receiving the allegation. In the Summit Academy PREA Policy IV.F, the notification shall be documented. The policy 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.

Within the prior 12 months, there were no allegations for the auditor to review.

The facility is substantially compliant with this provision and no corrective action is needed at this time.

115.363 (d):

Summit Academy reported in the PAQ that the facility policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards. According to Summit Academy PREA Policy IV.F., every allegation of threatened or actual sexual abuse or sexual assault constitutes a Reportable Incident and shall be reported according to Summit Academy's Critical Incidents Policy, including entering information onto the HCSIS System. Further in the policy, it states Summit 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. It was reported in the PAQ that there were no allegations of sexual abuse received from other facilities.

Within the supplemental files, there was one allegation of sexual abuse received in the prior 12 months that was received from another facility. Based on the information in the supplemental files, there was a Notification of Sexual Abuse Allegation that was alleged to have occurred in 2004 and 2005 to Another Facility Dated 11/16/2023. The Superintendent of the other facility did indicate that the Pennsylvania State Police were notified. There was no accompanying documentation of the notification being submitted to Childline, HCSIS, or the Pennsylvania State Police.

The agency head confirmed that the agency head is the contact if another agency refers allegations of sexual abuse or sexual harassment that occurred within one of your facilities. It was stated that the allegation is documented and the facility contacts Childline. It was affirmed that there were examples of allegations being reported by another agency.

During the interview, the superintendent was not aware of any allegations of another agency or facility reporting allegations of sexual abuse or sexual harassment. It was stated that the response would be to Childline and inform the agency head.

The facility is not substantially compliant with this provision and corrective action is required at this time.

Summit Academy 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. 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. The facility has received a sexual abuse allegation notification from another facility,

	<p>but documentation of a notification was not placed into Childline, HCSIS, or the Pennsylvania State Police.</p> <p>The facility is not substantially compliant with this standard and corrective action is required at this time.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> <li>Summit Academy shall create 3 mock notifications of sexual abuse allegations from other agencies or facilities and investigate in accordance with the PREA standards. The following staff will participate, agency head, superintendent, PREA coordinator, and executive assistant. Provide the auditor with copies of 3 mock notifications of sexual abuse allegation from another facility, roster of signed participants, and all documentation including a copy of mock completed online HSCIC report.</li> </ol> <p><b>Verification of Corrective Action:</b></p> <p>In response to the corrective action, the facility submitted documentation via OAS on 3/25/2025. The following documents were submitted:</p> <ol style="list-style-type: none"> <li>Mock Incident #1 Resident on Resident Allegation of Sexual Abuse- Reportable Incident Child Residential and Day Treatment Facilities</li> <li>Mock Incident #2 Staff on Resident Allegation of Sexual Abuse- Reportable Incident Child Residential and Day Treatment Facilities</li> <li>Mock Incident #3 Staff on Resident Allegation of Sexual Abuse- Reportable Incident Child Residential and Day Treatment Facilities</li> </ol> <p>Corrective Action Intent:</p> <p>The intent of this corrective action was to ensure that Summit Academy responded in accordance with the PREA standards in an incident of a notification of sexual abuse from another agency or facility.</p>
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<b>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>Summit Academy PREA Policy CARF January 2015 (revised 6/4/2024)</li> <li>Investigation Records</li> </ol>

Interviews:

1. Security Staff First Responders
2. Residents who Reported a Sexual Abuse
3. Random Staff

Findings (by Provision):

115.364 (a):

In the Pre-audit questionnaire (PAQ), the facility reports that they have a first responder policy for allegations of sexual abuse. Summit Academy 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 and supplemental files, the facility reported three sexual abuse allegations in the prior 12 months. Located in the PAQ and the supplemental files were incident-based files which included 3 allegations of sexual harassment and 1 allegation of sexual abuse for the prior 12 months. All allegations except the sexual harassment allegation were reported to Childline by Summit Academy. Of the 3 allegations of sexual harassment, all three were closed and unfounded. According to information on the PAQ, the facility responded that there was an occasion when a first responder separated the alleged victim and abuser. The allegations did not require forensic examinations.

The auditor did not interview a security staff or non-security staff who have acted as a first responder to sexual abuse.

It was reported that the same day the allegation of sexual abuse was reported, the alleged victim was assisted immediately. The incident was reported to staff. It was reported that the alleged victim was separated and moved to another housing area. In another incident, the alleged sexual abuse was reported to staff and within a few hours was assisted by staff.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.364 (b):

In the PAQ, the Summit Academy reports the 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. It was notated by the facility that all employees are considered to be security staff. The facility relies upon Summit Academy PREA Policy IV. E. F. states all Summit 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 13 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.

The facility is substantially compliant with this provision and no corrective action is required at this time.

Summit Academy 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. Evidence shows that the agency does have a first responder policy that outlines the first responder duties and that all staff are security staff, and it is verified by policy, interviews, investigation records.

The facility is substantially compliant with this standard and no corrective action is required at this time.

115.365	Coordinated response
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Summit Academy PREA Policy</li> <li>2. Summit Academy PREA Coordinated Response Plan</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Superintendent</li> </ol> <p>Site Review:</p>

Findings (by Provision):

115.365 (a):

Summit Academy reported the facility developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Summit Academy Coordinated Response Plan has an introduction and four subsections that give specific duties and responsibilities to be carried out in an incident of a sexual abuse.

Staff First Responder Duties

- Separation of victim from abuser
- Preservation of scene
- Notification of supervisor for assistance to ensure student safety
- Request that alleged victim and abuser do not take action to destroy physical evidence
- Call 911 and Childline
- Cooperate with law enforcement (Pennsylvania State Police)

Medical Staff Duties

- Ensure victim safety
- Assess victim to determine if medical treatment is necessary
- Consult with medical director to determine if SANE/SAFE/forensic evaluation is necessary. If yes, arrange transportation to hospital (Butler Memorial Hospital)
- Document all actions in medical chart

Supervisor on Shift Duties

- Maintain separation between alleged victim and alleged abuser.
- Notify medical staff and mental health staff on duty to provide assistance
- Arrange transportation for SANE/SAFE/forensic examination
- Ensure that scene has been secured
- Cooperate with law enforcement (Pennsylvania State Police)
- Ensure a report has been filed with Childline and notify executive director
- Work on the treatment team to develop and implement a student safety plan to ensure ongoing safety for the victim

Mental Health Staff Duties

- Assess victim and ensure safety
- Offer support to the victim including accompany the victim for interview and examinations
- Provide follow up mental health services to the victim during and following

	<p style="text-align: center;">the investigation</p> <p>Lastly, the coordinated response details the responsibilities of outside entities responsible for the investigations. It states that Western Region Office of Children Youth and Families (OCYF), along with the Butler State Police, if applicable, will be responsible for all investigations of sexual abuse, assault, harassment, and contact. Employees are expected to cooperate with both agencies during the course of their investigation.</p> <p>The superintendent responded that the coordinated plan would include separation of alleged victim and alleged abuser, medical care, Pennsylvania State Police, Childline, protection of scene, SANE/SAFE, and change of location of alleged abuser.</p> <p>The facility is substantially compliant with this provision and no corrective action is needed at this time.</p> <p>Summit Academy 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 Summit Academy Coordinated Response Plan and the interview with the superintendent.</p> <p>The facility is substantially compliant with this standard and no corrective action is required at this time.</p>
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<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Agency head</li> </ol>

	<p>Site Review:</p> <p>1. Review of Postings</p> <p>Findings (by Provision):</p> <p>115.366 (a):</p> <p>In the PAQ, Summit Academy indicated the facility has 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.</p> <p>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 confirmed that the question was not applicable to the facility.</p> <p>During the site review, the auditor did not observe any postings of organized bargaining units.</p> <p>The facility is substantially complaint with this provision and no corrective action required at this time.</p> <p>The evidence shows that the facility has not entered into a collective bargaining agreement that limits the facility’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 and interview with the superintendent.</p> <p>The facility is substantially compliant with this standard and no corrective action is required at this time.</p>
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<b>115.367</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>1. Summit Academy PREA Policy CARF January 2015 (revised 6/4/2024)</p> <p>Interviews:</p> <p>1. Agency Head 2. Superintendent 3. Designated Staff Member Charged with Monitoring Retaliation</p>



#### 4. Residents who Reported a Sexual Abuse

##### Findings (by Provision):

##### 115.367(a):

According to the information provided in the PAQ, the facility reported they have a policy to protect all students and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other students or staff. The Summit Academy PREA Policy IV. G., establishes that Summit Academy protects all students 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 students or staff.

