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	120
	46
	53
	No
	Females
	13-19 years of age
	N/A
	74
	1
	0

	The Academy Schools
	900 Agnew Road, Pittsburgh, Pennsylvania - 15227
	900 Agnew Road, Pittsburgh, Pennsylvania - 15227
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The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Community Specialists Corporation (CSC) on June 24, 2020 contracted with William Benjamin, DOJ certified PREA Auditor for adult and juvenile facilities, from Benjamin Correctional Consulting, LLC, to conduct the Prison Rape Elimination Act (PREA) on-site audit of the New Outlook Academy (NOA), starting on August 19, 2020 and ending on August 21, 2020. CDC owns and operates the New Outlook Academy, located in P8 2lt y (a6t far)t ac theA) n 2oof lowto look

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

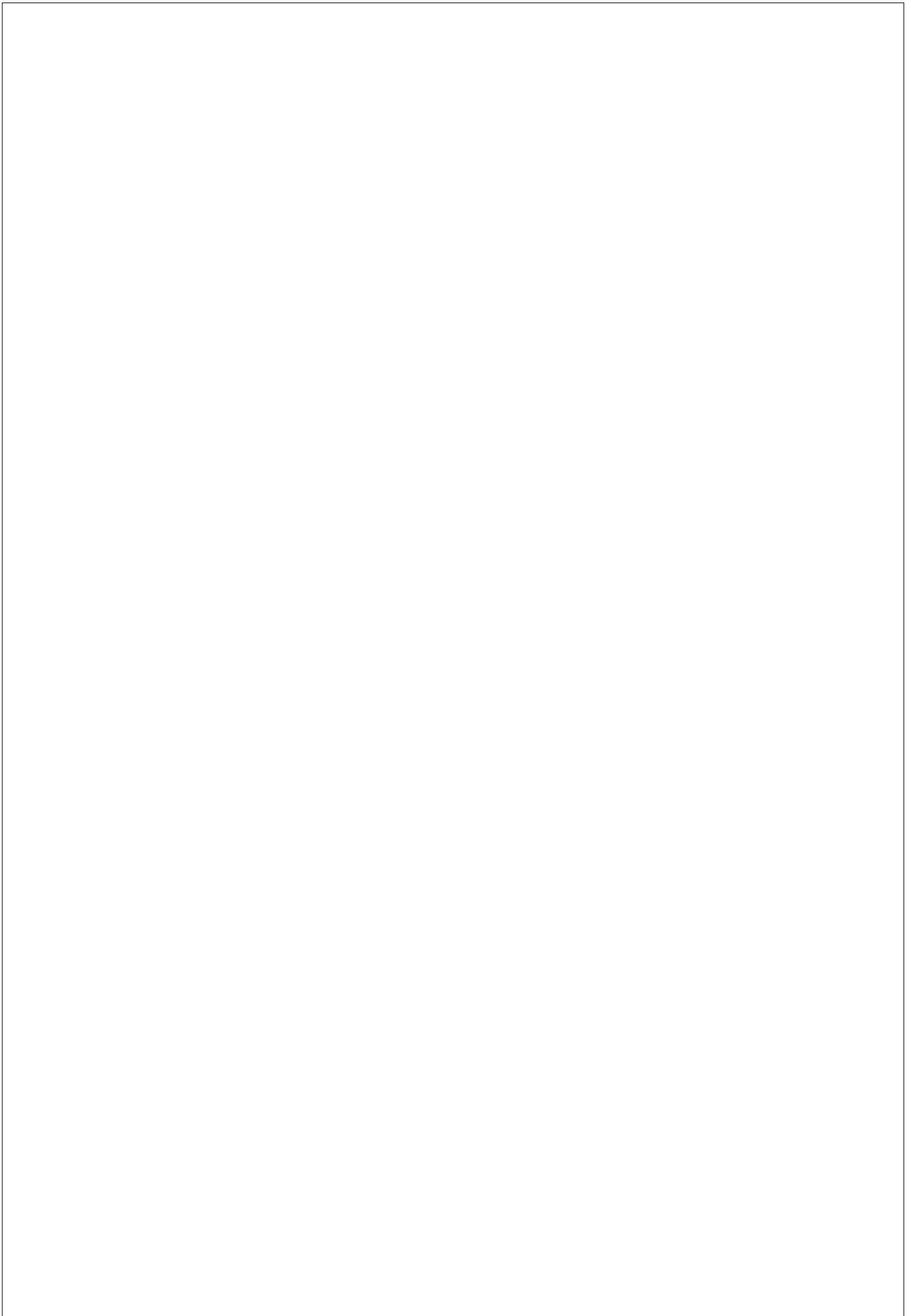
covering all three shifts, 11 of which were randomly selected staff and 11 were specialized staff, some who are responsible for more than one protocol. The staff interviewed were selected to ensure a representation from all shifts, all housing units, and different programming and operational areas of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