In the PAQ, the agency reported that they have designated the team leader with monitoring for retaliation. During an interview, the team leader stated the role of the position is to monitor students and staff and separate, if necessary, through separation by housing units and documenting.

The facility is substantially compliant with this provision and no corrective action is required at this time.

##### 115.367(b):

The Summit Academy Policy IV, G. outlines that Summit Academy shall employ multiple protection measures, such as housing changes or transfers for student victims or abusers, removal of alleged staff or student abusers from contact with victims, an emotional support services for students or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The different measures that would be taken to protect those students and staff from retaliation would include making sure that support is in proximity and the monitoring of reports, treatment, and other behaviors to detect if there is retaliation.

According to the retaliation monitor, there would be no limits to the monitoring of retaliation for either the students or staff who report sexual abuse of a resident or reported to have suffered sexual abuse.

The agency head stated that to protect students and staff from retaliation for reporting sexual abuse and sexual harassment the facility, if necessary, can separate and make reassignment decisions utilizing supervision plans.

A student who reported sexual abuse stated being content but does not feel protected enough against retaliation.

The auditor was advised that a safety plan would be implemented for the students and a plan of supervision implemented for staff.

The facility is substantially compliant with this provision and no corrective action is

required at this time.

115.367(c):

In the PAQ, the facility reported that they monitor the conduct or treatment of students or staff who reported sexual abuse and of students who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by students 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 Summit Academy PREA Policy IV. G. outlines that Summit Academy for at least 90 days following a report of sexual abuse, the facility shall monitor the conduct or treatment of students or staff who reported the sexual abuse and of students 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 student disciplinary reports, housing program changes, negative performance reviews and reassignments of staff. Summit Academy shall continue such monitoring beyond 90 days if the initial monitoring indicated continued need.

During an interview, the superintendent stated that regulatory monitoring is utilized when there is suspicion of retaliation. During an interview, the retaliation monitor stated there are no limits to monitoring for retaliation.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.367(d):

Summit Academy PREA Policy IV.G. outlines that the Summit Academy shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The retaliation monitor stated that detection of retaliation includes review of reports, treatment, and other behaviors.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.367(e):

The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV.G. establishes that the facility will employ multiple protection measures for student and staff who reported sexual abuse and of students 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.

The agency head stated that in a case of a staff being retaliated against for reporting sexual abuse the facility would either place staff on a supervision plan, separate or a reassignment. During an interview, the superintendent stated we can use separation to protect residents and staff and document in a safety plan. If staff is the perpetrator of retaliation, they can be suspended or terminated.

The facility is substantially compliant with this standard and no corrective action is

	<p>required at this time.</p> <p>115.367(f): Auditor is not required to audit this provision</p> <p>The facility is substantially compliant with this provision and no corrective action is required at this time.</p> <p>Summit Academy has outlined that they employ multiple measures for students and staff that fear retaliation for reporting sexual abuse or sexual harassment which was verified through the agency policy and staff interviews. The evidence shows that the facility has a policy to protect students and staff from retaliation and has designated a team leader to monitor retaliation of students and staff which was verified through the agency policy and interview with the team leader who is the staff in charge of retaliation monitoring. Residents are monitored for retaliation for longer than 90 days by the team leader which was verified through the agency policy and interview. The facility has demonstrated 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.</p> <p>The facility is substantially compliant with this standard and no corrective action is required at this time.</p>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ)</li> <li>2. Summit Academy PREA Policy CARF January 2015 (revised 6/4/2024)</li> <li>3. Onsite PREA Audit Student Rosters</li> <li>4. 23 Student Files</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Superintendent</li> <li>2. Medical and mental Health Practitioners</li> </ol> <p>Site Review:</p> <ol style="list-style-type: none"> <li>1. Housing Units</li> </ol> <p>Findings (by Provision):</p>

115.368(a):

In the Pre-audit questionnaire (PAQ), Summit Academy 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 students safe can be arranged.

Summit Academy PREA Policy IV, B., states that students may be kept from other students only as a last resort when less restrictive measures are inadequate to keep them and other student safe and then only until an alternative means of keeping all students 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. Also, the facility reported there were no students at risk of sexual victimization held in isolation in the past 12 months.

During an interview, the superintendent stated that there were no students alleged to have suffered sexual abuse placed in isolation during the last 12 months. During an interview, a mental health practitioner indicated that the facility does not have isolation.

During a review of 23 student files and onsite audit student rosters, 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 housing units and there was no indication of an isolation unit or secure rooms in the housing units.

The facility is substantially compliant with this provision and no corrective action is required at this time.

Summit Academy does not practice isolation of 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.

The facility is substantially compliant with this standard and no corrective action is required at this time.

<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
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## Auditor Discussion

### Documents:

1. Pre-Audit Questionnaire
2. The Summit Academy PREA Policy
3. Investigative Files of Sexual Abuse and Sexual Harassment
4. Issue Log
5. Draft of Memorandum of Agreement Between Summit Academy and the Pennsylvania Police
6. Email Correspondence Requesting Memorandum of Agreement by Summit Academy with Pennsylvania State Police

### Interviews:

1. Pennsylvania Department of Human Services Western Regional Program Representative (Investigator)

### PREA Coordinator

1. Agency Head

### Site Review:

1. Retained Investigative Files

### Findings (by Provision):

#### 115.371(a):

According to information provided on the pre-audit questionnaire (PAQ), Summit Academy has a policy related to criminal and administrative agency investigations. Within the Summit Academy 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 allegations are to be reported to Childline as well as submitted on the state database. The policy cites that incident 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 Summit 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. 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.

Summit Academy 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 Butler County Office of Children & Youth Services. Allegations considered criminal are conducted by the Pennsylvania State Police. 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. The auditor understands that the information obtained from Childline 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.

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 that 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 and one of sexual harassment. One of the sexual abuse allegations occurred after the (PAQ) was submitted. Review of the 3 incident-based files of sexual abuse, there is documentation that supports that Summit Academy contacted Childline. In the case of the allegation sexual harassment investigation, there was a report made to Community Care Behavioral Health Organization (CCBH). All four allegations of sexual abuse and sexual harassment were unfounded.

The auditor made attempts to speak with investigators from Butler Children & Family Services and the Pennsylvania State Police. There have been attempts by the Summit Academy to enter into a memorandum of agreement with the Pennsylvania State Police to ensure that investigations are in accordance with the PREA standards. The facility provided a copy of correspondence and a draft of the memorandum of agreement.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.371(b):

The agency does not conduct administrative or criminal investigations. All investigations are conducted by either the Pennsylvania Department of Human Services Western Regional OCYF, Butler County Children & Youth Services or the Pennsylvania State Police. The agency policy does reference that investigators are to receive specialized training in sexual abuse investigations. There are no facility level PREA investigators at Summit Academy. This was further confirmed by review of the incident-based files and the PREA Coordinator and the Agency Head.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.371(c):

The agency does not conduct administrative or criminal investigations. Investigations of sexual abuse and sexual harassment are conducted by either the Pennsylvania Department of Human Services Western Regional OCYF, Butler County Children & Youth Services or the Pennsylvania State Police. The facility would be responsible for all first responder duties in preserving direct and circumstantial evidence including any available physical and DNA evidence until the Pennsylvania State Police arrived at the facility to collect all physical evidence. Summit Academy does not have electronic monitoring to retain footage of an incident.

During the interview with investigator of the state OCYF, it was stated that an investigation of sexual abuse or sexual harassment would occur within 24 hours. It was stated that third-party reports of sexual abuse or sexual harassment would not be handled any different from a firsthand report of an incident of sexual abuse and sexual harassment.

The agency is substantially compliant with this provision and no corrective action is needed at this time.

115.371(d):

The agency does not conduct administrative or criminal investigations. Investigations of sexual abuse and sexual harassment are conducted by either the Pennsylvania Department of Human Services Western Regional OCYF, Butler County Children & Youth Services or the Pennsylvania State Police. 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.

According to the investigator of the state OCYF, investigations are not terminated if the source of the allegation recants his allegation.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.371(e):

The Summit Academy does not conduct administrative or criminal investigations. Investigations of sexual abuse and sexual harassment are conducted by either the Pennsylvania Department of Human Services Western Regional OCYF, Butler County Children & Youth Services or the Pennsylvania State Police. For allegations of sexual abuse, the Pennsylvania State Police 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 and no corrective action is required at this time.

115.371(f):

The agency does not conduct administrative or criminal investigations. Investigations of sexual abuse and sexual harassment are conducted by either the Pennsylvania Department of Human Services Western Regional OCYF, Butler County Children & Youth Services or the Pennsylvania State Police. The credibility of the 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 Summit Academy.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.371(g):

The agency does not conduct administrative or criminal investigations. Investigations of sexual abuse and sexual harassment are conducted by either the Pennsylvania Department of Human Services Western Regional OCYF, Butler County Children & Youth Services or the Pennsylvania State Police. 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 Pennsylvania State Police.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.371(h):

The agency does not conduct administrative or criminal investigations. Investigations of sexual abuse and sexual harassment are conducted by either the Pennsylvania Department of Human Services Western Regional OCYF, Butler County Children & Youth Services or the Pennsylvania State Police. Criminal reports would be completed by Pennsylvania State Police. One of the alleged sexual abuse investigative files, the auditor located a business card of the investigator with investigation number and the notation that the case was closed.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.371(i):

The agency does not conduct administrative or criminal investigations.



Investigations of sexual abuse and sexual harassment are conducted by either the Pennsylvania Department of Human Services Western Regional OCYF, Butler County Children & Youth Services or the Pennsylvania State Police. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution by the Pennsylvania State Police.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.371(j):

Per the PAQ, Summit Academy retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

According to The Summit Academy PREA Policy IV.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.

Based on investigative files reviewed at Summit Academy, the facility retains information pertaining to administrative and criminal allegations of sexual abuse or sexual harassment. Based on the information reviewed, the agency head retains a PREA Incident Review which details a summary, student notification, corrective action, communication with the investigative bodies and the date the file was closed administratively.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.371(k):

According to the PAQ, 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. Summit Academy does not conduct administrative or criminal investigations of sexual abuse and sexual harassment.

According to the state OCYF investigator, the investigator would be responsible for obtaining contact information of the individual and continue with interviews. All investigations are conducted by either the Pennsylvania Department of Human Services Western Regional OCYF, Butler County Children & Youth Services or the Pennsylvania State Police.

The agency is substantially compliant with this provision and no corrective is required at this time.

115.371(l):

	<p>Auditors are not required to audit this provision.</p> <p>The facility is substantially compliant with this provision and no corrective action is required at this time.</p> <p>115.371(m):</p> <p>According to the PAQ, when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. It is evident from the investigative files and interviews that Summit Academy attempts to remain informed about the progress of sexual abuse and sexual harassment investigations. The auditor reviewed the investigative files submitted in the PAQ as well during the onsite review of the facility. Investigative files were secured in a two-lock system in the executive assistance's office.</p> <p>When asked about how the facility would stay informed of updates to 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 Pennsylvania State Police and the state and county OCYF. Responding to the same question, the PREA coordinator stated that the agency head would receive all information from outside investigative bodies.</p> <p>The facility is substantially compliant with this provision and no corrective action is required at this time.</p> <p>Summit Academy relies on outside investigative bodies to conduct both administrative and criminal investigations of sexual abuse and sexual harassment. Administrative and criminal investigations are conducted by either the Pennsylvania Department of Human Services Western Regional OCYF, Butler County Children &amp; Youth Services or the Pennsylvania State Police. The Summit Academy PREA Policy outlines the procedures to report to Childline to initiate administrative and criminal investigations of sexual abuse and sexual harassment. Additionally, the agency maintains investigative files of allegations of sexual abuse and sexual harassment. Additionally, the agency follows up and documents the progress of investigations from outside investigative bodies verified by investigative files.</p> <p>The facility is substantially compliant with this standard, and there is no corrective action required at this time.</p>
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<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:

1. Pre-Audit Questionnaire (PAQ)
2. Issue Log
3. Investigative Files of Sexual Abuse and Sexual Harassment

Interviews:

1. Pennsylvania Department of Human Services Western Regional Program Office of Children, Youth & Families Representative (OCYF)
2. Butler County Children & Youth Services did not avail by either telephone or email

Findings (by Provision):

115.372(a):

According to the Pre-Audit Questionnaire (PAQ) and the Issue Log, Summit Academy reported that allegations of sexual abuse and sexual harassment are investigated by the Pennsylvania State Police for criminal allegations of sexual abuse. Butler County Children, Youth & Families and the Western Pennsylvania Department of Human Services Western Regional Office of Children, Youth, & Families (OCYF) are responsible for the administrative investigations of sexual abuse and sexual harassment. During the interview with the state level OCYF, it was determined that the entity imposes a standard of the preponderance of the evidence. Butler County Children & Youth Services did not avail by either telephone or email. It should be noted that Butler County Children & Youth Services is the lead investigator in incidents of administrative allegations of sexual abuse and sexual harassment at Summit Academy.

The facility is substantially compliant with this provision and no corrective action is required at this time.

Review of the investigative 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 in administrative investigations. During interview, the state program representative (investigator) confirmed that reasonable doubt would be utilized in criminal cases, and preponderance of the evidence would be used in administrative cases. Administrative investigations outcomes by OCYF are listed as indicated, unfounded, and founded.

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

<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

### Documents:

1. Summit Academy PREA Policy
2. Pre-Audit Questionnaire (PAQ)
3. Investigative Files
4. Issue Log
5. PREA Incident Review

### Interviews:

1. Pennsylvania Department of Human Services Western Regional Program Representative

### Findings (by Provision):

#### 115.373(a):

In the Pre-audit questionnaire (PAQ), Summit Academy reports that the facility has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed verbally in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The Summit Academy PREA Policy IV.K.1 states following an investigation into a student's allegation of sexual abuse occurring in an agency facility, the agency shall inform the student 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. One of the allegations occurred after the PAQ was submitted. In reviewing the PREA Incident Review, the auditor determined that the students were given notification of the outcome of their allegations.

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 residents of the investigation outcomes was further confirmed by the superintendent, and it was stated that the information is documented on the student progress report. During a review of one of the investigative files, the auditor noticed that an outcome was printed on the back of a Pennsylvania State Police's business card. The information was provided to the students and documented on the PREA Incident Review.

The facility is substantially compliant with this provision and no corrective action is needed at this time.

#### 115.373(b):

Confirmed in the PAQ, if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the

resident of the outcome of the investigation. Review of the Summit Academy's investigative files of sexual abuse confirmed the facility's continuous request for status of sexual abuse investigations. There were three sexual abuse investigations within the last 12 months. Residents that alleged sexual abuse in the facility were notified verbally or in writing of the outcomes of the investigations. Notifications were documented on the PREA Incident Review.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.373(c):

The Summit Academy addresses staff on resident allegations of sexual abuse. The PREA policy IV.K.2 states that following a student'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.

In the issue log, the PREA coordinator detailed the use of the PREA Incident Review. Additionally, residents are required to read, adhere, and acknowledge the receipt of the Safety 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.

There were no sexual abuse allegations 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 and no corrective action is needed at this time.

115.373(d):

The Summit Academy informs residents of resident-on-resident allegations of sexual abuse. Included in the Summit Academy PREA Policy IV.K.3., it is referenced that following a student's allegation that he or she has been sexually abused by another youth, the agency shall 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; or
- The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

A student would be informed of the status of a student abuser by 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 student as well as serve as a notification of the outcome of the allegation.

There were no sexual abuse allegations of residents on residents that were substantiated, unsubstantiated, or founded within the prior 12 months.

The agency is substantially compliant with this provision and no corrective action is required at this time.