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

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

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

- Limited English Proficient (LEP) residents – 0 (No residents housed at New Ouat



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

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

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

New Outlook students have access to The Academy Drug & Alcohol Program (both inpatient and outpatient) and The Academy Specialized Behavioral Health Program (SBHP), both of which have been accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) since 2007. The Drug & Alcohol Program is licensed by the Pennsylvania Department of Drug and Alcohol Programs (DDAP) while Specialized Behavioral Health Programs (SBHP) are licensed by the Pennsylvania Department of Human Services (DHS).

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

All students at New Outlook Academy are required to perform at least a 2.5 grade point average in all learning

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

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	42
	0

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

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

1115.311; 15.312; 115.313; 115.315; 115.316; 115.318; 115.321; 115.322; 115.331; 115.332; 115.333; 115.335; 115.341; 115.342; 115.351; 115.352; 115.353; 115.354; 115.361; 115.362; 115.363; 115.364; 115.365; 115.354; 115.366; 115.367; 115.368; 115.371; 115.372; 115.373; 115.376; 115.377; 115.378; 115.381; 115.382; 115.383; 115.386; 115.387; 115.388; 115.389; 115.401; & 115.403

N/A

1. 115.313 (a): The facility's staffing plan must tak 115.341; 115.382; &



- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor discussion, 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.

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

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

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

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

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

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

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

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

The final analysis of the evidence indicates the facility has a policy for holding annual meetings to assess, determine, and document whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan. However, the facility was missing information on any judicial findings of inadequacy, any findings of inadequacy from Federal investigative agencies, and any findings of inadequacy from internal or external oversight bodies. Even though the facility has not been cited for any of these items, they need to state their current status regarding any such findings in the staffing plan. These considerations were added to the staffing plan by the facility and verified by the auditor on December 27, 2010.

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

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

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

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

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

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

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) to have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. No corrective action is required.

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

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

Compliance with this provision was based upon the O upon the O on on substanti hu ; O O

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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Meets Standard

1. Pre-Audit Questionnaire for New Outlook Academy (NOA).
2. New Outlook Academy's - PREA Policy (revised 08/14/16)
3. New Outlook Academy's website
4. New Outlook Academy PREA Investigative Files

1. N/A

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

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

Evidences used to determine standard compliance in d c

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

The Auditor provided the facility with several suggestions the facility failed to address.

ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, incident reports, facility behavioral records, and other relevant documentation from the resident's files.

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

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

115.342 (c): NOA prohibits pl

Meets Standard

1. Pre-Audit Questionnaire for New Outlook Academy (NOA).
2. New Outlook Academy's - PREA Policy (revised 08/14/16)
3. New Outlook Academy PREA - A Students Guide to Rights, Protections, and Reporting Sexual Abuse (not dated)
4. NOA PREA investigative case files

1. Posted information – PREA Poster
2. Site review tour of all Living units
3. Site review tour of all common areas

1. Informal discussions during site tour
2. PREA Coordinator
3. Randomly selected Staff
5. Randomly selected Residents
6. Residents who reported sexual abuse

115.351(a): NOA provides multiple ways for residents to privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect, or violation of responsibilities that may have contributed to such incidents. This could include, but is not limited to, the following: Student Grievance Form; Student Statement Form; Medical Request Form; Student One-on-One Request Form; The Grievance Procedure; direct verbal reporting to any staff member, and/or calling the abuse hotline number. Phones are accessible through staff in living units. New Outlook Academy's residents have weekly calls home, are allowed visits at the facility every weekend, and may also be allowed to go on home visits.