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 Summit Academy PREA Policy IV.K.4, it is cited that 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 agency is substantially compliant with this provision and no corrective action is required at this time.

115.373(f):

Auditors are not required to audit this provision.

The agency is substantially compliant with this provision and no corrective action is required at this time.

Summit Academy has provided policy and interviews that confirm the practice of notifying students of outcomes of sexual abuse investigations. The agency has made attempts to request relevant information from external investigative entities to inform students of the outcomes of sexual abuse allegations. The agency utilizes Personal Safety Plans to inform residents of the status of alleged staff or students who may have perpetrated sexual abuse. Required by policy, all such notifications are to be documented. The facility utilizes the PREA Incident Review and the Personal Safety Plan to document.

The agency is substantially compliant with this standard and no corrective action is needed at this time.

Recommendation:

Formal notification by signature of alleged victim of the outcomes of sexual abuse and sexual harassment.

<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<p data-bbox="280 188 981 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 451 376">Documents:</p> <ol data-bbox="341 443 1034 600" style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ)</li> <li>2. Summit Academy PREA Policy</li> <li>3. List of Staff Terminated in the Prior 12 Months</li> <li>4. Investigative Files</li> </ol> <p data-bbox="280 640 608 676">Findings (by Provision):</p> <p data-bbox="280 712 456 748">115.376 (a):</p> <p data-bbox="280 784 1474 1025">Summit Academy stated on the Pre-Audit questionnaire (PAQ) that staff is subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse and sexual harassment policies. Outlined in the Summit Academy PREA Policy IV. J., staff is subject to disciplinary sanctions as determined by Summit Academy up to and including termination for violating the agency sexual abuse and sexual harassment policies.</p> <p data-bbox="280 1061 1455 1137">The facility is substantially compliant with this provision and no corrective action is required at this time.</p> <p data-bbox="280 1173 456 1209">115.376 (b):</p> <p data-bbox="280 1245 1433 1451">In the PAQ, the facility reported in the last 12 months there was one staff at the facility that violated, resigned or have been terminated for violating the agency sexual abuse or sexual harassment policies. According to Summit Academy PREA Policy IV.J.1.B termination shall be the presumptive disciplinary sanction for staff who have been substantiated for sexual abuse.</p> <p data-bbox="280 1487 1481 1648">Located in the supplemental files were incident based files which included three allegations of sexual abuse and one allegation of sexual harassment for the prior 12 months. Of the three sexual abuse allegations, there was only one that was staff on resident, and there was one sexual harassment allegation that was staff on resident.</p> <p data-bbox="280 1662 1474 1944">Of the two staff on resident allegations, only one was reported to Childline by Summit Academy. The staff on resident sexual abuse allegation was unfounded. The allegation of sexual harassment was investigated by Community Care Behavioral Health Organization which is a healthcare organization. The organization deemed the incident unfounded but required staff to receive training. The auditor was unable to determine the decision of the investigation being conducted by the healthcare organization rather than Childline.</p> <p data-bbox="280 1980 1474 2056">Summit Academy provided a list of staff terminated within the prior 12 months. The PREA coordinator was asked the specifics of each termination listed. There were no</p>

terminations based on violation of sexual abuse and sexual harassment. There was a discussion regarding the allegation file of the staff on resident sexual harassment.

The facility is substantially compliant with this provision and no corrective action is required at this time

115.376 (c):

Summit Academy responded in the PAQ 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 was one staff disciplined for violating the agency's sexual abuse or sexual harassment policy. The facility relies on Summit Academy PREA Policy IV, J.C., that outlines that staff disciplinary sanctions 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 was one allegation of sexual abuse or sexual harassment during the last 12 months.

Located in the supplemental files were incident based files which included three allegations of sexual abuse and one allegation of sexual harassment for the prior 12 months. Of the three sexual abuse allegations, there was only one that was staff on resident, and there was one sexual harassment allegation that was staff on resident. Of the two staff on resident allegations, only one was reported to Childline by Summit Academy. The staff on resident sexual abuse allegation was unfounded. The allegation of sexual harassment was investigated by Community Care Behavioral Health Organization which is a healthcare organization. The organization deemed the incident unfounded but required staff to receive training. The auditor was unable to determine the decision of the investigation being conducted by the healthcare organization rather than Childline.

Summit Academy provided a list of staff terminated within the prior 12 months. The PREA coordinator was asked the specifics of each termination listed. There were no terminations based on violation of sexual abuse and sexual harassment. There was a discussion regarding the allegation file of the staff on resident sexual harassment.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.376 (d):

In the PAQ, Summit Academy 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 Summit Academy PREA Policy IV.J.D., 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. The facility reported in the PAQ that there were no staff reported to law enforcement or licensing boards following their termination or resignation prior to termination for violating agency sexual abuse or sexual harassment policies.

Located in the supplemental files were incident based files which included three allegations of sexual abuse and one allegation of sexual harassment for the prior 12 months. Of the three sexual abuse allegations, there was only one that was staff on resident, and there was one sexual harassment allegation that was staff on resident. Of the two staff on resident allegations, only one was reported to Childline by Summit Academy. The staff on resident sexual abuse allegation was unfounded. The allegation of sexual harassment was investigated by Community Care Behavioral Health Organization which is a healthcare organization. The organization deemed the incident unfounded but required staff to receive training. The auditor was unable to determine the decision of the investigation being conducted by the healthcare organization rather than Childline.

The facility is substantially compliant with this provision and no corrective action is required at this time.

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. 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. Information provided was of an allegation of staff violation of sexual harassment policy which was verified through policy, staff interview, and investigative records. 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.

The facility is substantially compliant with this standard and no corrective action is required at this time.

<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:

1. Summit Academy PREA Policy
2. List of Contractors
3. Investigation Records

Interviews:

1. Superintendent

Findings (by Provision):

115.377 (a):

According to the PAQ, Summit Academy's 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. The Summit Academy 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 Summit Academy provides a service without compensation. 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 Summit Academy PREA Policy IV. J, 2., outlines that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies and to relevant licensing bodies unless the activity was clearly not criminal. Facility staff reported there were three allegations of sexual abuse and one of sexual harassment during the last 12 months. These allegations were not involving volunteers or contractors.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.377 (b):

Based on information provided in the PAQ, Summit Academy 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 Summit Academy PREA Policy IV. J, 2., specifies 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 prior 12 months of sexual abuse and sexual harassment investigative files and 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.

	<p>The facility is substantially compliant with this provision and no corrective action is required.</p> <p>Summit Academy has demonstrated that contractors 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 investigative files. Additionally, 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, interview, and investigative files.</p> <p>The facility is substantially compliant with this standard and no corrective action is required at this time.</p>
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<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. PREA-Audit Questionnaire (PAQ)</li> <li>2. Summit Academy PREA Policy</li> <li>3. Admission/Readmission Criteria</li> <li>4. Investigation Records</li> <li>5. Merit System Summary</li> <li>6. 23 Student Files</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Superintendent</li> <li>2. Medical and Mental Health Practitioners</li> <li>3. Discipline Staff</li> </ol> <p>Site Review:</p> <ol style="list-style-type: none"> <li>1. Observations during Onsite Review</li> </ol> <p>Findings (by Provision):</p> <p>115.378 (a):</p> <p>In the PAQ, the agency reported that students are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding or criminal finding of guilt that the student engaged in student-on-student sexual</p>

abuse. The facility reported that in the past 12 months there was no administrative finding or criminal finding of guilt for student-on-student sexual abuse that occurred at the facility. The facility relies on the Summit Academy PREA Policy IV. J.3., which outlines students 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 student engaged in resident-on-resident sexual abuse. When requested the facility provided its merit system in the supplemental files. The agency does not conduct administrative or criminal investigations. A review of the investigative files confirms there were two allegations of resident-on-resident sexual abuse during the 12 months preceding the onsite audit.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.378 (b):

Summit Academy reported in the PAQ if a disciplinary sanction for resident-on-resident sexual abuse results in isolation of a student, policy requires that students 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. Additionally, the facility reported there were no students placed in isolation as a disciplinary sanction for student-on-student sexual abuse that were denied access to large-muscle exercise, legally required programs, special education services, other programs, or work opportunities. Interviews with the Superintendent, medical and mental health practitioners, and the PREA Coordinator, it was determined Summit Academy does not practice isolation for any reason. During the onsite review, the auditor went into all areas of the facility. There were no areas of the facility identified as isolation. During review of documents, the auditor located a shift report that designated as isolation. It was explained by the facility that term and form was used during the Covid-19 Pandemic. The location was adjacent to the medical department. During onsite, the auditor reviewed area, and the room is utilized for other purposes. Further, a review of student files did not reveal that students were placed in isolation for resident-on-resident sexual abuse.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.378 (c):

In the PAQ, the facility reports that the disciplinary process considers whether a student'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 yes. According to the Merit System Summary, the facility uses trauma informed restorative tasks. They do not isolate students. A review of investigative records reveals there were no allegations,

administrative findings or criminal finding of guilt of student-on-student sexual abuse.

The facility is substantially compliant with this provision and no corrective action is required at this time.

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 student 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. As a part of the Admission/Readmission Criteria, students who have engaged in sexual abusiveness cannot be at the facility. In Summit Academy PREA Policy IV.J. 3.D., 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 students. 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. Documentation provided in PAQ and supplemental files included three allegations of sexual abuse and one allegation of sexual harassment during the last 12 months. There were no substantiated cases of student-on-student sexual abuse.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.378 (e):

In the PAQ, the facility reports that the agency disciplines students for sexual conduct with staff only upon finding that the staff member did not consent to such contact. Cited in Summit Academy PREA Policy IV.J.3.E., 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 three allegations of sexual abuse and one allegation sexual harassment during the last 12 months. A review of investigative information confirms there was no administrative findings or criminal findings a student 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 facility is substantially compliant with this provision and no corrective action is required at this time.

115.378 (f):

Information confirmed on the PAQ, the facility confirms that it prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The facility relies on Summit Academy PREA Policy IV.J. 3.F., that cites 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 three allegations of sexual abuse and one allegation sexual harassment during the last 12 months. There was no evidence that a student was disciplined due to good faith that an investigation did not establish sufficient evidence to substantiate the allegation.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.378 (g):

Reported in the PAQ, Summit Academy prohibits all sexual activity between students and disciplines students for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. In the Summit Academy Policy IV.J.3.G., it states sexual activity between students is prohibited, however for such activity to constitute abuse it must be forcible or coerced. Facility staff reported there were three allegations of sexual abuse and one allegation sexual harassment during the last 12 months. A review of investigative files confirms there was no reported sexual activity between students at the facility during the 12 months preceding the onsite audit.

The facility is substantially compliant with this provision and no corrective action is required at this time.

The evidence shows that there were no administrative or criminal findings of guilt for student-on-student sexual abuse in the 12 months preceding the onsite audit, which was verified through PAQ, investigation records, and policy. The evidence shows the facility does not isolate students at the facility. Which was verified through interview, observation, policy and documentation review. A student's disability and mental health is considered when determining sanctions and the facility uses trauma informed restorative task. The facility does not practice isolation of students which was verified through interviews and investigation information. Summit Academy demonstrates offering therapy without conditions of access, which was verified through PAQ, investigation records and staff interviews. The agency disciplines students for sexual conduct with staff upon finding that the staff did not consent, which was verified by PAQ, policy, and investigative records. The facility prohibits disciplinary action for a report of sexual abuse made in good faith, and it was verified by PAQ, interviews, and investigation records. Summit Academy prohibits all sexual activity between students which was verified by PAQ, policy, and Investigation records.

	The facility is substantially compliant with this standard and no corrective action is required at this time.
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115.381	Medical and mental health screenings; history of sexual abuse
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ)</li> <li>2. Summit Academy PREA Policy IV, B.</li> <li>3. 23 Student Files</li> <li>4. 23 PREA Risk Assessments</li> <li>5. Summit Academy Admission/Readmission Criteria</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Staff Responsible for Risk Screening</li> <li>2. Medical Practitioner</li> </ol> <p>Findings (by Provision):</p> <p>115.381 (a):</p> <p>In the Pre-Audit Questionnaire (PAQ), Summit Academy 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 the medical and mental health staff maintains secondary materials documenting compliance. Reviewing the 23 student files, the auditor found notations of medical and mental health follow up of students. The facility relies on the Summit Academy PREA Policy IV B., which outlines that students 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 the student’s caseworker. Students 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.</p> <p>During an interview, staff that conduct risk screening when asked if the screening</p>

indicates 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 23 resident file records and 23 risk assessments, and the auditor determined that if a resident disclosed prior victimization during risk screening, they would be offered follow-up.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.381 (b):

Summit Academy reported in the PAQ that all residents who have 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 Summit Academy. 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 would be removed from the facility. The auditor reviewed 23 student files and 23 risk assessments, and the auditor determined that there were no residents that disclosed that they previously perpetuated sexual abuse during screening that would prompt a follow up meeting with mental health staff.

The facility is substantially compliant with this provision and no corrective action is required at this time.

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 medical practitioner staff stated that PREA related reports are not stored electronically, and they are maintained at the medical office. 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, counselor coordinator, and night counselor supervisor.

The facility is substantially compliant with this provision and no corrective action is required at this time.



	<p>115.381 (d):</p> <p>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. The Summit Academy Child Right’s has language that outlines a student’s right of consent.</p> <p>The facility is substantially compliant with this provision and no corrective action is required at this time.</p> <p>Summit Academy requires that a follow-up meeting is offered to residents that discloses 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. The facility does not admit residents with sexual abusive behavior, which was verified through PAQ, interview and documentation review. The facility has demonstrated controlled of the level of access that each member of staff has in order 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. The information provided shows that medical and mental health staff do obtain informed consent for all residents and mental health and medical staff are mandated reporters. A review of file documentation specifically the Summit Academy Child Right’s, medical and mental health staff obtain informed consent for all residents which was verified through the PAQ, staff interviews and documentation review.</p> <p>The facility is substantially compliant with this standard and no corrective action is required at this time.</p>
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<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ)</li> <li>2. Summit Academy PREA Policy</li> <li>3. Memorandum of Agreement Between Butler Memorial Hospital and Summit Academy</li> </ol>

#### 4. 23 Student Files

##### Interviews:

1. Medical and Mental Health Practitioner
2. Butler Memorial Hospital SANE/SAFE Coordinator
3. Victim Outreach Intervention Center (VOICe)

##### Findings (by Provision):

##### 115.382 (a-b):

According to information provided on the Pre-audit Questionnaire (PAQ), Summit Academy reported that student 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 facility relies on Summit Academy PREA Policy IV. D.1. that outlines for all allegations of sexual abuse or assault, the victim will be immediately referred to Butler Memorial Hospital for a clinical assessment and gathering of forensic evidence by professionals 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. Summit Academy has an MOA with Butler Memorial Hospital. A review of the MOU outlines that the facility agrees to contact the Butler Children's Hospital emergency room to inform them of the pending student arrival who has reported being a victim of a sexual assault and provide continuous security supervision of the patient while at the medical center. Butler Memorial Hospital 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 SANE Coordinator at Butler Memorial Hospital that confirmed that they conduct all forensic examinations for Summit Academy, they are always staffed 24 hours 7 days of week due to the staff having other positions within the hospital. Also, there is also SANE staff that are on call. The facility relies on Summit Academy 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 Victim Outreach Intervention Center (VOICe) at 1-800-400-8551 or P.O. Box 401, Butler Pennsylvania 16003. The auditor was able to review Victim Outreach Intervention Center's agency website that outlines that students are provided assistance includes crisis intervention and advocacy-based counseling. On 10/21/2024, the auditor called number 1-800-400-8551 listed in the agency PREA policy and was connected directly to 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 students would receive these services immediately. When asked is the nature and scope of these services determined by your professional judgement, staff stated yes. The auditor was unable to interview a student that experienced sexual abuse at the facility that required a forensic examination.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.382 (c):

Based on information provided on the PAQ by Summit Academy, the facility reported that student 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 Summit Academy PREA Policy IV. D.1. C., that provides Summit 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 the 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, all three staff stated yes. The evidence shows that student victims of sexual abuse while incarcerated are offered timely information about access to emergency contraception and sexually transmitted infections prophylaxis which was verified by PAQ, Policy documentation review and interviews.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.382 (d):

In the PAQ, the Summit Academy 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. In the Summit Academy PREA Policy IV.D.1. 5-6., states that all medical, mental health and counseling services shall be provided at no cost to the student. The auditor was unable to interview a student that experienced sexual abuse at the facility that required a forensic examination.