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

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Meets Standard

- 1. Pre-Audit Questionnaire for New Outlook Academy (NOA).
- 2. New Outlook Academy's Grievance Policy (not dated)

- 1. Resident Grievance Forms

- 1. Randomly selected Resident Grievance ce ce pO

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

115.352 (d): TAS/NOA issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance, but may extend the period longer if needed, up to 70 additional days. The facility incorrectly marked this section, they had no grievances that reported alleging sexual abuse.

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

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

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

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

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

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

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

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

	Meets Standard
	<ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for New Outlook Academy (NOA). 2. NOA's Security Program for Child Abuse and Neglect (revised 08/14/16) 3. Pennsylvania Department of Human Services Website (https://www.dhs.pa.gov/docs/Publications/Pages/Child-Abuse-Reports.aspx) 4. NOA Website (www.NewOutlook-academy.com) <ol style="list-style-type: none"> 1. Facility's Main Lobby/Visitation Area <ol style="list-style-type: none"> 1. PREA Coordinator 2. Program Director 3. Resident and Resident Representative 4. Resident and Selected Residents <p>115.354 (a): NOA accepts all verbal, written all verbal and written</p>

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

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

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

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

	Meets Standard
	<ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for New Outlook Academy (NOA) 2. New Outlook Academy's - PREA Policy (revised 08/14/16) <ol style="list-style-type: none"> 1. N/A <ol style="list-style-type: none"> 1. Randomly selected Staff 2. Shift Supervisors 3. Agency Head (Executive Director) 4. Program Director <p>115.362 (a): NOA PREA Policy (revised 08/14/16) , states that "when it learns that a resident is subject to a substantial risk of imminent sexual abuse, it will take steps to ensure that the resident is not subject to such abuse."</p>