The facility is substantially compliant with this provision and no corrective action is required at this time.

	<p>Summit Academy demonstrated that student victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services which were verified through PAQ, policy, documentation review and interviews. 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 and policy.</p> <p>The facility is substantially compliant with this standard and no corrective action is required at this time.</p>
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<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ)</li> <li>2. The Academy Schools Prisoner Rape Elimination Act (PREA) Policy IV, D,3.</li> <li>3. 23 Student Files</li> <li>4. 23 Risk Assessments</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Medical and Mental Health Practitioners</li> <li>2. Butler Memorial Hospital SANE Coordinator</li> </ol> <p>Findings (by Provision):</p> <p>115.383 (a):</p> <p>Summit Academy 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. Outlined in Summit Academy PREA Policy IV. D.3. all allegations of sexual abuse or assault, the victim will be immediately referred to Butler Memorial Hospital 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</p>

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 Butler Hospital. The auditors were able to interview the Butler Memorial Hospital SANE Coordinator that confirmed that they conduct all forensic examinations for Summit Academy, they are always staff 24/7. Students would receive victim advocacy and mental health services from (Victim Outreach Intervention Center (VOICe)).

The facility is substantially compliant with this provision and no corrective action is required at this time.

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. In the Summit Academy PREA Policy IV. D.3. Resident victims will be referred to Butler Memorial Hospital 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 Summit Academy agrees to contact the Butler Memorial Hospital emergency room to inform them of the pending student arrival who has reported being a victim of a sexual assault and provide continuous security supervision of the patient while at the medical center. Butler Memorial Hospital agrees to provide a forensic examination by a Sexual Assault Nurse Examiner (SANE), collect the evidence during the examination for law enforcement, contact executive director of Summit Academy who will send an advocate to the hospital to provide rape crisis counseling and advocacy services. Within the Summit Academy PREA Policy IV. D.1., it 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 Victim Outreach Intervention Crisis Center at 1-800-400-8551. The auditor reviewed VOICe's agency website that outlines that residents are provided crisis intervention and victim advocacy. The auditor called the above number listed in the agency PREA policy and was directly answered by 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 Butler Memorial Hospital. There were no residents for the auditor to interview that experienced sexual abuse that required a forensic examination.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.383 (c):

According to information obtained from 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 23 student 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 facility is substantially compliant with this provision and no corrective action is required at this time.

115.383 (d-e):

In the PAQ, the facility reported that this provision is not applicable, because the facility is an all-male facility.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.383 (f):

Summit Academy reported in the PAQ that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. The facility relies on the Summit Academy PREA Policy IV.D. that provides for testing for sexually transmitted diseases or HIV, gonorrhea, hepatitis, and other diseases and the release of information for purposes of medical management of both the victim and alleged perpetrator. According to a medical practitioner, students are provided with timely information about access to sexually transmitted infection prophylaxis. There were no residents for the auditor to interview that experienced sexual abuse that required a forensic examination.

The facility is substantially compliant with this provision, no corrective action is required at this time.

115.383 (g):

Review of information In the PAQ, the Summit Academy affirmed 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. In the Summit Academy PREA Policy IV.D., requires that all medical, mental health counseling services shall be provided at no cost to the youth. There were no residents for the auditor to interview that experienced sexual abuse that required a forensic examination.

The facility is substantially compliant with this provision and no corrective action is required at this time.

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 23 student files and 23 risk assessments. There was no indication of abuse history.

The facility is substantially compliant with this provision and no corrective action is required at this time.

Summit Academy provided information that medical and mental health services evaluation and treatment are offered for residents that have been victimized by sexual abuse which is verified through policy, interviews with mental health and medical staff, Butler Memorial Hospital SANE coordinator, and documentation review. The evidence shows that the facility provides evaluation and treatment for victims that 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 through policy, MOU, and interviews. The facility demonstrates that it provides victims with medical and mental health services consistent with the community level of care, which was verified through PAQ, documentation review, and interviews. Students are provided with timely information about access to sexually transmitted infection prophylaxis at no cost that was verified by policy and interview. Information provided by staff and documentation reviewed determined that resident abusers would not remain at facility to receive treatment within 60 days.

The facility is substantially compliant with this standard and no corrective action is required at this time.

115.386	Sexual abuse incident reviews
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="280 1532 564 1563"><b>Auditor Discussion</b></p> <p data-bbox="280 1682 453 1713">Documents:</p> <ol data-bbox="341 1787 1358 1939" style="list-style-type: none"> <li data-bbox="341 1787 810 1818">1. Pre-Audit Questionnaire (PAQ)</li> <li data-bbox="341 1827 810 1859">2. Summit Academy PREA Policy</li> <li data-bbox="341 1868 1358 1899">3. Sexual Abuse Incident Review (SAIR) Report Form- Summit Academy</li> <li data-bbox="341 1908 746 1939">4. List of Recommendations</li> </ol> <p data-bbox="280 1984 437 2016">Interviews:</p>

1. PREA coordinator
2. Superintendent
3. Incident Review Team Member

Findings (by Provision):

115.386(a):

Cited in the Summit Academy PREA Policy IV.H, within 30 days of the conclusion/ receipt of the investigation Summit Academy shall conduct a sexual abuse incident review of all allegations (substantiated and unsubstantiated), unless the allegation has been determined to be unfounded.

Further in the policy, it states that the review shall be conducted by a team of staff, and shall include input from direct care staff, investigators, medical staff and mental health practitioners.

For the prior 12 months, the facility reported that there were no incidents of sexual abuse that were substantiated. Since June of 2024, Summit Academy has implemented the Sexual Abuse Incident Review (SAIR) Report Form- Summit Academy. Due to the unfounded outcomes of the recent allegations of sexual abuse and sexual harassment, the form has yet to be implemented.

It was determined by review of the sexual abuse and sexual harassment files that there were no outcomes for sexual abuse for the prior 12 months.

The auditor was unable to determine the practice of conducting sexual abuse incident reviews due to there being no outcomes of substantiated sexual abuse allegations within the prior 12 months.

According to the superintendent, Summit Academy has a sexual abuse review team, and the team considers all requirements of 115.386.

The facility substantially meets compliance in this provision and no corrective action is required at this time.

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 Summit Academy PREA Policy IV.H. states within 30 days of the conclusion/ receipt of the investigation the facility 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 one allegation of sexual abuse. At the time of the onsite audit, the outcome of the allegation was found to be unsubstantiated.

The auditor was unable to determine the practice of conducting sexual abuse incident reviews within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

The facility substantially meets compliance in this provision and no corrective action is required at this time.

115.386(c):

Within the PAQ, the facility reported that 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.

The Summit Academy 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. Summit Academy does not conduct administrative or criminal investigations so there are no internal PREA investigators represented on the facility's incident review team.

According to the superintendent, the sexual abuse review team figures out demographics, causes and preventive plans. The PREA coordinator stated that incident reviews are documented. The incident review member said that motivating factors and other group dynamics are taken into consideration. Additionally, it was stated that the agency head would examine the area to determine whether there were any barriers in the area that may have enabled abuse. It was also confirmed that there is consideration of the adequacy of staffing levels in the area during the shift of incidents. The facility does not have video monitoring, but according to the member of the incident review team, there is consideration of deployment or augmentation to supplement supervision by staff. It should be noted that the auditor was only provided with a list of recommendations of prior incidents that occurred prior to the implementation of the SAIR. The auditor did not locate a uniformed tool to capture the entirety of considerations of prior unsubstantiated or substantiated sexual abuse allegations.

The facility is not substantially compliant with this provision and corrective action is required at this time.

115.386(d)(e):

On the PAQ, Summit Academy confirmed 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 (PREA coordinator). The facility provided a list of

recommendations that were determined during incident reviews in the past. 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. The facility did not utilize a uniform tool to document information required to be considered by the incident review team. As of June 2024, the Sexual Abuse Incident Review Report Form was implemented.

According to the Summit Academy PREA Policy IV.H. the facility prepares a report of its findings from sexual abuse incident reviews based on the following criteria:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical layout may enable abuse;
- Assess the adequacy of staffing levels in that area during different shifts;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- 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.

With the implementation of the SAIR, the facility will be able to obtain the information required by the PREA mandates.

Based on the interview with the Superintendent, the facility has a sexual abuse incident review team, and the team would look at all the considerations required of the PREA standards. The superintendent is a member of the incident review team. 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, the facility considers whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Since the implementation of the SAIR form in June 2024, there were 2 allegations of sexual abuse, and both outcomes were unfounded. The auditor was unable to determine the practice of the facility's preparation of a report of its findings from an older version of a sexual abuse incident review, and the facility's implementation of recommendations for improvement or documentation of its reason for not doing so.

The facility is not substantially compliant with this provision and corrective action is

required at this time.

Based on information provided on the policy, the PAQ, and interviews, Summit 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. The facility has not had enough time to institutionalize the documentation of the incident review team on the SAIR form. Lastly, the facility demonstrated that it makes recommendations by the list that was provided in the supplemental files, but the auditor was unable to determine if the facility documents its reasons for not doing so.

Based on this analysis, the facility is not substantially compliant with this standard, and corrective action is needed at this time.

**Corrective Action:**

1. The incident review team and administrators shall create two substantiated mock scenarios of sexual abuse. As a team complete the mock scenarios of the two substantiated mock scenarios of sexual abuse on the SAIR form. Provide the auditor with both documents and roster of participants with time, date and signature of all participants.

**Recommendation:**

1. Amend the language of the Summit Academy PREA Policy IV.H. to add upper-level management instead of a team of staff.

**Verification of Corrective Action:**

In response to the corrective action, the facility submitted documentation via OAS on 3/25/2025. The following documents were submitted:

**Mock Incident #1-Sexual Abuse Review Team**

1. Mock Incident #1-Sexual Abuse Incident Review (SAIR) Report Form Summit Academy
2. Mock Incident #2-Sexual Abuse Review Team
3. Mock Incident #2-Sexual Abuse Incident Review (SAIR) Report Form Summit Academy
4. SAIR Team Review Attendance Report

**Corrective Action Intent:**

	<p>The intent of this corrective action was to ensure that Summit Academy responds at the conclusion of an investigation of sexual abuse by conducting and documenting a sexual abuse incident review in accordance with the PREA standards.</p>
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<b>115.387</b>	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ)</li> <li>2. Summit Academy PREA Policy</li> <li>3. Summit Academy Annual Report 2022</li> <li>4. Survey of Sexual Victimization 2014-2022 exception 2016</li> <li>5. PREA Incident Review</li> <li>6. Home and Community Services Information System (HCSIS)</li> <li>7. Sexual Abuse Incident Review Report Form</li> <li>8. Summit Academy PREA Annual Report and Action Plan for January-December 2022.</li> <li>9. Pictures of Secured Area Data is Retained</li> </ol> <p>Site Review:</p> <ol style="list-style-type: none"> <li>1. Secured Area Data is Retained</li> </ol> <p>Findings (by Provision):</p> <p>115.387(a):</p> <p>Summit Academy reported on the Pre-Audit Questionnaire that the facility collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions.</p> <p>Further in the Summit Academy 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.</p> <p>The auditor requested copies of the form or tools utilized to collect allegations of sexual abuse at the facility. Definitions of terms related to PREA were referenced in the updated data collection instrument.</p> <p>During review of investigative files, the auditor located a form titled PREA Incident Review. It contained very few definitions referenced in the facility's PREA policy. As</p>

of June 2024, the facility implemented the Sexual Abuse Incident Review Report Form (SAIR). The facility submitted the tool as evidence, but it was not used during the last two incidents at the facility. Another document submitted in the supplemental files was the Home and Community Services Information System Form (HCSIS). This completed form was found in three of the four PREA related incidents for the prior 12 months. It served as a means of collecting information for the reporting mechanism to Childline. The form does not use the required sets of definitions found in the PREA mandates.

Summit Academy provided the Summit Academy PREA Annual Report and Action Plan for January-December 2022. The document lists the definitions and aggregated data from 2022. This was the first year that the information was published in this format.

The agency is not substantially compliant with this provision and corrective action is required at this time.

115.387(b):

In Summit Academy PREA Policy IV.L, it is cited that the Summit 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 able to determine that at least annually the agency aggregates the incident-based sexual abuse data. Located on the Summit Academy's website was the Summit Academy PREA Annual Report and Action Plan for January-December 2022. There were definitions listed and a table with critical incidents aggregated. The definitions that were identified in the policy were located on the agency's annual report.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.387(c):

Summit Academy 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, Summit Academy provided the completed Survey of Sexual Violence (SSV) from 2014 to 2022 conducted by the Department of Justice. The exception was the submission for 2016.

Though there was limited information on the standardized instruments included in the PAQ and supplemental files, the facility was able to complete the Survey of Sexual Violence (SSV) conducted by the Department of Justice from 2014-2022 except for 2016. At a minimum, the incident-based files contained enough data to answer the questions from the most recent version of the SSV.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.387(d):

In the PAQ, Summit Academy reported 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.

During the onsite audit, the auditor did a cursory review of investigative files retained in a secure location. The auditor located the following number of files for each year:

- 2024-5
- 2023-3
- 2022-2
- 2021-2
- 2020-5
- 2019-3
- 2018-1
- 2017-11

The agency is substantially compliant with this provision and no corrective action is needed at this time.

115.387(e):

Summit Academy 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 and no corrective action is required at this time.

115.387(f):

Summit Academy provided the auditor via the supplemental files with a copy of the Survey of Sexual Victimization for 2014-2022 with the exception of the 2016 submission.

Summit Academy did not provide evidence of collecting accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The older version of the incident review had limited information. The agency does aggregate the incident-based sexual abuse data at least annually starting in 2022. The agency completed the Survey of Sexual Violence (SSV)

conducted by the Department of Justice since 2014 except for 2016. The facility does maintain, review, and collect 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.

The agency is not substantially compliant with this standard, and corrective action is needed at this time.

**Corrective Action:**

1. The incident review team and administrators shall create two substantiated mock scenarios of sexual abuse. As a team complete the mock scenarios of the two substantiated mock scenarios of sexual abuse on the SAIR form. Provide the auditor with both documents and roster of participants with time, date and signature of all participants.

**Verification of Corrective Action:**

In response to the corrective action, the facility submitted documentation via OAS on 3/25/2025. The following documents were submitted:

1. Mock Incident #1-Sexual Abuse Review Team
2. Mock Incident #1-Sexual Abuse Incident Review (SAIR) Report Form Summit Academy
3. Mock Incident #2-Sexual Abuse Review Team
4. Mock Incident #2-Sexual Abuse Incident Review (SAIR) Report Form Summit Academy
5. SAIR Team Review Attendance Report

**Corrective Action Intent:**

The intent of this corrective action was to ensure that Summit Academy responds at the conclusion of an investigation of sexual abuse by conducting a sexual abuse incident review and documenting the review on a standardized form in accordance with the PREA standards.

<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:

1. Pre-Audit Questionnaire (PAQ)
2. Summit Academy 2023 PREA Annual Review 1/12/2024
3. Summit Academy 2021 PREA Annual Review 12/3/2021
4. Summit Academy PREA Annual Report and Action Plan January-December 2022

Interviews:

1. Agency Head
2. PREA coordinator

Findings (by Provision):

115.388(a):

According to the Pre-Audit Questionnaire (PAQ), Summit Academy confirmed 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 basis; and preparing an annual report of its findings from its data review and any corrective actions.