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

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

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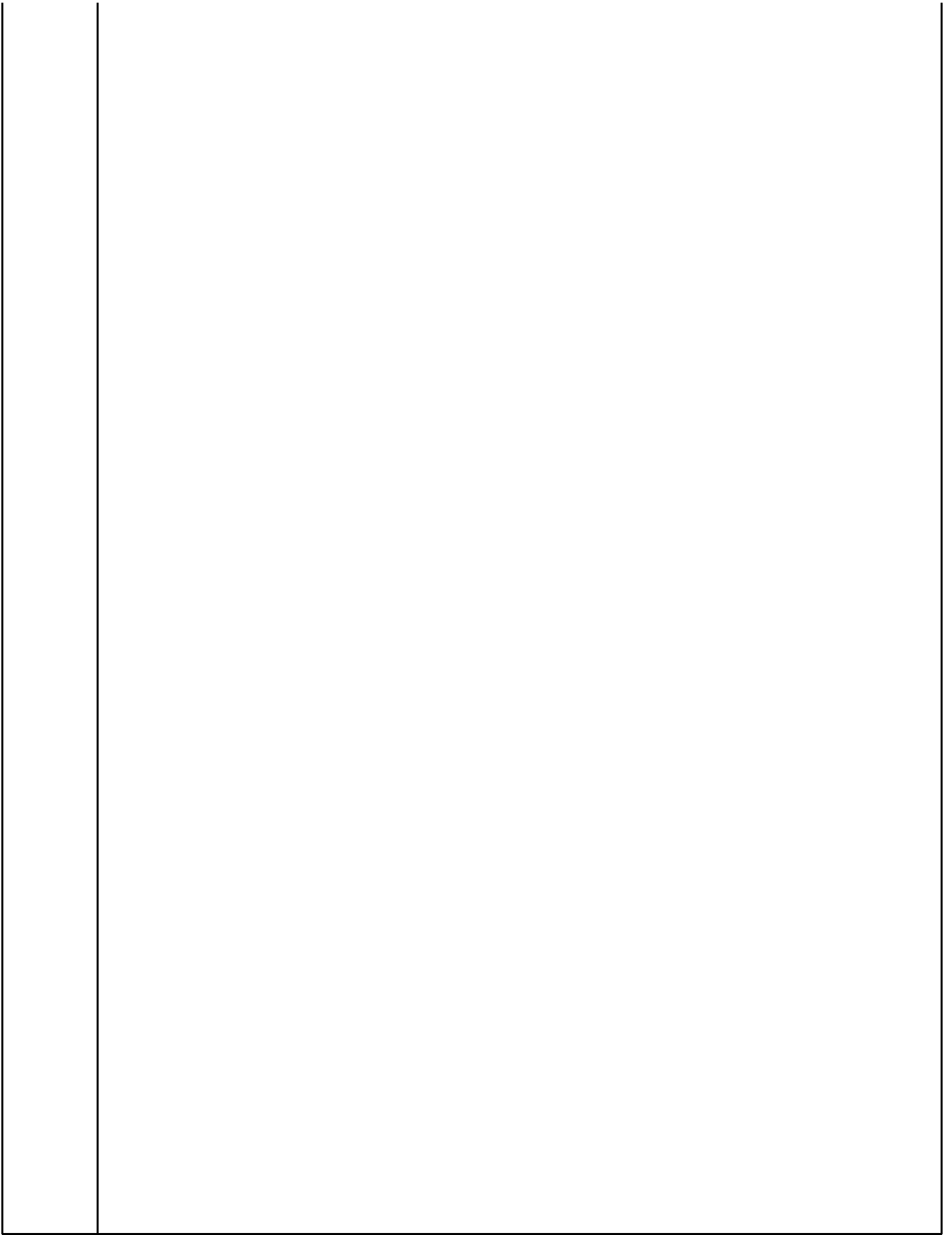
	Meets Standard
	<ol style="list-style-type: none">1. Pre-Audit Questionnaire for New Outlook Academy (NOA).2. New Outlook Academy's - PREA Policy (revised 08/14/16)3. NOA Resident case files
	<ol style="list-style-type: none">1. Tour all areas of the facility
	<ol style="list-style-type: none">1. Medical and Mental Health Staff2. PREA Coordinator and Mentality3. Program Director
	115.368 (a): CDC/NOA does not isolate residents. However, their policy states that residents who allege to have suffered sexual abuse may only be placed in a room with other residents who have also alleged sexual abuse.

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

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

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

115.371 (c): CDC/NOA does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. The facility would not gather, but preserve direct and circumstantial evidence, including any available



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Meets Standard

1. Pre-Audit Questionnaire for New Outlook Academy (NOA).
2. New Outlook Academy's - PREA Policy (revised 08/14/16)
3. NOA PREA Investigative Files
4. NOA Resident case files

1. N/A

1. PREA Coordinator
2. Program Director
3. Investigative Staff
4. Resident who reported a sexual abuse



	Meets Standard
	<ol style="list-style-type: none">1. Pre-Audit Questionnaire for New Outlook Academy (NOA)2. New Outlook Academy's - PREA Policy (revised 08/14/16)3. NOA Employee Records4. NOA Investigative Files
	<ol style="list-style-type: none">1. N/A
	<ol style="list-style-type: none">1. Human Resource Staff2. PREA Coordinator3. Program Director
	<p>115.376 (a): CDC/NOA's PREA Policy states that staff are subject to disciplinary sanctions up to and including termination for violating NOA's sexual abuse or sexual harassment policies.</p> <p>Compliance with this provision was confirmed by interview with the PREA Coordinator and a review of the PREA policy.</p> <p>115.376 (b): The facility has not terminated staff or had staff resign prior to termination for violating the agency's sexual abuse or sexual harassment policies in the past 1 year.</p>

Meets Standard

1. Pre-Audit Questionnaire for New Outlook Academy (NOA)
2. New Outlook Academy's - PREA Policy (revised 08/14/16)
3. NOA PREA Investigative Reports
4. NOA Residents' Case Files

1. N/A

1. Medical and Mental Health Staff
2. PREA Coordinator
3. Program Director

sanction, if any, should be imposed. This was supported by interviews with the Program Director and the Audit^{with}

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

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

115.381 (d): Medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

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

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

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

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

Based upon

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

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

115.386 (d): The facility has a PREA policy and prepares a report of its findings from sexual abuse incident reviews and submits a completed Administrative and Response Review Form to the Executive Director within 30 days of the conclusion of an investigation. The PREA policy and the review report state: 1) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abused; 2) whether the incident or allegation was motivated by race^{dys} by race by race

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

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

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

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

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

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

Meets Standard

1. Pre-Audit Questionnaire for New Outlook Academy (NOA)
2. New Outlook Academy's - PREA Policy (revised 08/14/16)
3. NOA PREA Annual Report 2019

1. N/A

1. PREA Coordinator
2. Executive Director

~~115.388 (a): NOA confirms that Annual Report data collected and aggregated pursuant to § 175.387, in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training.~~

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

115.388 (b): The facility's Annual Report does include a comparison of the current year's data and corrective actions with those from prior years. It also provides an assessment of the agency's progress in addressing sexual abuse. Compliance for this provision was supported by i

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

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

Meets Standard

The following evidence was analyzed in making the compliance determination:

Documents

1. Pre-Audit Questionnaire for New Outlook Academy (NOA)
2. New Outlook Academy's - PREA Policy (revised 08/14/16)
3. NOA PREA Annual Report 2019

Site Review Observations

1. N/A

Interviews

1. PREA Coordinator
2. Executive Director

Findings (by provision)

115.389 (a): CDC ensures that data collected pursuant to §115.387 are securely retained. Incident reports are retained by the Executive Director in a secure location. Compliance with this provision was verified by interviews with the PREA Coordinator and the Executive Director.

115.389 (b): CDC policy requires that aggregated sexual abuse data from facilities under its direct control be made readily available to the public, at least annually, through its website.

A review of all of the reports on the CDC facilities' websites demonstrates compliance with this provision.

115.389 (c): CDC has removed all personal identifiers from reports containing aggregated sexual abuse data published on its website.

Compliance with this provision was verified by the Auditor's review of the facility's PREA Annual Report published on its website.

115.389 (d): NOA policy, The New Outlook Academy's - PREA Policy (revised 08/14/16), requires that it maintains sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection. The Auditor reviewed facility's PREA records and verified that the facility has maintained 10 years of all sexual abuse incident data after the date of its initial collection.

Compliance with this provision was verified by the Auditor's review of facility's PREA records.

Based upon the review and analysis of all the available evidence, the Auditor has determined

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

	Meets Standard
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for New Outlook Academy (NOA). 2. The Academy Schools, Agency Website - https://theacademyschools.com/ <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. Tour all areas of the facility <p>Interviews</p> <ol style="list-style-type: none"> 1. Informal discussion during site tour 2. PREA Coordinator 3. Program Director 4. Executive Director <p>Findings (by provision)</p> <p>115.401 (a): CDC has ensured that each of its operated facilities has been audited during a three-year period, starting in August 20, 2013. This is New Outlook Academy's third PREA Audit in 7 years. Based upon a review of all TAS facility PREA Reports posted on the agencies' websites, the agency has met this standard during the prior three-year audit cycle.</p> <p>115.401 (b): This is the first year of the current audit cycle. TAS has ensured that at least one-third of each facility type operated by TAS will be audited during the first year of the current S wil</p>

counsel.

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

	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
	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
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
	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
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

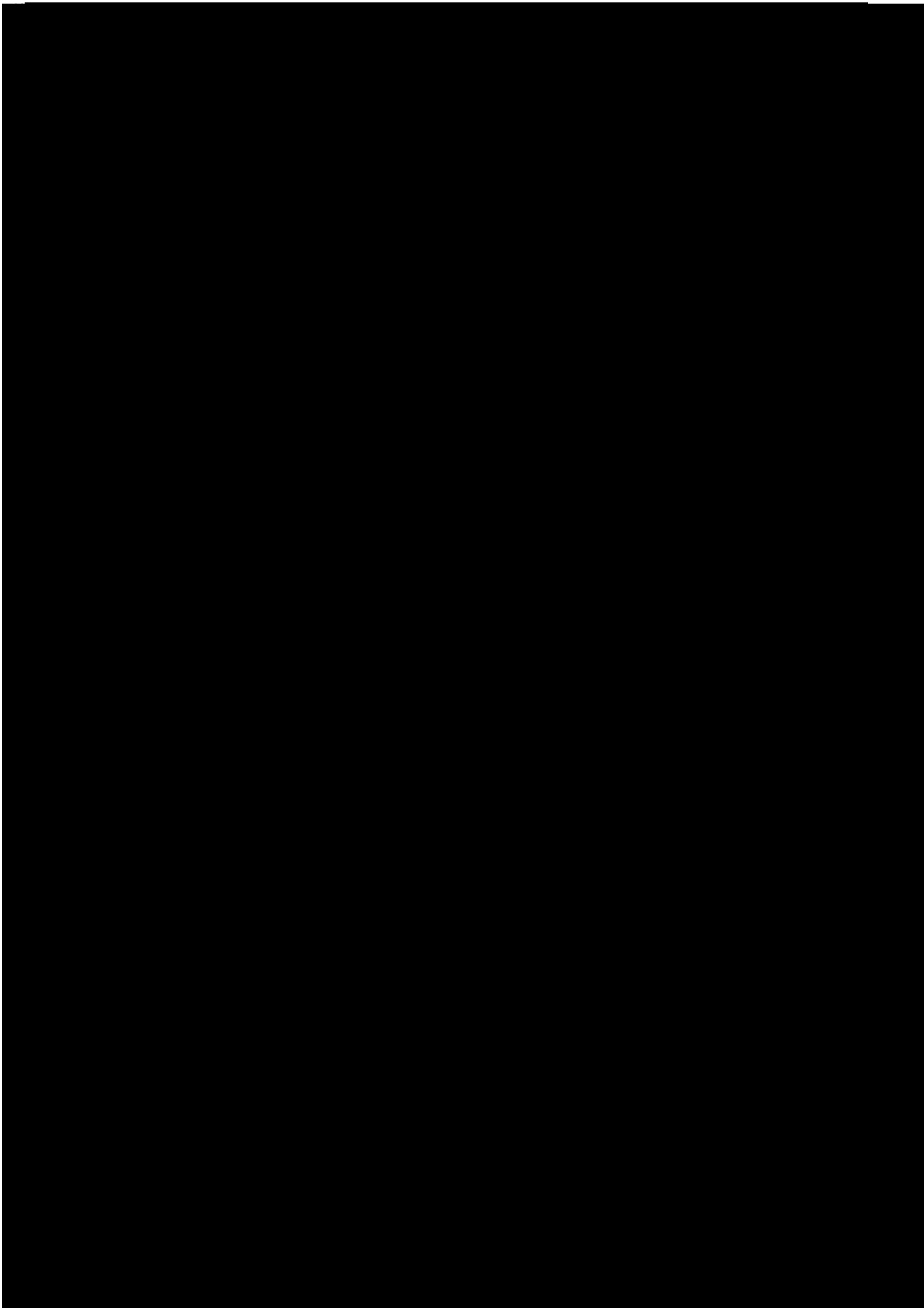
	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	

	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
	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
	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
	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
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential the	

	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, A 5x	

	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
	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 paragra	

	<p>If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))</p>	yes



	Does the agency maintain documentation of resident participation in these education sessions?	yes
	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
	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
	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
	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

	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

	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
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
	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
	Does the facility provide residents with access to tools necessary to make a written report?	yes
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
	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
	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

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

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree mid	

	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes C: LWth hg
	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
		((((
	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: cil tfa shog
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action?	yes C

	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
	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
	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	

	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
	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
	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
	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

	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/no/other
	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 incidents?	yes/no/other

	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
	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
	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
	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
	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
	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
	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

	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections?	