Provided in the supplemental files, Summit Academy uploaded the Summit Academy PREA Annual Reviews 2023, Summit Academy PREA Annual Review 2021. The annual review for 2022 was not submitted. Additionally, the Summit Academy PREA Annual Report and Action Plan January-December 2022 was submitted. Involved in the review were the agency head and the former PREA coordinator. The auditor determined the following was reviewed:

- 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
- Agency PREA policy

There were some errors in the report that were addressed in PREA standard 115.313.

Summit Academy PREA Annual Report and Action Plan January-December 2022 was the first year that the facility prepared the annual report in accordance with the PREA standards.

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 there is a comparative analysis with staff, year to year, and the questioning of who, what, and why.

The PREA coordinator responded that there is a look at patterns and issues. Additionally, it was reported that an annual report is completed from the data review. It was determined that the facility's annual report does include aggregated sexual abuse data, all the definitions related to PREA, and corrective actions if any pertaining to PREA.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.388(b):

The Summit Academy PREA Annual Report and Action Plan January-December 2022 was the first year that the report was done in accordance with the PREA standards. There are no years to compare, but the report does have a narrative section and tables that can be used for future years of comparison.

In assessing the agency's progress in addressing sexual abuse, there was mention of both student and staff training as it relates to Summit Academy's zero tolerance policy.

The agency is substantially compliant with this provision and corrective action is not required at this time.

115.388(c):

Summit Academy makes its annual report readily available to the public its website. Based on the information obtained from the PAQ the facility provided the following website to obtain the annual report <https://theacademyschools.com/the-summit-academy/helpful-policies-and-procedures/> . The PREA Annual Report is in the resources section labeled "Helpful Policies and Procedures."

During the review of the annual report, it was determined the agency head approved the annual report by signing and publishing the annual report to the agency's website.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.388(d):

Review of the Summit Academy PREA Annual Report and Action Plan January-December 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 personal identifiers.

	<p>The agency is substantially compliant with this provision and no corrective action is required at this time.</p> <p>Summit Academy reviews data to assess and improve the effectiveness of PREA mandates. The annual report does not include a comparison of the prior year's data and corrective action plans, because it is the facility's initial report adhering to the PREA standards. In the future years, the report has the capacity to compare prior years. The agency head approves the annual report prior to publication to the agency's website. The agency practices redaction prior to the publication of annual data reporting.</p> <p>The agency is substantially compliant with the standard and no corrective action is required at this time.</p>
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<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit questionnaire (PAQ)</li> <li>2. Pictures of Secured Area for Retained Data</li> <li>3. Summit Academy PREA Policy I.</li> <li>4. Summit Academy PREA Annual Report and Action Plan January-December 2022</li> <li>5. Pictures of Area for Secured Retained Data</li> <li>6. Investigative files 2017-2024</li> <li>7. HCSIS Forms</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> </ol> <p>Site Review:</p> <ol style="list-style-type: none"> <li>1. Area for Secured Retained Data</li> </ol> <p>Findings (by Provision):</p>

115.389(a):

Summit Academy ensures that incident-based data and aggregated data are securely retained in the office of the executive assistant. 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. During site review, the auditor observed the locking system, and a cursory inventory was taken of the sexual abuse and sexual harassment investigative files.

Within Summit Academy's PREA policy, there is language that requires for all documentation pertaining to PREA to be retained and secured.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.389(b):

Summit Academy demonstrated that aggregated sexual abuse data from facilities under its control is made readily available to the public, at least annually through its website. Per Summit Academy PREA Policy IV. L, Summit Academy will maintain a log of incidents related to this policy. Reporting will be included in the Annual Report and be made readily available to the public on an annual basis through The facility's website. Information will be entered into State or National databases, according to law.

Summit Academy is a private facility, and it does not contract with other facilities for residential services. The facility does not collect aggregated sexual abuse data from other facilities.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.389(c):

Before making aggregated sexual abuse data publicly available, Summit Academy removes all personal identifiers. The auditor determined there were no personal identifiers contained in the Summit Academy PREA Annual Report and Action Plan January-December 2022. The only identifier was the signature of approval of the publishing of the report.

The agency is substantially compliant with this provision and no corrective action is required at this time.

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 agency provided in the supplemental files the investigative reports going back to 2017, and they were able

	<p>to provide the HCSIS going back to prior years. Reviewed electronic HCSIS access during post onsite virtual meeting.</p> <p>Summit Academy 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.</p> <p>Site review of the retained documents confirmed that the facility retained all PREA related documentation up to 2017 in the executive assistant’s office. The remainder of documentation is maintained on the state database HCSIS.</p> <p>The agency securely retains incident- based and aggregated data. The Summit Academy annually aggregates and reports 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 by retaining hardcopy and electronically through the HCSIS which is the state operated database.</p> <p>The agency is substantially compliant with this standard and no corrective action is needed at this time.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ)</li> <li>2. Issue Log</li> <li>3. Supplemental Files</li> <li>4. PREA Final Reports 6/10/2015, 8/31/2018, 10/21/2018, and 10/21/2021</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Specialized Staff</li> <li>2. Random Staff</li> <li>3. Targeted Residents</li> <li>4. Random Residents</li> </ol> <p>Site Review:</p>

1. All Areas of the Facility both Internal and External
2. Detached Industrialized Trades Buildings
3. Summit Academy Final PREA Audit PREA Audit System (theacademyschools.com)

Findings (by Provision):

115.401(a):

Summit Academy was audited three times since August 20, 2013. The facility provided evidence in the supplemental files of the OAS of three PREA final reports dated 9/25/2015, 8/31/2018, and 10/21/2021.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.401(b):

During the prior three-year audit period, the agency ensured that the facility was audited at least once. Based on information obtained from the agency's website, the Summit Academy was audited during the second year of the three-year audit cycle. The facility's final report was submitted on 10/21/2021.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.401(h):

During the onsite review of Summit Academy, the auditor was granted unimpeded access to all areas of the facility including all industrial trade buildings. The facility did not have a surveillance or video monitoring system for the auditor to review. There were two video cameras located externally on the industrial trade buildings. The cameras were to monitor the buildings for theft and resembled a residential flood camera.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.401(i):

Summit 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 and no corrective action is required at this time.

115.401(m):

	<p>The auditor was provided a location to conduct private interviews with random residents, targeted residents, specialized staff, and random staff.</p> <p>The agency is substantially compliant with this provision and no corrective action is required at this time.</p> <p>115.401(n):</p> <p>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 7/29/2024. Additionally, the auditor was emailed photos of the placement of the audit postings, and later the photos were uploaded to the supplemental file.</p> <p>Further there was confirmation by PM counselor supervisor who handles resident mail 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 Summit Academy.</p> <p>The agency is substantially compliant with this provision and no corrective action is required at this time.</p> <p>The agency ensured Summit 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.</p> <p>Based on this analysis, the agency substantially meets compliance in this standard, and there is no corrective action required at this time.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Summit Academy PREA Report 10/21/2021</li> </ol> <p>Interview:</p> <ol style="list-style-type: none"> <li>1. Agency Head</li> </ol>

2. PREA Coordinator

Site Review:

Agency Website

Findings (by Provision):

115.403(F):

According to the Pre-Audit Questionnaire (PAQ), Summit Academy has published on its agency website the final PREA report for the Summit Academy. The final report was submitted on 10/21/2021.

Within the agency website resource section, the auditor located the final PREA audit report for Summit Academy dated 10/21/2021. The agency head and PREA coordinator confirmed that the last PREA Audit was published on the agency's website.

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

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	



	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	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
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities )	
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	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?	
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all 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:	yes

	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.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
<b>115.317</b>	<b>Hiring and promotion decisions</b>	

<b>(c)</b>		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes



	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	na
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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))	na
<b>115.331 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
<b>115.331 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.331 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate	no

	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?	no
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	no
<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	no
<b>115.333 (f)</b>	<b>Resident education</b>	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na



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

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	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?	
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

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

	making facility and housing placement decisions and programming assignments?	
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	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
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	



	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	na
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	na
<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	no
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	no
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	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?	
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	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
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	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
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes



<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.371</b>	<b>Criminal and administrative agency investigations</b>	

<b>(f)</b>		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	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
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

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

<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial	yes



	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na
<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.387 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.387 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

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

	publication would present a clear and specific threat to the safety and security of a facility?	
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no

	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.)	no
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes