

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

☐ Interim ☒ Final

Date of Report January 23, 2018

Auditor Information

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Company Name: Effective System Innovations	
Mailing Address: P.O. Box 3403	City, State, Zip: Guttenberg, NJ 07093
Telephone: 212-677-5093	Date of Facility Visit: December 6, 7, and 8, 2017

Agency Information

Name of Agency: Howard Center		Governing Authority or Parent Agency: Howard Center contracted by State of VT DCF	
Physical Address: 208 Flynn Avenue, Suite 3J		City, State, Zip: Burlington, VT 05401	
Mailing Address: SAME AS ABOVE		City, State, Zip: SAME	
Telephone: 802-488-6000		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: *Howard Center improves the well-being of children, adults, families, and communities. We provide: Support and treatment for children, families, and individuals; Flexible and prompt crisis response; Mental health counseling, Substance abuse treatment; and Intensive services leading to successful community living for people with mental illness, people with developmental disabilities, and children experiencing serious emotional disturbance. We promote: Prevention, early intervention, and community education and understanding; Innovative partnerships with consumers, providers, schools payers, businesses, local communities, and staff; and a workplace that supports professional standards, leadership development, and the needs of employees.*

Agency Website with PREA Information: <http://www.howardcenter.org/Safe-Environment-Standards>

Agency Chief Executive Officer

Name: Bob Bick	Title: Chief Executive Officer
Email: bobb@howardcenter.org	Telephone: 802-488-6125

Agency-Wide PREA Coordinator

Name: Dave Kronoff		Title: Privacy Officer, PREA Coordinator, Health Informatics Regulatory Specialist	
Email: davek@howardcenter.org		Telephone: 802-488-6915	
PREA Coordinator Reports to: Director of Information Management and Compliance		Number of Compliance Managers who report to the PREA Coordinator 2	
Facility Information			
Name of Facility: Howard Center: Transition House ("T-House")			
Physical Address: 39 Lincoln Street Essex Junction, VT 05451			
Mailing Address (if different than above): SAME AS ABOVE			
Telephone Number: 802-488-6702			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake <input checked="" type="checkbox"/> Other - Residential
Facility Mission: The Transition house (also known as the T-House) is a micro residential program for transitional aged youth operated by the Howard Center. Our mission is to support youth with a history of at-risk behavior to build the skills and support systems to be safe and productive members of their communities and families.			
Facility Website with PREA Information: http://www.howardcenter.org/Safe-Environment-Standards			
Is this facility accredited by any other organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Facility Administrator/Superintendent			
Name: Beth Holden, MS LADC LCMCH		Title: Director of Home and Community Services	
Email: Bethh@howardcenter.org		Telephone: 802-488-6617	
Facility PREA Compliance Manager			
Name: Christopher Smith, MS		Title: Program Director and PREA Compliance Manager	
Email: Christophers@howardcenter.org		Telephone: 802-488-6702	
Facility Health Service Administrator			
Name: James Gears, MSW		Title: T-House Program Clinician	
Email: jgears@howardcenter.org		Telephone: 802-488-7005	
Facility Characteristics			
Designated Facility Capacity: 4		Current Population of Facility: 3	
Number of residents admitted to facility during the past 12 months		7 youth between Nov. 2016 through Nov. 2017	

Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:		7
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		7
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	Licensed for ages 16-22; current population 17-18 years old	
Average length of stay or time under supervision:		18-24 months
Facility Security Level:		Community Residential – youth are free to come and go based on program level
Resident Custody Levels:		State of Vermont DCF custody and voluntary placement
Number of staff currently employed by the facility who may have contact with residents:		15
Number of staff hired by the facility during the past 12 months who may have contact with residents:		4
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		T-House does not currently have any contractors
Physical Plant		
Number of Buildings: 1	Number of Single Cell Housing Units: 4 individual bedrooms	
Number of Multiple Occupancy Cell Housing Units:		0
Number of Open Bay/Dorm Housing Units:		0
Number of Segregation Cells (Administrative and Disciplinary):		0
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): Transition house has 11 high-definition cameras which record to an on-site hard drive with a minimum retention schedule of 6 months. There are two video monitors on which staff can see live action of the residents in the moment. Additionally, the T House has an alarm system that chimes to alert staff when any window or door is opened in the building.		
Medical		
Type of Medical Facility:		No onsite medical facility at T-House
Forensic sexual assault medical exams are conducted at:		University of Vermont Medical Center
Other		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:		0
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		1 assigned DCF investigator

Audit Narrative

The State of Vermont Administration of Human Services, Department for Children and Families (AHS DCF) contracted with an independent auditor, Sharon Pette of Effective System Innovations (ESI) on September 2016 to conduct the government mandated PREA audits. The purpose of these audits was to determine the degree of compliance with the federal Prison Rape Elimination Act (PREA) standards. The Howard Center Woodside Transition House was among the contracted programs required to undergo an audit. This audit is the second PREA audit the Transition House (often referred to as “T-House”) has undergone, with its initial audit conducted in the summer of 2015. However, it is important to note that the T-House program is in a different facility than when the initial audit was conducted.

Six weeks in advance of the audit, several posters were hung throughout the facility announcing the upcoming audit. These posters explained the purpose of the audit and provided youth and staff with the auditor’s contact information. More specifically, notification fliers were posted on the client activity board, the client weekly schedule board, the PREA information board, and on the doors of both staff offices (one on the first floor and one on the second floor). Pictures were sent to the auditor verifying the posters were hung consistent with DOJ auditing expectations. Several weeks prior to the on-site review, the Transition House Facility PREA Compliance Manager submitted the Pre-Audit tool and supporting documents to the auditor. A comprehensive evaluation of agency policies, facility procedures, program documents, and other relevant materials was conducted prior to the on-site visit.

The on-site portion of the audit spanned a two-day period: December 11th and 12th, 2017. During the on-site review the auditor conducted an extensive facility tour which included visual inspection of the two-story building and the independent living apartment, together which comprise the entire Transition House program. During the tour the auditor gathered relevant information about programming, supervision, treatment philosophy and approach, and daily operations through conversations with Program Supervisor, Mr. Christopher Smith. More information about the facility and programming relevant to PREA standards is provided in the body of this report.

While on-site, the auditor conducted interviews with facility managers, agency leadership, staff, and youth. The requisite interviews were conducted consistent with DOJ expectations in content and approach, as well as the method for selecting staff to be interviewed (i.e. Facility Director, Facility PREA Compliance Manager, specialized staff, random staff, youth, etc.). Over the course of the two-day program visit and through several phone interviews occurring after the onsite visit, a total of 32 interviews were conducted. More specifically, the audit process included interviews with:

- The Howard Center Executive Director
- The Agency PREA Coordinator
- The Director of Human Resources
- The Howard Center Manager of Employee Relations and Training
- The Director of Home and Community Services
- The Director of Information Management and Compliance
- The T-House Program Director who also serves as the programs PREA Compliance Manager and the Lead Investigator for youth-to-youth sexual harassment allegations
- The Mental Health Clinician
- The Team Leader

- Eleven direct care staff (part-time and full time Residential Counselors and one Behavior Interventionist)
- Eight interviews with full-time and part-time direct care staff (job title “Interventionists)
- Two youth (there were 3 youth at the time of the onsite visit; one youth declined to be interviewed)
- The State of Vermont Residential Licensing Special Investigations Unit (RLSI) Investigator assigned to the Transition House Program.
- One interview with the Clinical Coordinator of the Forensic Nursing Program University of Vermont Medical Center

In addition, the audit process involved reviewing seven youth files - all youth currently in the program (N=3) and all youth discharged from Transition House in the past 12 months (December 1, 2016 through November 30th, 2017; N=4). File audits involved reviewing paper files as well as information documented in the Howard Center’s electronic medical record. Additionally, the auditor reviewed all reports of sexual harassment and sexual abuse occurring 12 months prior to the review. There was one case of youth-to-youth sexual harassment and no cases of sexual abuse.

As part of the file review process the auditor also reviewed all training records for current staff (N=15) working at the Transition House. In addition, all Howard Center employee personnel records were also reviewed to determine whether requisite criminal background checks were conducted consistent with PREA standards. The Transition House does not currently have any contractors, volunteers, or interns working in the program.

Throughout the audit review process, as well as in the debriefing meeting, agency and program leadership were made aware of next steps. The conversation included, but was not limited to, describing expectations for 30 days following the onsite visit and reminding leadership of the federal requirement that the final PREA audit report must be made publicly available. A one hour-debriefing meeting was held on the final day of the site visit to summarize preliminary audit findings. Participants included the Transition House Program Director and the Agency PREA Coordinator. The auditor provided feedback regarding T-House Program strengths and minor areas for adjustment. It is important to note that the Transition House program was 100% compliant with the federal PREA standards on the final day of the review and the recommendations the auditor made were intended only to further demonstrate compliance with specific provisions. These minor revisions were completed prior to issuing this Audit Findings report and documents verifying implementation of these items were submitted to the auditor.

For the purposes of clarity, the auditor reminds the audience that although the State of Vermont Agency of Human Services, Department for Children and Families (AHS DCF) contracts with the Howard Center to provide residential treatment services to youth in the T-House program, for the purposes of the audit, the “agency” is considered Howard Center. This ensures consistency in the interpretation and application of the PREA standards.

Facility Characteristics

The Howard Center Transition House or “T-House” is operated by a private not-for-profit agency, the Howard Center. As previously mentioned, the State of Vermont Agency of Human Services, Department for Children and Families (AHS DCF) contracts with the Howard Center to provide residential treatment services to youth. The Howard Center’s mission is *“to improve the well-being of children, adults, families and communities.”* This is accomplished by providing support and treatment to children, families and individuals that include, but are not limited to, prevention, early intervention and community education services. The Howard Center Transition House has a program mission that is closely aligned with the agency’s mission.

The Transition House is a community residential program located in Essex Junction, Vermont. The Transition House serves male youth between the ages of 16 and 22 who are in the custody of the Commissioner of the Department for Children and Families or have signed a Voluntary Services Agreement with the department beyond their 18th birthday. The program typically serves youth transitioning out of another residential treatment facility with the goal of transitioning to independent living in the community. The primary goal of the program is to promote and support successful transition for youth back into their communities. Typically, residents are accepted into the Transition House after they have successfully completed treatment at a longer term and higher security program. The Transition House receives many referrals from the Woodside Juvenile Rehabilitation Center (WJRC), which is operated by the State of Vermont. However, it is not uncommon for the Transition House to receive referrals from other Howard Center programs as well as staff secure residential programs/agencies in other states.

The mission of Transition House is *“...to support youth with a history of at-risk behavior to build the skills and support systems to be safe and productive members of their communities and families”* (Transition House Staff Handbook, page 2). The Transition House employs a clinical approach to serving youth, with a focus on promoting skill development related to the management of high risk, criminal, substance abuse, and sexually harmful behaviors. Program youth are required to participate in a Wellness Group and a House Meeting each week. In addition, all youth are required to meet with the Transition House Clinician for individual counseling session on a weekly basis. Since the primary goal of the Transition House is to provide young men with the opportunity to develop independent living skills all youth are required to have a job, attend school or participate in community service/volunteer activities on a daily basis.

The Transition House has the physical capacity to serve four youth. At the time of the on-site audit there were three youth in the program. Over the past 12 months the average number of youth served was three, although the population ranged from three to four during the period of December 2016 to November 2017. At the time of the on-site review, there was one youth who identified as bisexual.

The Transition House is located in a community residential setting and is not enclosed by a perimeter fence. The program is comprised of two dwellings: A main house and an independent living apartment that is connected to the main house. The main two-story house has three bedrooms and two staff offices which are located on the second floor. The first floor of the residence also includes a living room area which opens to the dining area, a kitchen, and a small recreation room. There is a basement that can be accessed through the kitchen and which is locked at all times (unless staff and residents are downstairs). The basement has a large recreation area, a bathroom, washer and dryer area, and two storage rooms.

The independent living apartment is reserved for older youth who have demonstrated stable responsible behavior. This apartment shares an adjoining door in the kitchen that is locked from the main house side. The independent living apartment has a bedroom area for one youth and a private bathroom for which the youth is responsible for maintaining. For safety reasons, the youth residing in this apartment does not have keys. Rather, the youth who resides in the single independent living apartment must ask staff to unlock his apartment to gain access.

All Transition House youth sleep in individual bedrooms. All windows and doors (i.e. bedroom, bathroom, offices, front and side doors) are alarmed with a high-pitched chime during the day that is triggered when opened. At night, the external doors are armed and if security is breached, a large siren is set off. A monitoring device is mounted in the staff office indicates which doors or windows are opened throughout the main house and in the independent living apartment. The entire facility is housed with 11 surveillance cameras throughout the main dwelling, including one camera that captures the outside front porch and several cameras in the basement. There are two monitors that displays live feed from all 11 cameras – one in a staff office located on the second floor and another downstairs in the reading room/recreation area.

Since the goal of the Transition House is to assist young men in becoming positive contributing members of society through independent living skills, youth within the program earn additional privileges as the successfully move through the four phases of the program. Youth who actively participate in the treatment program, demonstrate responsibility, have stable behavior, and are engaged in healthy community-based activities may apply to be placed on a higher level in the program. Each subsequent phase is associated with a decrease in staff supervision and an increase in the amount of free time a youth is permitted to have in the community. More information about youth supervision at Transition House is provided in other areas of this report (i.e. Standard 115.313).

Summary of Audit Findings

The onsite audit provided significant evidence that Howard Center has a solid infrastructure that supports effective organizational functioning. Numerous policies and legal documents exist that support the agency's dedication to zero tolerance and effective crisis response. This includes an agency policy that specifically addresses PREA and provides valuable information about how to respond to incidents of sexual abuse, the agency grievance process and other important PREA related information.

The Howard Center infrastructure includes a high-level manager, the Howard Center Compliance Officer, who is responsible for ensuring agency compliance with all state and federal regulations. This individual's work is further supported by a formal committee, the Corporate Compliance Committee, which oversees and monitors agency compliance in all areas (i.e. agency policies, licensing regulations, etc.). Additionally, the Howard Center infrastructure includes an incident review system that requires agency leadership to review all critical incidents to determine contributing factors and develop plans to mitigate future risk. This level of review ensures agency leaders are connected to program operations; that issues are addressed immediately and appropriately; and feedback and guidance is provided to programs to prevent future incidents.

The success of any initiative depends on a variety of factors and requires support from executive level managers. Interviews with several agency leaders in the Howard Center organization reveal Howard Center is fully committed to keeping youth safe and free from sexual abuse and harassment. The Howard

Center Executive Director, Mr. Bob Bick, stated “PREA made us aware of specific issues...and we address these issues immediately.” Other agency leaders, including the Agency PREA Coordinator, shared similar perspectives on the importance of closely aligning agency and program practices with PREA standards. Each leader provided several examples of how the agency demonstrates this commitment.

Information gathered from program staff and youth provides evidence that there is solid leadership at the Howard Center Transition Center. The Program Supervisor, Mr. Christopher Smith has been in his current position since September 2013. He is professional, well regarded by staff, dedicated to keeping youth safe, and committed to helping program residents prepare for the future. It was confirmed through observations and interviews that Mr. Smith supports his staff through regular team meetings and making himself available to staff seven days a week. He carries a continuous improvement mindset and is open to regularly examining program operations to identify areas for program improvement. Similarly, staff and youth interviews verified that other Transition House program managers are experienced and skilled at the work they do. Strong leadership is a critical element to program success.

Observations during the onsite audit allow the auditor to conclude that federal PREA requirements are thoroughly embedded in the program’s daily operations. Since Transition House’s initial PREA audit in July 2015, the facility has remained fully committed to mitigating the risk of sexual abuse and sexual harassment. Mr. Smith continues to demonstrate a deep understanding of the federal requirements and has successfully operationalized these principles at the T-House.

During the onsite audit, youth interviews confirmed that all youth understand their right to be free from abuse and harassment; understood how to make a report if they were being abused; and stated they felt staff genuinely cared about their safety and well-being. Agency policy prohibits two youth being left alone without a staff member. Youth confirmed that they are always with staff and are not alone with other T-House residents. Youth interviews revealed all youth knew several ways to report sexual abuse including telling a staff member, contacting their parents, lawyer, or DCF social worker. Similarly, staff clearly understood their first responder duties and knew what they needed to do in the event a youth alleged sexual abuse.

Within 30 days of the onsite visit and prior to issuing this report, the Transition House program made minor but important changes to further demonstrate compliance. Some of these were:

- Enhancing the unannounced rounds form to provide additional direction for staff (I.e. areas to observe, what to look for, etc.)
- Enhancing the ongoing PREA training to youth to include watching a video describing zero tolerance and discussing topics related to sexual abuse and sexual harassment (i.e. how to report, dynamic of abuse in residential settings, etc.). Youth are required to sign a form acknowledging they understand the information presented in the training.
- Enhancing the youth handbook and PREA Resources and Information bulletin board to include the mailing address of DCF Centralized Intake
- Re-installing the suggestion/grievance box
- Creating a formal system to ensure intersex and transgendered youth are formally assessed for vulnerability risk a minimum of twice per year.

The results from the initial audit report are provided below. The dedication and hard work from the T-House leadership team has allowed T-House to “Exceed Standard” on five. The information below reflects Transition House’s achievement of 100% compliance with federal PREA standards.

Number of Standards Exceeded	5 (Standards 311, 313, 317 and 342, 381)
Number of Standards Met	38
Number of Standards Not Met	0

Transition House has achieved 100% compliance with federal PREA standards. Therefore, no corrective action is needed at this time.

It is important to note that the intention of this report is to provide the reader with a summary of audit findings and highlight some examples of evidence supporting these findings. The narrative in this report is not an “all inclusive” list of the evidence needed to sufficiently meet PREA standards. However, for each standard that was successfully met, interviews, observations, and review of additional documents during the onsite visit verified that practices employed by the Transition House Program are consistent with agency policies and federal PREA expectations

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- 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 ☐ No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Agency Personnel Policies 240. Violence Prevention and Weapon-Free Workplace Policy
- Agency Personnel Policies 219. Harassment
- Agency's Code of Ethics 2.05 Sexual Harassment in the Operations Manual
- Agency's Policy Prohibiting Physical, Emotional, and Sexual Abuse and Sexual Harassment of Clients in the Operations Manual
- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Organizational and Facility Charts showing Agency PREA Coordinator and Transition House PREA Compliance Manager (Christopher Smith)
- Program Director/Facility Compliance Manager job description
- Agency PREA Coordinator job description
- Agency PREA Coordinator is listed on the Howard Center Safe Environment Standards web page
- Interview with Facility PREA Compliance Manager/Program Director
- Interview with Agency PREA Coordinator
- Facility Audit Tour

The Howard Center has several agency policies that set forth clear expectations regarding zero tolerance for all forms of sexual abuse and sexual harassment. The agency's Policy 239 titled, "Violence Prevention and Weapon-Free Workplace Policy" clearly states, "*Howard Center has adopted a zero-tolerance policy toward workplace violence.*" The policy defines harassment as "*...any act or gesture intended to harass or intimidate another person, any act or gesture likely to damage personal or agency property, or any act or gesture likely to leave another person injured or fearing injury. This may include oral or written statements, gestures, or expressions that communicate a direct or indirect threat of physical harm to person or property.*" The agency's policy, "Policies and Protocols Addressing the Prison Rape Elimination Act (PREA)" provides specific definitions for resident-on-resident sexual abuse, sexual contact, sexually abusive penetration and sexual harassment. This PREA policy also provides definitions for staff, contractor, and/or volunteer abuse and harassment to youth consistent with PREA standards.

Similar information is also described in the Howard Center Policy 219 “Harassment” which states, *“All persons associated with the Agency including, but not limited to, the Board of Trustees, the administration, the employees, volunteers and interns are expected to conduct themselves at all times to provide an atmosphere free from harassment and to refrain from engaging in prohibited harassment. Any such person who engages in any form of harassment during or after work hours on or off Agency premises, while connected in any way with the Agency, will be in violation of the policy and will be subject to appropriate discipline up to and including dismissal if warranted.”*

In addition to the policies referenced above, the zero-tolerance expectation is further supported by the Howard Center PREA policy: “Policies and Protocols Addressing the Prison Rape Elimination Act (PREA).” This policy provides information around strategies the program will employ to reduce and prevent incidents of sexual abuse and harassment. Examples include: Escorting staff members, volunteers, or contractors who have been accused of sexual abuse immediately out of the facility and conducting unannounced rounds to deter abuse and harassment. Information obtained during the onsite review verified the zero tolerance “tone” which permeates the facility. Supportive evidence gathered during the facility tour includes a zero-tolerance bulletin board, the youth handbook, and youth testimonials.

The Howard Center philosophy and commitment to zero tolerance is further supported by state regulations. The State of Vermont AHS Residential Licensing and Special Investigations Unit (RLSIU) is responsible for licensing all community residential facilities in Vermont. State regulations prohibit residential programs from hiring or continuing to employ any person substantiated for child abuse or neglect (“State of Vermont Department for Youth and Families: Licensing Regulations for Residential Treatment Programs in Vermont,” Standard 402). In addition, regulations require all residential treatment programs to have written policies and procedures for the orientation of new staff to the program and must include *“...child/youth grievance process...policies regarding zero-tolerance for sexual abuse, procedures for reporting suspected incidents of child abuse and neglect, etc.”* (“State of Vermont, DCF Licensing Regulations for Residential Treatment Programs,” Standard 414, page 17). The Transition House program is required to undergo a licensing process every two years.

The Howard Center agency has a designated Agency PREA Coordinator, Mr. Dave Kronoff. Interviews indicate he has a clear understanding of his role as it relates to PREA and has sufficient time and authority to develop, implement, and oversee agency efforts to comply with federal PREA standards. The Agency PREA Coordinator position appears in the Howard Center organizational chart and is available on the agency’s public website.

Similarly, the Transition House has a designated PREA Compliance Manager, Mr. Christopher Smith, who is responsible for ensuring facility compliance with these federal standards. Although Mr. Smith is also the Transition House Program Director, interviews and observations indicate he has sufficient time to perform the PREA related job responsibilities. Several factors play into this determination including: Transition House is a small facility (maximum capacity of four youth) making it less cumbersome to implement changes; Mr. Smith is fully committed to ensuring youth are safe and successful; and Mr. Smith is given the authority and autonomy by Howard Center leadership to make decisions that directly impact the Transition House program.

In further support of compliance with this standard the job description of the Transition House Program Director includes specific job responsibilities related to PREA. The job description states that the Facility

PREA Compliance Manager must: *“Serve as the facility’s primary contact for PREA. Promote a culture of zero tolerance for sexual abuse, sexual assault, sexual misconduct and sexual harassment at the facility. Be a source of information on PREA for residents and facility staff. Ensures all facility staff, contractors, interns, and volunteers complete all required PREA related training and follow agency PREA related policies and procedures. Provides feedback on the agency’s PREA related policies and procedures. Working with the PREA Coordinator and agency’s outcome staff ensures the collection and reporting of PREA information. Works with the PREA Coordinator and agency and facility staff to correct identified PREA concerns. Manage the facility’s PREA grievance process. Work with agency and outside parties to ensure all allegations of sexual abuse are fully investigated.”*

Similarly, the Howard Center PREA Coordinator job description also includes job specific responsibilities related to PREA. The agency description outlines the Agency PREA Coordinator responsibilities as: *“serves as the agency’s primary contact and point person on PREA and is a resource for management on PREA related inquires and procedural questions. Creates, updates, trains, and oversees the implementation of PREA related policies and procedures to comply with all PREA standards and audit requirements. Works with each facility’s PREA Compliance Manager to ensure compliance is met at each facility. Creates corrective action plans as needed. Participates in investigations of sexual assaults and oversees the submission of formal reports to the State and Federal governments. Provide support and guidance to HR and the facility PREA Compliance Manager to address sexual harassment allegations. Along with the PREA Compliance Managers, work collaboratively with community partners and other stakeholders to ensure victim and offender care and treatment. Oversee the training and the development of educational materials used to educate staff and clients about PREA and related issues.”*

Additional evidence that Howard Center and the Transition House program have a solid infrastructure to support PREA, is found in the Transition House organizational chart. The agency and program level charts indicate the job titles “Transition House PREA Compliance Manager” and “Howard Center PREA Coordinator.” Interviews with the PREA Compliance Manager and Agency PREA Coordinator support they have enough time and authority to perform PREA related responsibilities. Additionally, the Howard Center Executive Director articulated during his interview that keeping youth safe while in the care of Howard Center is a top agency priority. The fact that PREA related duties are included in job descriptions coupled with the previously described evidence, allows the auditor to conclude that Transition House has exceeded this PREA standard.

Standard 115.312: Contracting with other entities for the confinement of residents

115.312 (a)

- 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.) ☐ Yes ☐ No ☒ NA

115.312 (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".) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The Howard Center does not contract with private entities for the confinement of youth. Although the State of Vermont Department for Children and Families contracts with the Howard Center to provide residential treatment services for youth in the Transition House program, for the purposes of this report the Howard Center is considered the “agency.” Therefore, this standard is N/A and defaults to a “Meets Standard” determination.

Standard 115.313: Supervision and monitoring

115.313 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

- 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 ☐ No
- 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 ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? ☒ Yes ☐ No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) ☐ Yes ☐ No ☒ NA

115.313 (c)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) ☒ Yes ☐ No ☐ NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? ☒ Yes ☐ No

115.313 (d)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.313 (e)

- 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 ☐ No ☐ NA

- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operation Manual
- Transition House Staff Handbook
- Transition House Policy 4.0 "Staffing Needs and Monitoring Staffing Plans"
- Transition House Policy 4.0 "Emergency Procedures"
- State of VT Residential Treatment 1:1 Staffing Funding Request Form
- Unannounced rounds log
- Facility schematic/layout
- Facility staffing schedules
- RLSI licensing report verifying Transition House is in compliance with State of VT youth to staff ratios of 1:4
- Documentation of Annual Staffing Plan review covering all areas required by PREA
- Interview with Program Director/PREA Compliance Manager
- Interview with Agency PREA Coordinator
- Interviews with intermediate and high-level staff who conduct unannounced rounds
- Observations during facility tour

Currently, the Transition House exceeds PREA staffing ratios which require a minimum staff-to-youth ratio of 1:4 at all times. The Transition House Staff Handbook states, "*The T House is staffed at 1:4 staff-to-client ratio at all times. Because of our program's individualized and independent, our staffing pattern increases to a ratio of 1:2 and in some cases 1:1 in order to support and supervise community-based activities*" (page 17). Review of the staff schedule, interviews with youth and staff, as well as auditor observations while onsite verified this staff to youth ratio is maintained.

Interviews revealed the Transition House has a 1:2:1 direct care staff shift pattern. Monday through Friday the program has one staff member on shift from 7 AM to 2 PM; two staff on shift from 2 PM to 9 PM; and one staff member on shift (9 PM to 7 AM). The Program Supervisor, Clinician, Living Skills Specialist, and the Team Leader work Monday through Friday. The Transition House program does not deviate from their staffing pattern. The Comprehensive Care Program leadership team, comprised of the

Program Supervisors/Coordinators, Comp Care Director and CYFS Associate Director all rotate back up coverage for the Transition House on a weekly basis. In the event of a staffing shortage to emergency or staff illness, the Director on call is responsible for arranging coverage and/or responding to the program in person.

The purpose of the Transition House is to prepare youth for transition back into the community. For this reason, youth earn increasingly more responsibility and independence as they progress through the program. It is important that the reader understand that accompanying this increased independence is a decrease in staff supervision of youth. To provide context for this PREA standard, each of these levels is described briefly below, although more information is detailed in the Transition House Staff Handbook. Each of the four levels last a minimum of 30 days and youth must demonstrate readiness to advance to the next level. The four program levels are:

- 1) Introductory Level: Clients are required to check in with staff three times a day – before school, after school with school faculty/staff and before bed. There is direct supervision (eyes and ears, same room) at all times.
- 2) Community Engagement Level (CE): Clients check in with staff once a day (around bed time). Clients have ‘whereabouts’ supervision within the public spaces in the house as long as other clients are not present. Clients are permitted to participate in approved community-based activities that are supervised by staff and have up to two hours of structured free time in the community. If an activity will last more than two hours spot checks are conducted. Clients have one hour of unstructured activities with their peers which may include unsupervised time with their peers who are not affiliated with the program. For youth under 18 years old, contact list must be approved by the DCF social worker. Transition House youth are never allowed to spend time together unsupervised, regardless of level.
- 3) Building Independence: Clients check in with staff daily. Clients may have four hours of unsupervised, structured activities as well as three hours of unsupervised unstructured activities in the community. Clients may continue to go on 15-minute walks.
- 4) Transition Level “T”: Clients check in with staff at least once a week. Clients can have up to eight hours of structured or unstructured free time in the community per day and have any unsupervised community activity (not required to submit an outing form in advance).

The Transition House defines supervision as *“the act of overseeing and managing a client or student in a household, school or community setting”* (page 17). The Transition House Staff Handbook reminds staff that supervision is a staff responsibility and that supervision does not solely mean the act of being physically present. The handbook further explains, *“Good supervision, a key to successful programming, is the participation in the client’s interactions. It is proactive rather than reactive. That is, a staff person who is adequately supervising a client in the grocery store should be able to help that client avoid a tricky situation because they are engaged in the shopping with the client rather than simply going through the motions beside them”* (page 17).

The Transition House Staff Handbook describes several types of supervision while youth are in the house (i.e. Arm’s length; Direct; Whereabouts in the House; Spot Checks, etc.). Staff are required to know where

youth are at all times (in the house and in the community). Clients are allowed to ask staff for unsupervised time within the house but are never allowed in one another's bedrooms. The staff handbook clearly dictates, "...if two clients are upstairs, their bedroom doors should be closed and they are not hanging out in the hallway or in each other's rooms" (pages 18 and 19). The verbal expectation set by the Program Director in team meetings and through coaching is that staff periodically check on all youth throughout their shift.

Youth and staff interviews and auditor observations while on site, verified Transition House exceeds federal expectations for youth-to-staff ratios. Due to the nature of the program youth supervision is not equal to that needed in more secure juvenile justice facilities. However, youth and staff interviews confirmed that staff checked on them periodically throughout their shift and that staff are expected to have "eyes on ears on" during waking and bedtime hours. Night staff are expected to be in the staff office located on the second floor and to remain aware of youth whereabouts throughout the night (i.e. listening for door chimes which would indicate a door has been opened). While night staff are permitted to sleep while on shift, they are also required to conduct bed checks at least twice per night. Bed checks require staff opening the youth's bedroom door and viewing the youth from the doorway. These checks are documented in electronic youth files. As previously mentioned, all Transition House windows and doors (except the staff office) and entry points (front and back doors) are armed with a high-pitched chime that sounds when opened (at night if the alarm is tripped there is a loud siren that rings out).

As previously described in the "Facility Characteristics" section of this report, the Transition House is a two-story residence. Due to the nature of the program – focusing on youth earning increasingly more independence - youth are permitted to be upstairs at the same time but are not allowed in the bedroom of another resident. Computer monitors on the first and second floors allow staff to track youth whereabouts. The Program Director or Mental Health Clinician offices are located on the second floor, allowing another layer of youth supervision. If youth are in the basement staff are required to be with youth. The expectation is that staff are "eyes on, ears on" with new youth in the program and as youth earn trust, staff will graduate to knowing where youth are in the house (with requisite periodic check-ins).

The Howard Center "Policies and Protocols for Addressing the Prison Rape Elimination Act (PREA)" requires a practice of unannounced management rounds. The policy states, *"Each facility will implement a practice of intermediate or higher level staff conducting unannounced rounds for all shifts. Staff will not be alerted to an impending round unless it may interfere with the operation of the facility."* In addition, the Transition House Staff Handbook states, *"Announced 'rounds' for all shifts will occur at least 4 times per year to ensure that all program and agency policies and procedures are being followed. This means that a program leader will conduct random checks of all shifts at random. This information will be documented in program's supervisory files in compliance with PREA expectations. Program leadership should make every effort to ensure that staff are unaware of visits, and staff members may not alert colleagues to unannounced visits"* (page 18). These rounds are recorded in an unannounced rounds log. Shortly after the site visit the unannounced rounds log sheet was enhanced to provide further direction to staff. The form now captures whether all doors were locked, staff were appropriately supervising youth, any findings, etc.

During the onsite visit the auditor reviewed the unannounced rounds log, verifying rounds are conducted by various Transition House managers several times per month. These rounds cover all shifts and appear to be in a "random" pattern, which prevents staff from predicting when these check-ins will occur. These

rounds are scheduled at quarterly management meetings to ensure all shifts are covered (including the overnight shift), however, managers are prohibited from alerting staff of these rounds. In addition, an interview with the Transition House Team Leader revealed that he is responsible for completing a “Monthly Safety Checklist” that includes testing fire extinguishers, window alarms, escape routes, etc.

Agency policy and Transition House Policy 3.6 “Staffing Needs and Monitoring of Staffing Plans” and policy 4.0 “Emergency Procedures” both state T-House will review their staffing plan at least annually to ensure staffing and supervision is adequate. While onsite the auditor reviewed the meeting minutes from the most recent annual staffing plan review held on March 9, 2017 to verify this formal review occurs a minimum of annually. The next annual review is scheduled for March 2018.

During the initial audit in 2015, the Transition House was located in Burlington, VT. In August 2016 the program moved to Essex at which time several modifications were made to the existing residence/house. These modifications were made to help prevent incidents of sexual abuse and keep youth safe. Some of these modifications include installing an 11-camera high-definition video surveillance system; installing locks on all storage room doors; building out the basement stairs so youth cannot hide beneath them; and installing door chimes on all windows and doors, to name a few. The Transition House Program Director has immediate access to the T-House video footage and footage is stored for up to 30 days. The auditor applauds the program for considering youth safety when making any physical modifications to the T-House facility.

As part of the T-House response protocol and to ensure the program maintains the required staff-to-youth ratio, if there is a crisis (i.e. transporting a youth to the hospital or one-on-one supervision for suicide watch), on-call staff are contacted. On-call staff are required to respond within one hour. The fact that the T-House maintains a 1 to 4 youth-to-staff ratio and has an extensive surveillance monitoring system, allows the auditor to conclude the Transition House “exceeds” the requirements in this PREA standard.

Standard 115.315: Limits to cross-gender viewing and searches

The Transition House program prohibits pat-down searches and strip searches.

115.315 (a)

- 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 ☐ No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? ☒ Yes ☐ No ☐ NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? ☐ Yes ☒ No **The Transition House does not conduct pat-down searches or strip searches**
- Does the facility document all cross-gender pat-down searches? ☐ Yes ☒ No

115.315 (d)

- 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 ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? ☒ Yes ☐ No
- 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 ☐ No ☒ NA

115.315 (e)

- 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 ☐ No
- 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 ☐ No

115.315 (f)

- 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 ☒ No **The Transition House does not conduct pat-down searches or strip searches**
- 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 ☒ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Transition House Staff Handbook
- Transition House Policy 4.1 “Policy on Client Searches”
- State of Vermont DCF Residential Licensing Standard 727
- Interviews with random direct care staff across all shifts
- Interviews with random sample of youth
- Interviews with target population, specifically transgender and intersex youth (if residing in facility)
- Observations during facility tour

The Transition House program does not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening). The Transition House Staff Handbook upholds, *“The Transition House does not complete ANY physical searches (including strip searches, visual body cavity searches, and pat down searches) at any time for any reason. If a staff person has reason to believe that a client has contraband upon returning to the program, staff should ask the client to wait in supervision until the staff person can call the paging system (outlined later in the document) in order to consult and plan. If there is a safety concern where a staff has reason to believe that a resident may have contraband hidden on their body which will pose a risk of harm to themselves or others, then the police may be contacted to conduct a physical search of the resident.”* Youth and staff interviews revealed that this policy is closely followed - the program does not conduct any pat frisk or strip searches. As the handbook describes, the program does conduct periodic pocket checks in which youth are asked to empty their pockets when returning from the community. In addition, room searches are conducted, although staff and youth reported these were not done frequently or consistently. The T-House also has Policy 4.1 “Policy on Client Searches” that clearly states that staff are forbidden to conduct pat down and physical searches of youth.

Youth residing in the Transition House have privacy when using the bathroom and when changing their clothes. The main house has two bathrooms – one in the basement and one on the second floor (in addition to the independent apartment which has its own bathroom). Only one youth is permitted to be in the bathroom at any given time and the door must be closed. The Transition House Staff Handbook states, *“Clients have the right to privacy in their bedrooms and the bathroom; Clients have the right to have undisturbed time for themselves in their rooms, as well as the right to shower, change and use the bathroom without another resident or staff seeing them”* (page 19). In addition, the handbook requires staff to knock prior to entering a client’s bedroom or bathroom and wait for a response prior to entering. This requirement to knock and announce is an expectation for all staff, regardless if staff are male or female. In addition, all staff are required to announce themselves as soon as they arrive on shift. Shortly after the site visit, the program created a “Staff On” bulletin board that hangs in the hallway on the second floor. This information board allows youth to see who is on shift for the day and over the course of the upcoming month.

The State of Vermont DCF Residential Licensing requirements further support compliance with part (d) of this standard. State regulations dictate, *“...a residential treatment program shall provide toilets and baths or showers which allow for individual privacy unless a child/youth requires assistance”* (Standard 727). The Transition House program had a license renewal visit conducted by DCF in January 2017 and

received their updated license. Youth interviews confirmed that youth have privacy when showering, toileting, and changing clothes.

Standard 115.316: Residents with disabilities and residents who are limited English proficient

115.316 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☒ Yes ☐ No
- 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 ☐ No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No
- 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 ☐ No

- 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 ☐ No
- 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 ☐ No
- 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: Are blind or have low vision? ☒ Yes ☐ No

115.316 (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 ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Transition House Staff Handbook
- Agency's Policy on Accessibility in the Operations Manual
- Agency Policy for Providing Communication Assistance for Individuals with Disabilities and/or Limited English Proficiency
- List of interpreters maintained on Howard Center Webpages, Diversity, Equity & Inclusion (Interpreter Services is the 2nd item listed on left hand side)

- HC service agreement/contract with Language Line Solutions (executed 8/2017)
- Interview with Howard Center Executive Director
- Interviews with ESL youth (if residing in facility)
- Interviews with random direct care staff across all shifts

The agency takes appropriate steps to ensure that residents with disabilities (i.e. 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) or are limited English proficient have an equal opportunity to participate in the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Howard Center has a contract with the Language Line which provides interpreter services telephonically and can interpret over 120 languages. The agency "Policy on Accessibility" upholds that when English is not a client's primary language, translation services will be provided. In addition, the policy also specifically states that accommodations should be made regarding written materials. For example, these may include *"reading the material to that person, having material printed in large print and having pictures and graphics added to the text to make information more understandable."* This is further supported by information found in the Transition House Staff Handbook which states, *"Howard Center maintains contracts with interpreters and signers as well as tele-interpretive services. All information can be translated for clients or made available at the time of intake. Staff should support clients in order to ensure comprehension."*

Shortly after the onsite visit, the program enhanced the staff handbook to set clear expectations for T-House employees. The handbook now explains, *"The Howard Center has a contracted tele-interpreter service that is available 24/7/365. Flyers outlining how to obtain these services as are posted at each of the phones in the program. If you have questions to this, please utilize supervision on how to access....Clients are prohibited from providing translation for each other....Due to best practice and assurance of accurate communication, clients and their families are prohibited from providing interpretation services for each other...This prohibition is waived in the event of exigent circumstances."* This information was further reinforced with staff during a staff meeting held in January 2018.

Although the Transition House program has not had a resident with a disability or who is limited English proficient to date and therefore, has not had to access these services, program leadership articulated the process they would go through to obtain the necessary translation services. Interviews with program managers, direct care staff, and Howard Center leaders all verified they do not allow residents to interpret for other youth, except in emergency situations. During an interview with the Howard Center Executive Director, he explained that he is always exploring ways to enhance interpretive services. Recently, the agency began using video conferencing/ Skype in many of its programs which allows the youth, family and clinical team to see the translator. Additionally, recognizing that the State of Vermont has a high population of refugees (i.e. Bantu, Somali, Serbian, etc.) Mr. Bick advertised for specialized interpreters in Montreal and Boston. The auditor concludes that the Howard Center and Transition House leaders guarantee all clinical and physical needs of youth are met while in the T-House, including providing necessary special accommodations.

The evidence allows the auditor to confidently conclude T-House is in compliance with provisions in this PREA standard.

Standard 115.317: Hiring and promotion decisions

115.317 (a)

- 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 ☐ No
- 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 ☐ No
- 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 question immediately above? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 question immediately above? ☒ Yes ☐ No

115.317 (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 ☐ No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No
- 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 ☐ No

- 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 ☐ No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.317 (e)

- 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 ☐ No

115.317 (f)

- 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 ☐ No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.317 (h)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Agency Personnel Policy 107 “Pre-Employment Screening (Internal and External)” and accompanying form
- Howard Center supplement form “PREA Release and Questionnaire” added to application
- Howard Center and the American Federation of State, County, and Municipal Employees AFL-CIO Howard Mental Health Chapter of Local #1674 collective bargaining agreement
- Contract between Howard Center and State of Vermont requiring background checks and prohibiting use of anyone with substantiated abuse, neglect, or exploitation
- State of Vermont AHS DCF Licensing Regulations on background checks
- Interview with Human Resources staff (Director and Employee Relations Manager)
- Interview with Program Director
- Personnel file reviews confirming all staff, volunteers, and contractors have criminal background checks (upon hire and a minimum of every five years, DCF RLSI requires every three years)

The Transition House program does not hire or promote any individuals who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or juvenile facility. The Transition House also does not hire or promote any individuals who have been convicted of engaging or attempting to engage in sexual activity that was facilitated by force, or coercion, or if the victim did not or could not consent. While onsite the auditor reviewed personnel files for all 15 T-House staff to determine whether requisite criminal background checks were conducted consistent with PREA standards. The Transition House does not currently have any contractors, volunteers, or interns working in the program. The file review revealed that all current Transition House staff have received criminal background checks prior to beginning work with youth and subsequently every three years (or sooner). This exceeds federal PREA expectations which require background checks be conducted once every five years.

The State of Vermont AHS DCF licensing regulations dictate background checks must be conducted “*upon hire and every three years thereafter, on all employees, board member/trustees, volunteers, student interns, and others who may have unsupervised contact with children/youth in the program*” (page 16, section 412). These state licensing regulations specify that these checks must be completed prior to having any unsupervised contact with youth and that documentation must be maintained (page 16, section 413). The regulations also specify background checks must include consulting three distinct databases: 1) Vermont Criminal Information Center; 2) Vermont Child Protection Registry; and 3) Adult Abuse Registry.

Additional evidence supporting compliance with this standard includes the Howard Center Personnel Policy 107 “Pre-Employment Screening (Internal and External).” This policy states that employment of individuals will be prohibited (in certain Howard Center Programs) “*...if a) the individual’s name appears on any sexual offender registry or registry of listings of substantiated abuse cases; (b) the applicant has*

a conviction or employment history of child or client abuse, neglect or mistreatment; or (c) the individual has a criminal history that negatively affects his/her ability to carry out the functions of the job offered, all as determined in the sole discretion of the hiring authority and Director of Human Resources.” Interviews with the Howard Center Human Resources Director verified that incidents of substantiated sexual harassment are considered when determining whether to hire or promote individuals.

In addition, interviews with the Human Resources Director and the Employee Relations Manager verified the Howard Center requires all employees to report any criminal activities and/or professional misconduct throughout the duration of their employment. This information is provided in various policies and on page three of the “Pre-Employment, Post Accepted Offer Screening Authorization and Release” form. The form clearly states that *“failure to notify their supervisor within 24 hours or as soon as practical thereafter, of a significant change in status, may result in disciplinary action up to and including termination.”*

As part of the application process, the Howard Center requires prospective employees to complete the “PREA Release and Questionnaire.” This form poses a series of questions including: *“Have you ever had a substantiated sexual abuse or harassment complaint filed against you? Have you ever resigned during a pending investigation of alleged sexual abuse or sexual harassment?”* This form is signed by the applicant and submitted along with a completed application. Review of personnel files during the onsite visit confirmed that all new employees, contractors, and interns hired after July 1, 2015 have completed this form.

The formal collective bargaining agreement between the Howard Center and the American Federation of State, County, and Municipal Employees AFL-CIO Howard Mental Health Chapter of Local #1674 further supports the hiring and promotion guidelines mandated by federal PREA standards. The agreement explicitly states, *“Termination could result from unsatisfactory job performance, violation of Agency policy or acceptable standards of behavior, including but not limited to the following: Unethical and/or destructive behavior with present or past clients of the Agency...Falsification of client reports or other documentation”* (page 33, Section 807, C5). The language in this agreement supports that if an investigation resulted in a substantiated finding for sexual abuse or sexual harassment of a resident, the Howard Center would terminate the staff member.

The formal collective bargaining agreement between the Howard Center and the American Federation of State, County, and Municipal Employees AFL-CIO Howard Mental Health Chapter of Local #1674 further supports the hiring and promotion guidelines mandated by federal PREA standards. The agreement explicitly states, *“Termination could result from unsatisfactory job performance, violation of Agency policy or acceptable standards of behavior, including but not limited to the following: Unethical and/or destructive behavior with present or past clients of the Agency...Falsification of client reports or other documentation”* (page 33, Section 807, C5). The language in this agreement supports that if an investigation resulted in a substantiated finding for sexual abuse or sexual harassment of a resident, the agency would terminate the staff member.

The executed contract between the Howard Center and the State of Vermont provides additional support for compliance with this standard. The contract specifically requires, *“the Grantee agrees not to employ any individual, use any volunteer, or otherwise provide reimbursement to any individual in the performance of services connected with this agreement, who provides care, custody, treatment, transportation, or supervision to children or vulnerable adults if there is a substantiation of abuse or*

neglect or exploitation against that individual” (page 25). The contract also specifies the abuse registries/databases the contracted agency is required to consult when conducting background checks on potential employees. The auditor applauds the State of Vermont and the Howard Center for its commitment to ensuring the safety of youth in its care.

Additionally, an interview with the Director of Human Resources revealed that after seeking counsel from the Howard Center’s legal representative, the agency would provide information to future employees regarding substantiated cases of sexual harassment. Although the Transition House has never had a report of staff sexual harassment, the Howard Center will provide information on substantiated allegations of sexual abuse and harassment involving a former employee, if requested by a future institutional employer.

The fact that the Howard Center conducts extensive background checks on all staff every three years (and often this is done every two years) coupled with the agency requiring potential employees to complete the PREA Release and Questionnaire form, the auditor confidently concludes the T-House has exceeded the federal expectation on this standard. Existing policies, interviews, file reviews, and observations of current practices provide sufficient evidence of the auditor’s determination.

Standard 115.318: Upgrades to facilities and technologies

115.318 (a)

- 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.)
☒ Yes ☐ No ☐ NA

115.318 (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.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Agency’s Policy on Accessibility Architectural and Environmental Barriers in the Operations Manual addresses the physical accessibility of our buildings

- Interview with Agency Director
- Interview with Program Director
- Observations during facility audit tour

Since the initial audit in 2015, the Howard Center Transition House moved into a new facility. As previously described, in an effort to prevent incidents of sexual abuse and keep youth safe, the T-House installed an 11-camera surveillance system in the new location. There are two computer monitors which staff use to see all angles – one upstairs in the staff office and other on the first floor in the sitting area/small recreation room. The auditor applauds the program for considering youth safety when making any physical modifications to the program. At the time of the onsite review, the T-House was not planning on any additional expansions or modifications.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

115.321 (a)

- 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.)

☐ Yes ☐ No ☒ NA

* The State of Vermont RLSI Unit is responsible for conducting sexual abuse investigations

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ 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.) ☐ Yes ☐ No ☒ NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether onsite or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- 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 ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- 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 ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.321 (e)

- 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 ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.321 (f)

- 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/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in

this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- University of Vermont Medical Center's (UVMC) Sexual Assault Nurse Examiner (SANE) Guidelines
- Signed MOU with UVMC
- State of VT DCF Investigation Policy 241
- Copies of licenses of Clinicians working in Transition House
- Interview with SANE Coordinator at local hospital
- Interviews with direct care staff across all shifts
- Interview with PREA Compliance Manager
- Interviews with residents who reported sexual abuse
- Documentation of referrals of allegations of sexual abuse and sexual harassment (calls to Centralized Intake, program incident reports, investigation reports, etc.)
- HC website describes investigative responsibilities of the agency and who conducts criminal investigations (DCF RLSI and local law enforcement when potentially criminal)

The Howard Center is responsible for conducting administrative/personnel investigations related to any violations of agency policies, including ethical misconduct. The AHS Residential Licensing Special Investigations Unit (RLSIU), in partnership with local law enforcement, is responsible for conducting criminal investigations for sexual abuse or misconduct.

Although the Howard Center is not responsible for conducting criminal investigations, the agency protocol "Policies and Protocols Addressing the Prison Rape Elimination Act (PREA)" ensures the Transition House follows a uniform protocol for investigating allegations of sexual abuse. The policy specifically addresses the process for preserving physical evidence for administrative proceedings and criminal prosecutions. In the event a report of sexual abuse is made, the policy directs the first responder to "...immediately separate the victim from the alleged abuser. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence (have staff watch area or move all residents and staff away from the area). If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and abuser not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating." During the onsite visit, staff interviews revealed staff understood the

protocol and verbalized the process of separating youth, protecting evidence, and calling the Manager on Call for additional guidance if a youth reports they have been abused.

In addition to preserving evidence, the PREA policy referenced above also states that the victim will be provided *“an assessment of the victim’s acute medical or mental health needs”* and will be offered the opportunity to have a forensic medical examination at the hospital. The policy also instructs staff to *“explain to the victim that the exam is conducted by medical staff trained to provide services to abuse victims and the agency will pay for it...inform the victim that there are victim advocates available to provide support through the examination process and the investigative interviews...and they will also provide emotional support, crisis intervention, information and referral.”* The agency policy clearly states that if the victim chooses to undergo the forensic examination, staff will transport the victim to the hospital. The staff member who conducts the transport is responsible for informing hospital staff of the alleged abuse or assault and requesting the youth is examined by a SANE. The policy also states the *“facility will take steps to ensure confidential communications between the victim and the advocates.”* This policy also states the victim will be provided with crisis counseling services and requires staff to contact Howard Center’s Human Resources if the alleged abuser is a staff member, contractor, or volunteer.

The Howard Center Transition House has drafted a Memorandum of Understanding (MOU) with a local rape crisis and child advocacy center, Hope Works. The Howard Center has also drafted an MOU with a local unit of the statewide organization called the Chittenden Children’s Advocacy Center (CAC) which conducts forensic investigations and provides advocacy services to sexual assault and sexual abuse victims. The CAC protocol requires all victims of sexual abuse or assault (within 72 hours of the event) be seen by a SANE at the local hospital (University of Vermont Medical Center – UVMC). The Agency PREA Coordinator has been actively engaged in outreach (via phone and email) to these two organizations in an effort to secure signed agreements. While onsite the auditor reviewed several email exchanges with Directors from these organizations as well as the draft MOUs to verify significant effort has been made on behalf of the Howard Center PREA Coordinator.

The Transition House does not employ or contract with a Registered Nurse. Therefore, the Howard Center policy dictates that if a youth alleges sexual abuse, he will be taken to the University of Vermont Medical Center for a forensic examination by a Sexual Assault Nurse Examiner (SANE). Review of the University of Vermont Medical Center’s policies as well as the public website (<https://www.uvmhealth.org/medcenter>), indicate the hospital has SANES who are available 24 hours a day, 7 days a week. The information provided also states that SANE nurses work closely with victim advocates (the Children’s Advocacy Center - CAC), State of Vermont DCF, local law enforcement, and other important parties to ensure victims receive compassionate and comprehensive care. The UVMC website also provides extensive details about the SANE program and describes the program as including: *“timely medical assessment and forensic examination; treatment and counseling for concerns about pregnancy, sexually transmitted infections and HIV; and appropriate referral for follow-up care...including treatment for sexually transmitted infections and counseling.”* The UVMC also has a Children’s Hospital which employs four nurses who are certified SANES. These individuals are available 24/7 and have specialized training to work with children who have been sexual abused or assaulted. An interview with the Clinical Coordinator of the Forensic Nursing Program at UVMC verified their practice includes offering STI testing and contacting Hope Works for advocacy services for all victims of sexual assault and/or abuse.

As previously mentioned, the Transition House has not had an allegation of sexual abuse or sexual assault. The UVMC policies and practices, Howard Center's draft MOU with the CAC and Hope Works, and the agency PREA policy allow the auditor to conclude T-House is "in compliance" on this standard.

Standard 115.322: Policies to ensure referrals of allegations for investigations

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.322 (b)

- Does the agency have a policy and practice 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 ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]
☒ Yes ☐ No ☐ NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- State of Vermont DCF Policies 50, 51, 52, 54, 56, 57, 60, 66, and 241
- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Agency Personnel Policy 226 Complaint and Grievance
- Agency Personnel Policy 227 Complaint and Grievance Procedure
- Howard Center web page Safe Environment Standards shares information about zero tolerance and other PREA info and links to Vermont's policy regarding investigating allegations.
- Documentation of calls to Centralized Intake ("referrals" for sexual abuse and/or sexual harassment allegations)
- Transition House Staff Handbook
- Comprehensive Care Core Manual
- Review of investigation reports conducted by DCF RLSI (youth to youth sexual abuse and staff to youth sexual abuse) and Howard Center Transition House Investigation staff (staff to youth sexual harassment)
- Interviews with RLSI investigators
- Interview with Howard Center Executive Director

The State of Vermont and Howard Center have several policies ensuring that administrative and criminal investigations are completed for all allegations of sexual abuse and sexual harassment. The Howard Center "Policies and Protocols Addressing the Prison Rape Elimination Act (PREA)" directly addresses all provisions put forth in this standard. The policy outlines the requirement of mandatory reporting and the process for contacting DCF Centralized Intake Unit immediately when a youth alleges they have been abused or sexually harassed.

The State of Vermont Residential Licensing and Special Investigations Unit (RLSI) is responsible for conducting all investigations of abuse occurring in community residential programs in Vermont. Once an allegation is called into the Centralized Intake Unit there is a process for determining whether a case is "accepted" or "not accepted" for investigation. All cases that are "not accepted" are required to be reviewed by a supervisor who confirms or denies this decision. If the case is accepted, a Primary RLSI Investigator is assigned and the investigation process begins. If an incident appears that it may result in a criminal case, the investigative lead assigned to the case will contact the local police department. If law enforcement chooses, they will work alongside DCF RLSI to interview the victim and alleged perpetrator.

Provisions of this standard are also supported by the Howard Center Comprehensive Care Core Manual which states, "*State law mandates that professionals in the fields of education, childcare, mental health, social services, medicine and law enforcement report all suspected cases of child abuse and neglect. Reports must be made within 24 hours of the time information regarding the suspected abuse or neglect was first received or observed... You are a mandated reporter. You are obligated to report suspicion of abuse or neglect of any at-risk population. This means children, elderly and the disabled. If you reasonably suspect abuse or neglect, it is your responsibility to report it, not to investigate or judge whether or not it merits investigation*" (page 21). All Transition House staff members who were interviewed as part of the onsite audit understood they are mandatory reporters.

The provisions in this standard are further supported by language in the Transition House Staff Handbook which proclaims, *“Any allegation of abuse or sexual harassment by staff or another resident made by a resident or staff of the Transition House will be investigated within the guidelines established by the Howard Center. When appropriate as a mandated reporter, allegations will be reported to appropriate authorities such as DCF or the police. Appropriateness is determined by the standard of “reasonable cause to believe that a child has been abused or is at risk of abuse” in the child abuse and neglect statute, title 33”* (page 27).

The Howard Center Policy 226 “Complaint and Grievance Procedure” guides how the Human Resources unit handles all grievances and includes a description of the investigation process. Interviews with Human Resources staff confirmed that all grievances are investigated. An interview with the Howard Center Executive Director verified that all referrals are investigated, and all staff are mandatory reporters.

Within the 12-month period from November 2016 through November 2017, there was one incident of youth-to-youth sexual harassment and no incidents of sexual abuse.

The Howard Center PREA policy clearly states that the facility PREA Compliance Manager is responsible for tracking all notifications related to reports and investigations, as well as other related data. The PREA Compliance Manager has created a comprehensive spreadsheet on which he will track the date of the abuse report, when the investigation was completed, on what date the investigation letter was sent, the outcome of the investigation, and the date the youth was notified of a substantiated case (in which he alleged).

The Howard Center has a webpage which provides information regarding zero-tolerance and explains who is responsible for investigating allegations of abuse. This website includes a link to the zero-tolerance policy as well as a link to the State of Vermont Policy 241, which guides the process for investigating allegations of sexual abuse and sexual harassment.

TRAINING AND EDUCATION

Standard 115.331: Employee training

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? ☒ Yes ☐ No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?
☒ Yes ☐ No
- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No
- 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 ☐ No

115.331 (c)

- Have all current employees who may have contact with residents received such training?
☒ Yes ☐ No

- 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 ☐ No
- 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 ☐ No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Review of HC online PREA training curriculum and quiz
- Online trainings - Corporate Compliance, Client Rights, Ethics and Respect
- Review of training records verifying staff completed required PREA training on annual basis
- Review of personnel files demonstrating signed and dated PREA attestation forms (zero tolerance)
- Interviews with direct care and specialized staff

Howard Center's "Policies and Protocols Addressing the Prison Rape Elimination Act (PREA)" states *"all staff members, contractors, or volunteers working at the PREA facility or having direct contact with residents of those facilities are required to follow all of the PREA related policies and protocols and participate in all required PREA trainings"* (page 3).

In addition, state residential licensing regulations require all residential treatment programs to have written policies and procedures for the orientation of new staff to the program. The regulations require that staff training *"...must occur within the first 30 days of employment and include, but is not limited to...child/youth grievance process...policies regarding zero-tolerance for sexual abuse, procedures for reporting suspected incidents of child abuse and neglect, etc."* ("State of Vermont Department for Children and Families: Licensing Regulations for Residential Treatment Programs" section 414, page 17).

All new Howard Center employees are required to complete a one-day orientation training as well as several online courses, which address various topics related to PREA standards. These trainings include:

- “Corporate Compliance” training which provides information on how to make a complaint if a program or a staff member is not complying with agency, state or federal regulations.
- “Client Rights” training which offers information about a client’s legal rights, right to privacy, and the agency policy around confidentiality. This training is required upon hire and every three years.
- “Agency Ethics” training AND the “Respect” training both provide information related to zero tolerance for sexual harassment and abuse. These trainings are required every three years and annually, respectively.

The Howard Center has an interactive online PREA training for all Transition House staff. The training requires staff to answer questions as they move through the Power Point presentation. The Howard Center PREA policy clearly states that PREA training must be completed upon hire and every year thereafter. The policy also states that this training must be completed prior to any staff member, contractor, or intern or volunteer working alone with a resident. Review of all T-House staff training records (N=15) indicate that full-time and part-time staff have completed the required PREA training. After completing the PREA training employees are required to sign a statement which reads: *“By signing this I am acknowledging my understanding of the following: That the Howard Center Has a zero tolerance for any type of sexual harassment and abuse of any kind; that I have been trained about what to do in the event of incident or report of sexual abuse and/or harassment; That I have been trained about warning signs regarding abuse and/or harassment; that I understand there is a policy prohibiting any type of retaliation in the event of a disclosure and/or allegation; that I understand that I am a mandated reporter under Vermont law; and that there may be agency disciplinary action and/or legal consequences for not following federal and state law as well as agency policies.”*

Shortly after the onsite review, the Howard Center enhanced portions of the PREA training for staff. The online training now provides additional information on how to avoid inappropriate relationships with residents and how to communicate effectively and professionally with LGBTQI youth. The auditor commends the Howard Center for taking the initiative and continuously improving staff training.

Standard 115.332: Volunteer and contractor training

115.332 (a)

- 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 ☐ No

115.332 (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 ☐ No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Review of PREA training forms and curriculum
- Interview with Program Director/PREA Compliance Manager

At the time of the onsite review, the Transition House did not have any contractors or volunteers. Therefore, the auditor did not review any training records for contractors or volunteers. However, an interview with the Program Director verified that contractors and volunteers would be required to complete the same PREA training provided to new Howard Center employees.

In the Fiscal Year 2016, the Howard Center Transition House Program revised its contract language to require contractors to “*complete all required trainings including refreshers.... [and] follow all of the Agency's PREA-related policies and procedures*” (Howard Center Professional Services Agreement for an Independent Contractor, Attachment C or D: “Compliance with the Prison Rape Elimination Act”). This attachment clearly states, “*The Provider will, but not limited to: Complete all required trainings including refreshers; follow all of the Agency's PREA-related policies and procedures; will immediately report all suspected or reported sexual abuse and sexual harassment following the Agency's protocol; and will contact the Facility PREA Compliance Manager or the Agency's PREA Coordinator with any PREA questions. The Provider understands that failure to comply with the PREA requirements is grounds for immediate termination of the contract.*” If Transition House contracts with any individuals, the potential contractor would be required to complete this form. The auditor applauds the Howard Center for recognizing the value of setting clear expectations regarding zero-tolerance and ensuring that PREA requirements are successfully met by infusing PREA specific language into the legally binding agreement.

Standard 115.333: Resident education

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Is this information presented in an age-appropriate fashion? ☒ Yes ☐ No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ 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? ☒ Yes ☐ No

115.333 (c)

- Have all residents received such education? ☒ Yes ☐ No
- 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 ☐ No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? ☒ Yes ☐ No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?
☒ Yes ☐ No

115.333 (f)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- T-House's pamphlet "A Resident and Family Guide to PREA"
- T-House Policy 2.1 "Intake Process"
- T-House Staff Handbook
- T-House poster "PREA Resources and Information" (with pamphlets from Hope Works)
- T-House PREA/Intake Tracking chart documenting training
- T-House grievance/suggestion box
- Review T-House youth PREA education video developed by Idaho State Police
- Translation service is listed in the Interpreters list available on the Howard Center Webpages, Diversity, Equity & Inclusion
- HC contract with Language Line Solutions for translation services
- Youth file reviews demonstrating education provided within 10 days of intake AND signed form by youth understanding zero tolerance for sexual abuse and sexual harassment
- Interviews with youth
- Interview with Youth Advisors from T-House who are responsible for reviewing PREA information and youth handbook with youth upon arrival

The Transition House has several avenues by which youth receive Zero Tolerance information. When a youth arrives to the program the Program Director shows the youth the "PREA Resources and Information" bulletin board located in the recreation area in the main house. This board describes zero tolerance and provides information on how to report abuse including phone numbers. The bulletin board also includes a folder with several pamphlets from Hope Works, the local victim advocacy organization and the Transition House's pamphlet titled, "A Resident and Family Guide to PREA." The Program Director also reviews the "Resident and Family Guide to PREA" in detail with the youth and their DCF

worker on the day a youth arrives to the program. The auditor applauds the program for providing a visual display of the program's zero tolerance philosophy.

In support of the current practice, the Transition House's 2.1 "Intake Procedures" requires the youth PREA orientation occur on the day a youth arrives to the program. The Transition House Staff Handbook also states youth will be *"Given a copy of the program handbook and reviewed with staff. Clients will need to sign a that they have been given this material...Oriented to PREA and given a copy of the PREA client and family handbook. Staff should assist clients by helping them to read through and answer questions. Clients and staff need to sign that this work is complete."*

To supplement the written youth handbook and to account for various learning styles, the Transition House uses a video about zero tolerance and sexual harassment. The video is a product of a collaborative effort between the Office of Justice and the Idaho State Police and is catered to a juvenile justice youth audience. The video addresses zero tolerance, definitions of sexual abuse and harassment, avenues to report abuse, steps to take if abused, what the investigation process looks like, retaliation, and other critical information as it relates to PREA. It is the responsibility of the youth's advisor (staff member) to ensure their assigned youth views this video within 10 days of intake and to answer any questions a youth may have. While onsite, the auditor reviewed signed copies of youth forms stating all current youth had received the training (N=3). In addition, the auditor reviewed the "Transition House PREA/Intake Tracking" chart which verified this training was provided in the required ten-day period. Both youth interviewed verified they had viewed the video and understood the various ways to make a report of sexual abuse and sexual harassment.

The Transition House provides ongoing PREA training to youth twice per year. The training includes viewing the above mentioned video as well as discussion about PREA related topics – i.e. dynamics of sexual abuse, ways to report abuse, advocacy services, etc. Upon training completion youth are required to sign a form acknowledging they understand staff are mandatory reporters and the ways to report abuse while at T-House. These forms are stored in a locked cabinet in the clinician's office.

As previously mentioned, the Transition House program moved to a different location in the Burlington area. Although they had a suggestion box at the prior location, it had not yet been installed in the new home. Within 30 days following the onsite review, the Program Director mounted the suggestion/grievance box near the PREA Resources and Information board, informed youth and staff of its purpose, and sent pictures to the auditor verifying this task was completed. The Program Director stated that he, the program Clinician, and the Team Lead have keys to the locked suggestion/grievance box. This box is checked daily.

To date, Transition House has not had any youth who needed translation services or had need for any other special accommodations. However, as previously mentioned, the Howard Center has a hotline number that staff can call to assist with interpreting PREA education materials. The Program Director would work with the DCF worker to ensure that youth receive the appropriate PREA education within the 10-day timeframe.

Standard 115.334: Specialized training: Investigations

115.334 (a)

- 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).] ☐ Yes ☐ No ☒ NA

115.334 (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).] ☐ Yes ☐ No ☒ 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).] ☐ Yes ☐ No ☒ 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).] ☐ Yes ☐ No ☒ 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).]
☐ Yes ☐ No ☒ NA

115.334 (c)

- 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).]
☐ Yes ☐ No ☒ NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- State of Vermont DCF Policy 241
- Certificate of completion for the RLSI investigators responsible for investigations at Transition House (NIC Specialized Investigations course)
- Review of the NIC online Specialized Investigations curriculum
- Review of training records verifying additional training completed for RLSI Investigators (through DCF and VT state police)
- Interview with DCF RLSI investigator
- Correspondences with Director of RLSI

As previously mentioned, the Howard Center is not responsible for conducting sexual abuse investigations. The State of Vermont Residential Licensing and Special Investigation (RLSI) unit are responsible for conducting these investigations and for ensuring investigators complete the required specialized training. Correspondences with the Director of the RLSI unit and a face-to-face interview with the DCF RLSI investigator assigned to the Transition House, indicated the investigator has received adequate training. Review of training records verified that the investigator has completed the fundamentals and advanced training on conducting investigations and has received training on child development, forensic interviewing techniques, and other areas critical to conducting effective investigations. In addition, the RLSI investigator has successfully completed the DOJ endorsed training developed by the National Institute of Corrections, “PREA: Investigating Sexual Abuse in a Confinement Setting.” This training, coupled with the previously mentioned trainings allows Transition House to meet provisions put forth in this standard. A copy of training completion certificates were sent to the auditor for verification. Training records are maintained by the State of Vermont RLSI in an electronic training record.

To support this practice the State of Vermont DCF Policy 241 “Licensing Residential Treatment Programs and Regulatory Interventions” states, “*RLSI social workers conducting child safety interventions in PREA-compliant RTPs must receive specialized training in conducting investigations in confinement settings, techniques for interviewing child/youth sexual abuse victims, and understanding law enforcement’s proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The National Institute of Corrections Investigating Sexual Abuse in a Confinement Setting Course was designed to meet the requirements of 28 CFR 115.334(b) and generates a certificate at the completion of the training. The RLSI Director shall maintain documentation that RLSI social workers have completed the required specialized training*” (page 6). The auditor applauds DCF for memorializing this expectation into policy as a way of demonstrating its commitment and accountability to this practice.

Standard 115.335: Specialized training: Medical and mental health care

115.335 (a)

- 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? ☒ Yes ☐ No

- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No

115.335 (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.) ☐ Yes ☐ No ☒ NA

115.335 (c)

- 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? ☒ Yes ☐ No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Copies of Masters degree of Clinician at Transition House
- Training records and signed forms acknowledging the program Clinician received and understands expectations related to PREA
- Interview with program Clinician
- Interview with SANE Coordinator from University of Vermont Medical Center

The Transition House employs one Mental Health Clinician (a Masters in Social Work - MSW) to work with program youth. The State of Vermont Residential Licensing Unit requires these professionals to have the appropriate education to perform their assigned job duties, although clinicians are not required to be licensed to work with youth in the Transition House. The Transition House does not employ or contract with any medical staff (i.e. physicians, nurses, etc.).

Interviews revealed the Transition House clinician (MSW) clearly understand how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and harassment; and to whom allegations or suspicions of sexual abuse and sexual harassment should be reported. These topics are covered in various academic courses required for earning a Master's degree in Social Work. In addition, review of staff training records verified that the Clinician has completed the Howard Center PREA staff training.

The facility does not conduct any forensic evaluations. In the event a youth alleges sexual abuse, the victim would be taken to the local hospital, the University of Vermont Medical Center, to be examined by a SANE or SAFE. An interview with the UVMC SANE Coordinator verified that there is an established practice of monitoring Continuing Education Units (CEUs) required to maintain SANE certification.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

115.341 (a)

- 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 ☐ No
- Does the agency also obtain this information periodically throughout a resident's confinement? ☒ Yes ☐ No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? ☒ Yes ☐ No
- 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 ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? ☒ Yes ☐ No
- 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 ☐ No

115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? ☒ Yes ☐ No
- Is this information ascertained: During classification assessments? ☒ Yes ☐ No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? ☒ Yes ☐ No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Agency's Policy on Entries into Client Records in the Operations Manual
- Vulnerability Assessment Instrument developed by Colorado Division of Youth Corrections
- Youth file reviews verifying vulnerability assessment completed within 72 hours of intake
- T-House Staff Handbook
- T-House Policy 2.0 Intake Procedures
- Personnel record review verifying all staff have signed Agreement to Protect the Privacy, Confidentiality and Security of Protected Health Information and Education Records forms
- Interviews with staff responsible for conducting vulnerability assessments
- Interviews with youth
- Interview with agency PREA Coordinator
- Interview with Transition House PREA Compliance Manager
- Observations during facility tour that vulnerability information is accessible only to limited staff

The Transition House Staff Handbook states information regarding risk to be a victim or perpetrator of sexual harassment or abuse will be considered at the time a youth is referred to the program. The handbook cites a number of factors including but not limited to: *"gender identity and/or gender expression; personal history such as past trauma, including sexual trauma; emotional and cognitive abilities; mental health considerations; ability status; and client's own perceptions of vulnerability or risk"* (page 9). The handbook also upholds *"A Crisis Plan is written (including any specific considerations regarding level of risk or vulnerability to perpetrate or be victim of sexual abuse or harassment), and available for staff to implement. Clients for whom risk to offend or be victimized will actively review this plan with the Program Supervisor or Clinician at the time of intake. This information should be part of the crisis plan, recorded in the 'precautions' section of the electronic health record at time of intake and reflected in a clinical note."* Interviews with the Program Director and program Clinician verified the various risk vulnerability factors that are considered at intake.

The Transition House uses the "Vulnerability Assessment Instrument" developed by Colorado Division of Youth Corrections to assess a youth's risk to be victimized or to perpetrate sexual assault. This tool qualifies as a formal objective vulnerability risk screening instrument. These assessments are conducted by the Program Director. While onsite the auditor reviewed case files from current youth (N=3) to verify all youth had completed vulnerability tools within 72 hours of arrival. In addition, clinical notes indicated that youth are seen on a weekly basis by the Clinician. All youth are discussed during weekly all staff meeting to discuss youth progress, challenges, effective treatment strategies, retaliation, etc. The auditor reviewed a sample of meeting minutes from these weekly staff meetings to verify these discussions take place.

The Howard Center Operations “Policy on Entries into Client Records” further supports this PREA standard. The policy explicitly states, *“In the CYFS Transition House and the Transition House Program, risk assessments for victimization and abusiveness must be conducted within 72 hours of the resident’s admission to the facility and documented in the client health record. Information gathered in these assessments must be used to reduce the risk of sexual abuse by or upon the resident. Re-assessments must be conducted periodically while the resident remains in treatment in the facility (page 1, #3).* The Transition House policy “2.0 Intake Procedures” also directs these assessments be completed within 72 hours.

Interviews with the Agency PREA Coordinator and the Transition House Program Director/PREA Compliance Manager explained that the Howard Center uses an electronic health record system. Completed vulnerability tools are stored in hardcopy paper in a locked filing cabinet in the administration building. Sensitive information is also stored in a secure folder online, to which only the Agency PREA Coordinator and PREA Compliance Managers have access. Furthermore, staff are trained on confidentiality and warned that they are permitted to view those client records that directly relate to their job responsibilities. Staff are required to sign the “Agreement to Protect the Privacy, Confidentiality and Security of Protected Health Information and Education Records.” The agreement forbids staff copying client records or using client information, other than necessary as it relates to their specific job duties. The form also states, *“I will follow all privacy/confidentiality-related policies and procedures...I understand that violation of this agreement may result in disciplinary action up to and including termination.”* Interviews with direct care staff verified staff do not access detailed vulnerability information.

Standard 115.342: Use of screening information

115.342 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.342 (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 ☐ No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? ☒ Yes ☐ No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? ☒ Yes ☐ No
- Do residents in isolation receive daily visits from a medical or mental health care clinician?
☒ Yes ☐ No
- Do residents also have access to other programs and work opportunities to the extent possible?
☒ Yes ☐ No

115.342 (c)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.342 (d)

- 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 ☐ No

- 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 ☐ No

115.342 (e)

- 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 ☐ No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

115.342 (h)

- 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?) ☐ Yes ☐ No ☒ 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?) ☐ Yes ☐ No ☒ NA

115.342 (i)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Vulnerability Assessment Instrument developed by Colorado Division of Youth Corrections
- Transition House Individualized Crisis Management Plan (ICMP)
- T-House Staff Handbook
- T-House Policy 2.1 Risk Assessment
- T-House Leadership Meeting minutes discussing youth risk and vulnerability information and placement of youth in the program
- Interview with PREA Compliance Manager
- Interview with Agency PREA Coordinator
- Interview with individuals responsible for conducting vulnerability risk assessment and making placement decisions based on assessment information
- Interviews with LGBTQI youth
- Interviews with staff who supervise youth 1:1
- Interviews with youth who have been separated from the group as a result of allegations of sexual abuse and/or sexual harassment verifying youth have access to education and recreation daily; Transition House prohibits the use of isolation

The Transition House has adopted the “Vulnerability Assessment Instrument” developed by Colorado Division of Youth Corrections to assess a youth’s risk to be victimized or to perpetrate sexual assault. Review of documentation and interviews with the Program Director indicate that the facility considers all factors when determining in which unit youth are placed, consistent with PREA standards. The Program Director is responsible for conducting the vulnerability assessment on youth. During the audit interview, Mr. Smith explained he gathers vulnerability information through interviewing the youth, observing, and consulting referral documents detailing youth’s history. This information is used to determine the course of treatment and plays a role in determining where youth will be placed within the program (i.e. which bedroom, first or second floor, etc.). For example, youth who are at high risk for victimization would be placed in a bedroom closest to the staff office, separate from youth who are high risk for perpetration. Youth who qualify to live in the independent living apartment must demonstrate success in the program and/or at another similar setting. These youth are not placed in the independent apartment based on sexual orientation, although this is one risk factor that is considered when placing youth in the program.

As previously mentioned, bedroom assignments are made based on individual needs and considers the treatment and supervision level required to ensure youth and staff safety. Upon completion of the vulnerability risk assessment at intake and within one week of a youth’s arriving to the program, the T-House Clinician meets with youth. Following this meeting, the Clinician incorporates vulnerability information into his clinical notes on the Howard Center electronic record system. While onsite, review of the placement log provided confirmation that the Program Director considers a youth’s age, size, emotional immaturity, cognitive limitations, and other important factors when assigning youth bedrooms. In further support of this standard, the Transition house has two standing agenda items to the quarterly Leadership Meetings (managers only): 1) Vulnerability and Risk Tools Updated and 2) Resident bedroom placement review. Select meeting minutes were reviewed while onsite verifying youth vulnerability risk and bedroom assignments are discussed during these meetings.

The Transition House does not use isolation. If there is an incident of resident-on-resident abuse, staff are trained to separate the youth, which may require both youth spending time in their bedroom. The

perpetrator will be placed on one-on-one supervision with staff. While on restriction, agency policy dictates that youth will continue to participate in programming. More specifically, the Transition House Staff Handbook states, *“If a client is identified as the perpetrator in an allegation of sexual harassment and/or sexual abuse, the program director (or director on call) will work with staff to establish a safety plan to manage for any increased risk in the milieu until the incident can be investigated and an outcome is established. All investigations and responses will follow Howard Center’s Policies and Protocols Addressing PREA. If this safety plan results in the isolation of either the perpetrator or the accuser, these individuals will continue to receive their full programming as outlined in their IPC, but with increased support and/or supervision.”*

The Transition House policies support the current practice of discussing vulnerable youth such as LGBTQI during leadership meetings and that the Program Clinician is responsible for documenting summaries of these meetings. The program’s policy “2.1 Risk Assessment” also explains how information from the vulnerability tool is used to inform treatment and placement decisions. To verify compliance with this standard, the auditor reviewed individual crisis plans for youth placed in the program. The plans provide details of youth triggers and the appropriate staff response. All three crisis plans reference the information from the risk and vulnerability tools as well as assign a corresponding supervision level.

The T-House Staff Handbook directs that youth will be formally assessed on a monthly basis using the risk and vulnerability assessment. These assessments will be completed to gather information on risk to relapse on high risk behaviors, vulnerability to be a victim of sexual abuse, risk to be a perpetrator of sexual abuse, and assess needed changes to supervision. The T-House policy clearly states, *“...this information will be used to identify any changes in supervision, bedroom, bathroom and other placement needs. Attention will be paid to the impact of highly vulnerable youth (for example, residents who identify as LGBTQI and those who’ve experienced sexual trauma previously).”* Although T-House has not yet had a transgender or intersex youth, the auditor reminded the Program Director of the PREA provision requiring these youth be formally assessed for vulnerability risk a minimum of twice per year. The Program Director stated he was aware of this provision and as previously mentioned, the T-House discusses vulnerability and risk tool updates during its Leadership meetings a minimum of twice per year (June and December). The Program Director documents room assignments and rationale for these assignments at the bottom of the completed assessment tools.

The fact that the Transition House discusses and documents information about vulnerability risk and reassesses all youth during quarterly Leadership Meetings, allows the auditor to conclude that the Transition House has “exceeded” this PREA standard.

REPORTING

Standard 115.351: Resident reporting

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request?
☒ Yes ☐ No
- 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 ☐ No

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?
☒ Yes ☐ No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report?
☒ Yes ☐ No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Agency's Consumer Complaint, Grievance and Appeal Policy and Procedures in the Operations Manual
- Agency's Adult or Child Abuse Reporting Policy
- HC PREA Grievance Form
- Transition House grievance box
- Transition House Youth Handbook
- Transition House Staff Handbook
- Transition House PREA Resources and Information bulletin board
- Approved telephone call sheets for youth (includes numbers for Disability Rights VT, Child First Advocacy Center (CAC), Centralized Intake, and RLSI)
- Interviews with random staff
- Interviews with youth including those who have filed a grievance
- Interview with PREA Compliance Manager
- Facility audit tour observations
- HC website explains third-party reporting information
- Review of incident reports verifying verbal reports of sexual abuse and sexual harassment

The Howard Center Transition House provides several avenues by which youth may report incidents of sexual abuse, sexual harassment, or retaliation by other residents or staff. The staff handbook states program youth may *"make a verbal or written report to a staff member...may also call Centralized Intake (DCF Child Reporting Hotline), their DCF worker, attorney, Guardian ad Litum or parent."* This information and specific contact information is provided on the "PREA Resources and Information" bulletin board in the Transition House recreation area. As previously mentioned, the Transition House program recently moved to a different location in the Burlington area. Although they had a suggestion box at the prior location, it had not yet been installed in the new home. Within 30 days following the onsite review, the Program Director mounted the suggestion/grievance box near the PREA Resources and Information board, informed youth of its purpose, and sent pictures to the auditor verifying this task was completed. The Program Director stated that he, the Clinician, and the Team Lead have keys to the locked suggestion/grievance box. This box is checked once a day.

All youth interviewed articulated that if someone was harming them, they would tell a staff member, their DCF worker, their lawyer or contact local law enforcement. All youth reported they knew about the PREA bulletin board and that they could call the abuse hotline number if someone was harming them. The two youth interviewed did not know about victim advocacy services, although this is to be expected as the Transition House is still attempting to establish an MOU with Hope Works. All youth stated that they are permitted to call their attorneys or make other professional phone calls daily and are afforded privacy during these calls. This practice is supported in language in the Staff Handbook which states, *"Clients may always speak with their DCF worker, DCF hotline, Lawyer and GAL without monitoring and/or supervision."* All staff confirmed that they provide youth with privacy when talking with their DCF worker and their lawyers. Staff also stated that they would provide youth with the same privacy if youth requested to call the abuse hotline number or Hope Works.

The Howard Center PREA policy supports existing practices at Transition House. The policy clearly states, “...third parties, including other residents, staff members, family members, legal guardians, outside advocates, and attorneys for the resident, may file grievances on behalf of the resident currently or formerly in custody at facility and may assist the resident in completing the grievance; resident orientation and facility handbooks shall include a clear statement of the resident’s right to report and pursue a grievance without retaliation, as well as information about resident’s grievance options, the process for reporting a grievance, the location of grievance boxes and forms, and any other information necessary to report a grievance through any of the available means; there is no time limit on when individuals may file a grievance alleging sexual misconduct...” The auditor commends Howard Center for memorializing this expectation in agency policy to ensure facilities comply with federal regulations. Third party reporting information is also found on the Howard Center’s Safe Environmental Standards webpage.

Onsite interviews with staff revealed that staff understand their responsibilities as a mandatory reporter and that they could file a report on behalf of a youth. They also understood they are required to report third-party complaints as well as anonymous reports. The agency “Consumer Complaint, Grievance and Appeal Policy and Procedures” ensures all staff understand the client grievance process and their role in assisting youth when necessary. The policy specifically states, “staff will be trained on the consumer complaint, grievance and appeal policy and procedures upon hire and annually thereafter. Any individuals initiating or pursuing a complaint, grievance or appeal will be free from any form of retaliation.... A complaint should be discussed initially with the staff person most directly involved. The client need not put the complaint into writing unless he/she, or others, feel it would help in clearly defining the problem. A staff person can assist a consumer in putting the complaint in writing if so requested.”

Standard 115.352: Exhaustion of administrative remedies

115.352 (a)

- 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 ☒ No ☐ NA

115.352 (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 ☐ No ☐ NA
- Does the agency always refrain from requiring a 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 ☐ No ☐ NA

115.352 (c)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.352 (d)

- 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 ☐ No ☐ 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.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ NA

115.352 (e)

- 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 ☐ No ☐ 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.) ☒ Yes ☐ No ☐ 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.)
☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ 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.).
☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ 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.)
☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ NA

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Transition House Staff Handbook
- Transition House's tracking sheet for sexual abuse/harassment grievances
- Youth interviews
- Staff interviews

Youth can file a grievance at any time while at the Transition House and are not required to use an informal grievance process such as attempting to resolve the issue with the staff member who may be the subject of the grievance. The Howard Center PREA policy states, *"There is no time limit on when individuals may file a grievance alleging sexual misconduct. All issues related to allegations of sexual abuse and sexual harassment, as well as allegations of retaliation, are grievable. Staff shall not require a resident youth to use an informal grievance process or otherwise try to resolve with staff incidents involving alleged staff sexual misconduct."* In addition, the policy also states, *"Third parties, including other residents, staff members, family members, legal guardians, outside advocates, and attorneys for the resident, may file grievances on behalf of the resident currently or formerly in custody at facility and may assist the resident in completing the grievance."* As previously mentioned, youth have several avenues for filing grievances, including the newly re-instated suggestion box.

The agency PREA policy also addresses other provisions in this standard. More specifically, the policy directs the PREA Compliance Manager to meet with the youth within 24 hours of receipt of a grievance or the next business day, whichever is sooner. The PREA Compliance Manager is also required to meet with the youth again to explain the grievance process within three days. Youth interviews revealed that Transition House staff respond quickly to all grievances, with many youth reporting they receive a response within 24 hours.

Agency expectations also include: *"upon completion of the investigation into the grievance the facility PREA Compliance Manager shall explain to the resident the resolution of the matter and the reasons for the decision, documenting any resolution that has already occurred, and recommending or explaining any decisions made pertaining to the grievance. Grievances will be addressed promptly but may require more time to investigate. If more time is needed, then the facility shall render a final decision within 90 days unless the facility needs an extension of time up to 70 additional days. The resident shall be apprised of any time extensions and the date by which a decision will be made in writing."* The facility PREA Compliance Manager has created a formal tracking sheet to track grievance, investigation, and notification dates associated with sexual abuse and sexual harassment grievances (this chart includes when the grievance decision was made and if an extension to the 90-day standard was needed). This tracking sheet was reviewed by the auditor while onsite as evidence of compliance with provisions in this standard.

Although the Howard Center has several policies addressing the grievance process, the agency PREA policy, “Policies and Protocols Addressing the Prison Rape Elimination Act (PREA),” speaks most directly to the emergency grievance process and supports compliance with this standard. The policy reads:

- *Grievances that allege the possibility of imminent harm shall be processed in an expedited fashion;*
- *If needed, staff shall assist the resident in writing his or her grievance and explaining the nature of the emergency. The individual who is informed of the grievance shall communicate the grievance and the nature of the emergency to the facility PREA Compliance Manager;*
- *The facility PREA Compliance Manager in consultation with the PREA Coordinator shall determine whether the matter is an emergency. If the matter is an emergency, he or she shall investigate the matter and provide the resident with an initial response within 24 hours of the resident’s filing of the grievance and a final decision within three calendar days. If he or she determines that the matter is not an emergency, he or she shall explain this to the resident and forward the grievance for processing according to the procedures listed above;*
- *The facility PREA Compliance Manager shall report all emergency grievances involving substantiated cases of alleged abuse or neglect to the PREA Coordinator immediately”*

The agency PREA policy also states that staff are prohibited from disciplining or retaliating against youth for filing a good faith grievance. Additionally, the Transition House Staff Handbook states, “*Any unfounded allegation or report made in good-faith, will not result in any discipline.*” Staff interviews confirmed they understand retaliation is strictly prohibited.

Standard 115.353: Resident access to outside confidential support services and legal representation

115.353 (a)

- 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 ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.353 (c)

- 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 ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? ☒ Yes ☐ No
- Does the facility provide residents with reasonable access to parents or legal guardians?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Transition House Staff Handbook
- Transition House PREA Resources and Information bulletin board
- Transition House PREA information pamphlet provided at intake
- Youth interviews
- Staff interviews
- Zero-tolerance posters in school
- Draft MOU with Chittenden County Advocacy Center
- Draft MOU with HopeWorks
- Email correspondences with advocacy agencies

The Transition House program provides youth access to outside victim advocates for emotional support services related to sexual abuse. Contact information for Hope Works is provided on the PREA Resources and Information bulletin board located in the recreation area on the first floor. Although some residents were not aware of these services, all youth cited several individuals not affiliated with the Transition House program whom they could call for assistance if they were sexually abused or harassed. This included the State of Vermont DCF social worker or the abuse hotline.

As previously mentioned, the Howard Center recently drafted two MOUs - one with the Chittenden Children's Advocacy Center (CCAC) and another with Hope Works. The auditor reviewed these MOUs

shortly after the site visit and verified the content of the draft MOUs address all required PREA areas. Documentation reviewed while onsite (i.e. email correspondences) indicates Howard Center leadership has made great efforts to finalize these MOUs. The auditor is confident the Agency PREA Coordinator will be successful in securing executed MOUs in early 2018. The federal PREA standards require an agency to “*maintain or attempt to enter into a memoranda of understanding...*” and therefore, Transition House is in compliance with this provision.

At the time this report was issued the Transition House Program Director was in the process of coordinating with Hope Works to have a representative come speak with program youth and staff about the services they provide.

The PREA information pamphlet provided to youth and families upon arriving to the Transition House program also provides a list of individuals who can be contacted in the event of sexual abuse or harassment. In addition, the University of Vermont Medical Center website (www.uvmhealth.org) Sexual Assault Program webpage, provides information about the SANE program services provided. On this same page, there is a video about the advocacy services offered by HOPE Works as part of the SANE process.

The Transition House Staff handbook states, “*Clients may always speak with their DCF worker, DCF hotline, Lawyer and GAL without monitoring and/or supervision.*” While onsite, interviews with all youth and many staff verified youth are permitted to talk with their attorneys and other approved contacts in privacy.

Standard 115.354: Third-party reporting

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Agency’s Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Howard Center webpage Safe Environment Standards

As described in other sections of this report, the Howard Center has several policies requiring staff to take reports from third parties and requiring them to contact DCF Centralized intake to make the report. The Howard Center's webpage for the Transition House program provides information about the program and agency's zero tolerance policies; process and contact information for 3rd party reporting; the State of Vermont policy that describes the investigatory process for incidents of sexual abuse; and the Howard Center annual report that includes progress on implementing PREA and sexual abuse incident data. The auditor has reviewed the webpage and all links are in working order.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? ☒ Yes ☐ No

115.361 (c)

- 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 ☐ No

115.361 (d)

- 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 ☐ No
- 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 ☐ No

115.361 (e)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No ☐ NA
- 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 ☐ No

115.361 (f)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Agency's Adult or Child Abuse Reporting Policy in the Operations Manual
- T-House Comprehensive Care Core Manual 2013
- T-House Staff Handbook – Staff Expectations and Professionalism
- Howard Center webpage Safe Environment Standards
- T-House tracking form for PREA reports made to DCF
- Interviews with staff
- Interview with PREA Compliance Manager
- Interview with Program Director
- Interview with Clinicians
- Training records confirming staff have completed PREA training
- Investigation reports and supporting documentation

Vermont's child abuse reporting law (Title 33, Chapter 49) states that if a person has reasonable cause to believe that a child has been abused or neglected, he or she must make a report to the Department for Children and Families (DCF). In support of this law, the Howard Center "Comprehensive Care Core Manual 2013" clearly describes staff responsibilities as a mandatory reporter. The manual explains, *"State law mandates that professionals in the fields of education, childcare, mental health, social services, medicine and law enforcement report all suspected cases of child abuse and neglect. Reports must be made within 24 hours if they have reasonable cause to believe that a child has been abused or neglected. You are a mandated reporter. You are obligated to report suspicion of abuse or neglect of any at-risk population...If you suspect abuse or neglect, it is your responsibility to report it, not to investigate or judge whether or not it merits investigation. The first step is discussing with your supervisor.... It is important to remember that as a provider you are not responsible for determining whether or not abuse or neglect actually occurred. Your responsibility is only to pass on the information to DCF; it is DCF's responsibility to conduct an investigation and make a legal finding"* (pages 20-21).

Similar information supporting the agency's position regarding zero tolerance for retaliation is found in the agency policy, "Policies and Protocols Addressing the Prison Rape Elimination Act (PREA)." This PREA policy specifically states, *"No facility employee, volunteer or contractor may retaliate against a resident, staff, volunteer, contractor or third party in any way for participating directly or indirectly in the grievance process. Employees, contractors and volunteers shall report any incident of retaliation against a resident, youth, staff, volunteer, contractor or third party for participation in the grievance process, to the facility PREA Compliance Manager who is responsible for monitoring and responding to retaliation."*

Interviews with direct care staff and the program clinician revealed that these individuals are aware of their responsibilities as mandatory reporters and they understand the process for responding to reports of sexual abuse and/or harassment. In addition, the Transition House mental health clinician reported he verbally informs youth of his mandatory reporting responsibilities when he initially meets with a youth and periodically during their stay (as necessary). All youth interviews confirmed that youth understand all staff are mandatory reporters and what the law requires.

The Howard Center PREA policy states, *"Family members, attorneys, guardians and other third parties may file grievances on behalf of resident in writing or verbally by indicating that they have a complaint to any staff member including the Administrator...reports from third parties or anonymous sources shall be accepted for investigation."* This policy language and supporting program practice provides evidence of compliance with provision (f) of this PREA standard.

The Howard Center prohibits staff from revealing information related to a sexual abuse report to anyone other than the extent necessary to make decisions related to treatment, investigations, and safety and security. Compliance with this PREA provision is supported by the agency PREA policy which specifically states, *"All staff members responsible for investigating grievances shall keep confidential the fact that a resident has filed a grievance and the information contained in the grievance, except for the following: a) Reporting the results of the grievance investigation up the chain of command; b) Complying with mandatory reporting responsibilities; and c) Revealing only as much information as is necessary in order to complete the investigation and resolution of the grievance after discussing with the resident the steps necessary to complete an investigation."* Interviews with T-House Staff verified they are only permitted to disclose information about the grievance and/or sexual abuse allegation to investigators, DCF

Centralized Intake, and the Program Director. Staff may share very limited information with other staff on duty and only enough to keep you safe from imminent harm. The agency PREA policy also requires notification to the victim's parents/legal guardians, the DCF case worker, and the resident's attorney. The Transition House Staff Handbook also provides additional support for provisions in the standard by stating, *"Apart from those who need to know about the report of abuse, staff are prohibited from disclosing information related to the report made to anyone else."*

There have been no incidents of sexual abuse at the T-House in the past 12 months, although there was one allegation of youth-to-youth sexual harassment. Documents reviewed onsite (i.e. incident report, investigation findings report, etc.) verified this allegation was reported to the Program Director and thoroughly investigated. Consistent with mandatory reporting laws and State of Vermont licensing regulations, the Transition House made a verbal report to DCF Centralized Intake. The date and time of this call was documented in the investigation report. In addition, the report document also indicated when the when and how the guardian/parents were notified. The Transition House has created a formal document to track reports made to Centralized Intake, investigations, notifications, and other important information related to PREA requirements.

Standard 115.362: Agency protection duties

115.362 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- State of Vermont DCF Policy 241
- Review of Transition House incident reports and investigation reports verifying youth were immediately separated and/or placed on 1:1 supervision
- Review of DCF sexual abuse investigation reports
- Interview with HC Human Resources Director
- Interview with Program Director
- Interview with Program Director and On Call Staff
- Interview with Howard Center CEO

Onsite interviews revealed staff were formally trained on and understand how to ensure youth are kept safe in the event they are at imminent risk for sexual abuse. This process involves taking immediate action to separate the alleged perpetrator and victim. The Howard Center policy "Policies and Protocols Addressing the Prison Rape Elimination Act (PREA)" supports this practice by dictating, *"a staff member*

accused of sexual abuse will be immediately suspended with pay; Volunteers, interns, or contractors accused of sexual abuse will be directed to leave the facility immediately.”

There have been no sexual abuse allegations made by T-House youth in the past 12 months. However, interviews with the T-House Program Director and Howard Center Human Resources staff, verified that if there were an allegation of sexual abuse by a staff member, the staff member would immediately be escorted from the T-House and placed on administrative leave. If the alleged abuser was another T-House resident, the victim and perpetrator would be separated and placed on 1:1 supervision until the investigation concluded. There is sufficient evidence supporting that Transition House staff would respond immediately and appropriately to allegations of sexual abuse.

Standard 115.363: Reporting to other confinement facilities

115.363 (a)

- 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 ☐ No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? ☒ Yes ☐ No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.363 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.363 (d)

- the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- State of Vermont DCF Policy 241
- Interview with Howard Center CEO
- Interview with Program Director

There have been no incidents of sexual abuse at the T-House in the past 12 months, However, interviews with the Program Director and the Howard Center Executive Director verified the role of State of VT DCF RLSI and T-House first responders. According to policy, T-House first responders are required to call DCF Centralized Intake, so the incident can be investigated immediately. If a youth discloses sexual abuse occurring at a previous placement, DCF RLSI is responsible for notifying the Director of the previous facility. The State of Vermont DCF Policy 241 "Licensing Residential Treatment Programs and Regulatory Interventions" states, *"Upon receiving information or an allegation that a child/youth was sexually abused or harassed while placed at another RTP, RLSI shall confirm a report was made to Centralized Intake and Emergency Services and notify the program administrator where the suspected abuse occurred within 72 hours. Notification will occur by phone or email and RLSI will document the notification in FSDNet."* In addition, the Howard Center PREA policy also clearly describe that DCF will be responsible for reporting the allegation to the facility in which the abuse allegedly occurred.

Standard 115.364: Staff first responder duties

115.364 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.364 (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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- HC PREA training curriculum for staff
- Checklist for Coordinated Response to Incidents of Sexual Abuse
- Interviews with staff including first responders
- Interviews with human resources staff
- Review of incident reports verifying immediate action was taken

As described earlier in this report, the Howard Center's "Policies and Protocols Addressing the Prison Rape Elimination Act (PREA)" provides specific details on how first responders are required to respond when a youth alleges sexual abuse. These steps include separating the alleged victim and abuser and ensuring the alleged victim and abuser do not take any actions that could destroy physical evidence (i.e. washing, brushing teeth, changing clothes, eating, or using the bathroom). Interviews revealed staff are knowledgeable of their first responder duties, including how to best preserve physical evidence.

There have been no allegations of sexual abuse that involved penetration by a staff member or another resident while a youth was at the Transition House. However, reviewing incident and investigation reports from the one allegation of sexual harassment provides evidence that T-House youth (victim and perpetrator) would be separated until the investigation was completed. As previously mentioned, if the incident involved a staff member, all staff understood they would have a duty to protect youth and therefore, the alleged perpetrator (staff member) would be asked to leave immediately. This practice was also verified through information obtained from interviews with Howard Center human resources staff.

Standard 115.365: Coordinated response

115.365 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- T-House Staff Handbook
- T-House Coordinated Response Plan
- HC Checklist for Coordinated Response to Incidents of Sexual Abuse
- HC Checklist for Coordinated Response to Incidents of Sexual Harassment
- Program Director interview
- Staff interviews

The Transition House Staff Handbook provides specific direction on how to handle crisis situations. This process includes using de-escalation techniques, making sure youth are safe, contacting the Supervisor on call, and completing an incident report.

The Transition House also has a written coordinated response plans for responding to incidents of sexual abuse and incidents of sexual harassment. The plan outlines responsibilities of staff first responders, the program supervisor, the PREA Compliance Manager, Howard Center human resources staff, the Agency PREA Coordinator, and the State of Vermont DCF. All staff are formally trained on their responsibilities during the required annual staff PREA training. Interviews revealed staff know how to appropriately and immediately respond to allegations of sexual abuse and sexual harassment. The agency PREA policy also provides detailed information on steps first responders must take when an allegation of sexual abuse is made.

Standard 115.366: Preservation of ability to protect residents from contact with abusers

115.366 (a)

- 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 ☐ No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidenced Used in Compliance Determination:

- Howard Center and the American Federation of State, County, and Municipal Employees AFL-CIO Howard Mental Health Chapter of Local #1674 collective bargaining agreement
- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Personnel Policy Section 211 Suspension
- HC Post Incident Checklist Following Allegation of Sexual Abuse
- HC Post Incident Checklist Following Allegation of Sexual Harassment
- Interview with Howard Center Executive Director
- Interview with Director of Human Resources

The collective bargaining agreement between the Howard Center and the regional bargaining unit ("Collective Bargaining Agreement Between Howard Center and American Federation of State, County, and Municipal Employee AFL-CIO Howard Mental Health Chapter of Local #1674" effective July 1, 2012) allows for the removal of staff who have been alleged to have sexually abused a resident while awaiting the outcome of an investigation or while waiting for a determination of the extent of the discipline. The legally binding agreement clearly states, "*Termination could result from unsatisfactory job performance, violation of Agency policy or unacceptable standards of behavior, including but not limited to the following: a) Unethical and/or destructive behavior with present or past clients of the Agency, provided the employee knew or reasonably should have known that the individual is a present or past client of the Agency*" (page 33 of the executed agreement). If a staff member sexually abused or sexually harassed a resident, this would qualify as unacceptable and unethical behavior and consequently, the staff would forfeit his/her protection provided in this collective bargaining agreement. Interviews with Howard Center agency leaders verified this collective bargaining agreement is current and the agreement provisions are closely adhered to.

Additional support for compliance with this standard is found in the agency PREA policy which states, "*Volunteers and contractors accused of sexual abuse will be directed to leave the facility immediately.*" In addition, the Howard Center's personnel Policy Section 211 states, "*This is not to prevent a supervisor from immediately relieving an employee from duty when in the sole opinion of the supervisor it is in the best interest of the Agency to do so.*" The Transition House Staff Handbook also states, "*Staff at the T House are expected to uphold the ethical, professional conduct and personnel policies and expectations outlined extensively in the agency's Code of Ethics and personnel policies. Failure to do so could result in progressive discipline, and include termination.*"

Standard 115.367: Agency protection against retaliation

115.367 (a)

- 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 ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.367 (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 ☐ No

115.367 (c)

- 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 ☐ No
- 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 ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.367 (e)

- 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 ☐ No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Agency's Consumer Complaint, Grievance and Appeal Policy and Procedures in the Operations Manual
- Agency's Corporate Compliance Policy
- Agency's Policy To Provide Information About Detecting and Preventing Waste, Fraud, and Abuse, False Claims Recovery, and Whistleblower Protections
- HC Post Incident Checklist Following Allegation of Sexual Abuse

- HC Post Incident Checklist Following Allegation of Sexual Harassment
- Transition House Staff Expectations, Professionalism, and Protocols policy
- Interview with Program Director
- Interview with PREA Compliance Manager (responsible for ensuring documentation of monitoring for retaliation)
- Interview with Howard Center CEO
- Interviews with youth who have reported abuse

The Howard Center PREA policy describes protection of youth against retaliation and dictates, “*No facility employee, volunteer or contractor may retaliate against a resident, staff, volunteer, contractor or third party in any way for participating directly or indirectly in the grievance process. Employees, contractors and volunteers shall report any incident of retaliation against a resident, youth, staff, volunteer, contractor or third party for participation in the grievance process, to the facility PREA Compliance Manager who is responsible for monitoring and responding to retaliation.*” In addition, the Transition House Staff Handbook states, “*...there will be zero tolerance for retaliation toward any person making a report of abuse or harassment. Such behavior will be closely monitored by Program Leaders.*” Interviews with the Program Director verified that these check-ins occur a minimum of weekly in individual counseling sessions with the program Clinician. Additionally, as previously stated, youth are discussed on a weekly basis during staff meetings and again during monthly and quarterly management and Leadership Meetings. If a youth reported or alleged sexual abuse or sexual harassment while at the T-House, retaliation would be discussed during these formal meetings.

The Howard Center PREA policy clearly states that retaliation will be monitored for 90 days to assess whether there are any signs of retaliation. If retaliation is suspected or founded, the facility is required to take immediate action to end retaliation. Although there have been no allegations of sexual abuse, there has been one incident of youth-to-youth sexual harassment at the Transition House. The program reported they checked-in regularly with youth – daily by direct care staff and weekly during counseling sessions with the clinician. The auditor reminds the program to clearly document these retaliation check-ins in the youth’s case record and/or meeting minutes. This will further ensure youth safety and provide evidence that retaliation of youth is being closely monitored. An interview with the Program Director revealed that monitoring for retaliation would continue until the youth left the program.

Other policies that support the zero tolerance for retaliation include the Howard Center “Consumer Complaint, Grievance and Appeal Policy and Procedures” which states, “*staff will be trained on the consumer complaint, grievance and appeal policy and procedures upon hire and annually thereafter. Any individuals initiating or pursuing a complaint, grievance or appeal will be free from any form of retaliation.*” Interviews revealed staff understand what to look regarding retaliation and that they are required to report suspicion and/or incidents of retaliation.

Standard 115.368: Post-allegation protective custody

115.368 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Interview with Program Director
- Interview with staff responsible for 1:1 supervision of youth
- Interview with T-House Clinician

The Howard Center policies prohibit the use of isolation. As previously described in this report, incidents of sexual abuse and sexual harassment while youth are at Transition House are viewed as a lapse in treatment and addressed immediately. The Transition House program is in compliance with this PREA standard.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

115.371 (a)

- 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/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

115.371 (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 ☐ No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? ☒ Yes ☐ No

115.371 (e)

- 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 ☐ No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.371 (h)

- 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 ☐ No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
☒ Yes ☐ No

115.371 (j)

- 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 ☐ No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
☒ Yes ☐ No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- State of Vermont DCF Policies 50, 51, 52, 54, 56, 57, 60, 66, and 241
- RLSI Regulations 118, 119, 120, and 121
- Agency Personnel Policy 227 Complaint and Grievance Procedure
- Certificate of Training Completion for RLSI investigator – NIC Specialized Investigation Training
- Interview with DCF RLSI investigation staff (staff to youth sexual abuse)
- Interview with HR investigations staff (staff to youth sexual harassment allegations and retaliation)
- Interview with PREA Compliance Manager (who leads youth to youth sexual harassment allegations)

- Review of DCF investigation files
- Review of investigation records of youth to youth investigations (there have been no staff to youth allegations of sexual abuse, sexual harassment, or retaliation)

Residential Licensing and Special Investigations (RLSI) is a unit, housed in the Agency of Human Services, Family Services Division, Department for Children and Families (DCF). RLSI is responsible for investigating allegations of sexual abuse involving staff and youth as well as youth-on-youth sexual abuse in private regulated facilities.

When a mandatory reporter calls the DCF abuse hotline, a Centralized Intake and Emergency Services (CIES) social worker records the information in a statewide database, FSDNet. A CIES supervisor determines whether to “accept” or “not accept” the report for investigation of child sexual abuse based on statutory criteria. If the report is accepted for investigation of possible child sexual abuse, the case is assigned, and an investigation is formally launched by an RLSI investigator. If the report is not accepted by CIES supervisor for investigation, a second supervisor reviews the report, also based on statutory criteria. The supervisor conducting the “second read” makes the final determination. This means if the “first read” supervisor doesn’t accept the report for investigation and the “second read” supervisor disagrees; the report is accepted, assigned and an investigation is formally launched by an RLSI investigator.

If the case is “not accepted” by both reviewers, then the case will not be investigated as child sexual abuse and the report is rerouted to RLSI for regulatory review. In other words, if the case does not meet the statutory threshold for sexual abuse, RLSI will investigate or cause the facility to investigate the same alleged incident.

When a report has been accepted for investigation of child sexual abuse the RLSI Investigator contacts the Chittendon County Unit for Specialized Investigation (CUSI) to conduct a joint investigation. During the investigation, if evidence substantiates allegations of child sexual abuse, the case is immediately referred to legal counsel to decide on whether to pursue criminal prosecution. This practice is supported by State of Vermont AHS Policy 52 “Child Safety Interventions: Investigations and Assessments which describes situations in which joint investigations must be conducted. The policy requires DCF to contact law enforcement for assistance if the alleged perpetrator of child sexual abuse is ten years or older (page 4). An interview with the DCF RLSI investigator indicated they have a close and cooperative relationship with the Chittenden County Unit of Special Investigations (CUSI). He reported that He has conducted joint interviews with CUSI investigators and that the CUSI officers are diligent about keeping RLSI informed of the investigation progress and findings.

Interviews with RLSI staff revealed that if evidence substantiates allegations of sexual abuse, the case is referred to legal counsel for possible criminal prosecution. This process is the same whether the alleged sexual abuse has occurred between staff and youth or between two Transition House residents.

State of Vermont Policy 54 “Investigating Reports of Child Abuse or Neglect in Regulated Facilities” states, *“When the alleged perpetrator has continued access to alleged victim, or if other children may be at risk, the investigation will commence within 24 hours. In other cases, the investigation will commence within 72 hours. The operations manager must approve any waiver of this requirement.”* Interviews with

the Program Director and RLSI investigation staff as well as review of investigation records verified investigations begin consistent with the policy expectations outlined above.

In the past 12 months there were no incidents of sexual abuse. In addition, there have been no reports of a staff member sexually harassing youth while residing in the Transition House. Consequently, RLSIU has not launched any formal sexual abuse investigations. There was one incident of youth-to-youth sexual harassment which was thoroughly investigated by the PREA Compliance Manager. The auditor reviewed the investigation report while onsite.

The Howard Center PREA policy details the step-by-step process for responding to allegations of sexual harassment. The policy describes activities from the time an allegation is made, through the investigation process and required notifications. This section of the policy is comprehensive and includes specifics such as stating that a standard of the preponderance of evidence will be used when substantiating allegations; at what point law enforcement will be contacted; the requisite retention schedule for investigation reports and supporting documentation; and other important information. Interviews with Howard Center human resource staff verified these practices are in place. In addition, the Howard Center "Complaint and Grievance Procedure" details the process for conducting internal administrative investigations (i.e. interview victim, witnesses, and perpetrators; notifications to involved parties; etc.). As previously mentioned, during sexual abuse investigations local law enforcement work closely with RLSI and there is a shared responsibility for conducting interviews. If the allegations are substantiated, the local law enforcement will refer for prosecution.

The Howard Center PREA policy also states, with regard to cases of sexual harassment "*Reports from third parties or anonymous sources shall be accepted for investigation. All reports will be handled promptly, thoroughly and objectively.*" In cases in which there have been allegations of sexual harassment against staff, volunteers, and contractors and any allegations of retaliation, the Howard Center's Human Resources, in coordination with the Agency PREA Coordinator, conduct these investigations.

AHS DCF policies do not require RLSI to investigate incidents of sexual harassment between youth. However, although a sexual harassment allegation would not be "accepted" as a report of sexual abuse, RLSI is notified of these reports and often delegates investigation of the incident to the program. RLSI ensures these incidents are properly investigated by closely monitoring the program. This may involve mapping out clear deliverables/expectations and requiring the program report back to RLSI on progress made in addressing the issue. Currently there is one Howard Center investigator who is responsible for investigating all personnel issues. Since the initial audit in 2015, there have been no cases of sexual harassment involving a staff member and a youth.

In situations in which sexual harassment has alleged to have occurred between residents, the Transition House Program Director/Facility PREA Compliance Manager is responsible for conducting the investigation. Interviews with the Agency PREA Coordinator and the T-House Program Director verify the way in which sexual harassment investigations are conducted is consistent with federal guidelines and agency policies. More specifically, the Howard Center PREA policy explains:

- *All investigations will be timely, thorough, and complete.*
- *Direct and circumstantial evidence will be collected, alleged victims, suspected perpetrators and witnesses will be interviewed.*

- *Any prior complaints will also be reviewed involving the suspected perpetrator.*
- *Effort to determine if staff actions or failures to act contributed to the abuse or harassment will be taken*
- *Written documentation of the information gathered via the investigation will be documented as appropriate. Documentation will be maintained at least five years after the employment of the harasser or retaliator has ended.*
- *If the investigation conducted by Howard Center staff indicates that a crime may have been committed, then it will be referred to the appropriate entity for prosecution.*

Review of the incident report for the resident-on-resident sexual harassment case provided sufficient evidence that a thorough investigation was conducted. The investigation included interviews with the alleged victim, perpetrator, and witnesses and concluded within one month. This information was detailed in an investigation report.

Shortly following the onsite review, the Director of DCF RLSI coordinated additional training for Howard Center program directors who investigate youth-to-youth sexual harassment cases. The Vermont School Boards Insurance Trust (VSBIT) provides specific training on how to effectively conduct investigations of incidents of hazing, harassment, and bullying investigations (HHB). The Transition House Program Director has accepted the invitation to participate in the next training to be held in March 2018. The auditor applauds the program for ensuring Transition House investigators conduct investigations consistent with best practices and PREA standards. A brief description of the training was provided to the auditor for review:

“This training is designed to provide an in-depth treatment of the Vermont AOE policy definitions of hazing, harassment, bullying and retaliation with pragmatic advice on how to break down and explore their essential elements through the investigative process to be followed by administrators, designees and/or investigators responding to notice of policy violations in cases of inappropriate student conduct. The goal is to work with the policy definitions in a hands on manner so that attendees have a better understanding of how to apply the definitions to the facts found in the course of their HHB investigations, and to draft reports that reflect the essential elements of those facts and policy definitions.”

Interviews revealed that polygraph tests are not used by AHS to determine whether a victim’s allegation is true by DCF RLSI, Howard Center, or Chittenden County Unit for Specialized Investigations (CUSI). In addition, the AHS RLSI does not terminate a sexual abuse investigation if a youth recants the allegation. Similarly, in sexual harassment investigations, Howard Center PREA policy specifically states, *“The investigation will not be terminated based solely on the source of the allegation recants or departure of the alleged abuser or victim from the program or employment. The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person’s status as a resident or staff.”* Interviews with T-House leadership and the DCF investigator confirmed adherence to the agency and state’s policies.

Review of AHS DCF agency policies and RLSI staff interviews verified that there is significant effort on behalf of investigators to determine whether staff actions or failures to act contributed to abuse. Sexual abuse investigations are conducted promptly and once an investigation is completed, information is

summarized in a written report that contains a thorough description of physical, testimonial, and documentary evidence. These final reports are stored in the electronic system, FSDNet. A review of RLSI investigation files reveal these reports are comprehensive and reflect a thorough investigation process. At the conclusion of sexual abuse investigations, a formal letter detailing the outcome of the investigation is sent to the program in which the youth resides, indicating whether the report was substantiated or unsubstantiated. Investigation file reviews indicate these notifications are made consistent with PREA requirements.

All RLSI investigation employees are required to complete specialized training. As described under Standard 115.334, the RLSI investigator assigned to the Transition House program has completed specialized training on conducting sexual abuse investigations including the National Institute of Corrections online course entitled, “PREA: Investigating Sexual Abuse in a Confinement Setting.” The State of Vermont revised Policy 241 requires this specialized training for investigative staff. The auditor applauds RLSI for its commitment to ensuring its investigators are thoroughly trained.

In addition, the State of Vermont Policy 241 “Licensing Residential Treatment Programs and Regulatory Interventions” addresses several critical pieces of the investigation process that align with PREA standards. For example, the policy:

- Prohibits the use of a polygraph examination or other truth-telling devices as a condition for proceeding with the child safety intervention and/or criminal investigation;
- Details a coordinated response to gather evidence during the investigation: *“RLSI social workers collaborate with law enforcement in the gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. RLSI social workers collaborate with law enforcement when interviewing child/youth victims, alleged actors, and witnesses.”*
- Requires written investigative reports to include descriptions of physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings;
- Requires programs to conduct a sexual abuse incident reviews at the conclusion of every sexual abuse investigation and states that RLSI investigators will participate on these reviews and make recommendations for improvement.

An interview with the RLSI investigator assigned to Transition House verified these components are a part of the investigative process.

The Howard Center’s “Post Incident Checklist Following an Allegation of Sexual Abuse” dictates the PREA Compliance Manager will:

- Maintain contact with external investigators to know what progress is being made in the investigation;
- Inform the victim of the investigation progress;
- Ensure all required notifications to the victim, their parent(s)/guardian(s) and the victim’s attorney;
- Provide post-incident support to the staff;
- Schedule a review within 30 days of the conclusion of the investigation;
- Document the review and forward it to the appropriate parties.

The Howard Center also includes specific language detailing the process for investigating allegations of sexual harassment; required notifications of investigation outcome; how these notifications will be made; and how retaliation will be tracked monitored. The auditor applauds Howard Center for memorializing expectations in formal policy.

Standard 115.372: Evidentiary standard for administrative investigations

115.372 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- State of VT DCF Policy 241
- Interview with DCF RLSI Investigator
- Interview with PREA Compliance Manager (who is also the Program Director)
- Review of DCF investigation records
- Review of investigation reports from youth to youth sexual harassment investigations

Interviews with RLSI investigative staff indicate that AHS DCF imposes a standard of preponderance of evidence for proof, or a lower standard, when determining whether allegations of sexual abuse or sexual harassment are substantiated. The State of Vermont DCF Policy 241 includes language to support this standard. Review of investigation reports also provided additional evidence that investigations are thoroughly conducted by RLSI and the Transition House Program Director and this definition is used when determining the outcome of an investigation. Similarly, interviews with Howard Center human resource staff indicate that the preponderance of evidence is also used when investigating Howard Center personnel matters.

Standard 115.373: Reporting to residents

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.373 (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 ☐ No ☐ NA

115.373 (c)

- 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 ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

115.373 (d)

- 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 ☐ No
- 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 ☐ No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- State of VT DCF Policy 241
- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Review of investigation summary report verifying youth and social workers were notified as part of youth-to-youth sexual harassment cases
- Interview with Program Director

The Howard Center PREA policy provides evidence of compliance with provisions of this standard. The policy states, *"If a staff member is alleged to have committed the sexual abuse then the resident must be informed when the staff member: 1) will no longer work in the facility, 2) no longer employed at the facility, 3) has been indicted on a charge related to sexual abuse at the facility, or 4) has been convicted on a charge related to sexual abuse in the facility. If another resident is alleged to have committed the sexual abuse, then the victim will be informed when the alleged abuser has been indicted on a charge related to sexual abuse in the facility or has been convicted on a charge of sexual abuse in the facility. All such notifications shall be documented."* This agency PREA policy also holds the PREA Compliance Manager responsible for ensuring he receives the findings of the investigation by stating, *"Following the investigation of an allegation of sexual abuse facility staff will request from the investigators information so we may inform the resident of the outcome of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded."* Additionally, the agency policy provides specific details regarding notification around sexual abuse and sexual harassment incidents. The policy also sets forth the requirement that the Howard Center Director of Human Resources is responsible for contacting licensing bodies to report criminal behavior.

The State of Vermont DCF Policy 54 "Investigating Reports of Child Abuse or Neglect in Regulated Facilities" states, *"The SIU Chief will notify the district office and the appropriate licensing and program units of the following: whether or not the referral has been accepted as a report; if the report is not accepted, what further actions the SIU will take, if any; and, if the report was accepted, the case determination, including any necessary follow-up by the district."* Interviews with RLSIU staff confirmed current practice is consistent with policy expectations. Once an investigation is completed, the final report

is stored in the electronic state system, FSDNet. A formal letter detailing the outcome of the investigation is sent to Program Director of the facility in which the youth currently resides. If the youth is a ward of the state, a formal letter is sent notifying the youth's DCF case worker). Victims are notified of the determination, regardless of the investigation outcome (i.e. whether the case was substantiated or unsubstantiated). Since the State of Vermont does not include an "unfounded" investigatory finding, notifying the victim regardless of the outcome is required to achieve compliance with this PREA standard. Since T-House has not had a sexual abuse allegation, while onsite the auditor reviewed RLSI investigation files for another State of Vermont program for which the RSLI investigator is assigned. The auditor verified files contained the appropriate notification letters and therefore T-House is in compliance with agency and federal PREA expectations.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.376 (c)

- 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 ☐ No

115.376 (d)

- 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 ☐ No
- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Agency's Policy Prohibiting Physical, Emotional, and Sexual Abuse and Sexual Harassment of Clients in the Operations Manual
- Agency Personnel Policy 240 Violence Prevention and Weapon-Free Workplace Policy
- Agency Personnel Policy 213 Immediate Discharge
- Howard Center and the American Federation of State, County, and Municipal Employees AFL-CIO Howard Mental Health Chapter of Local #1674 collective bargaining agreement
- Transition House Staff Handbook
- Interview with Howard Center Executive Director
- Interview with Director of Human Resources
- Interview with Manager of Employee Relations
- Interview with T-House Program Director

As previously described in this report, the Howard Center has several policies supporting zero tolerance. The agency disciplinary sanctions include termination if a staff member violates the agency's sexual abuse and harassment policies. One policy specifically states, *"Any sexual activity inappropriate touching between client and staff is an act of egregious misconduct that can result in harm to the client. The same is true of sexual harassment of clients. Under no circumstances will such behavior on the part of a staff member be tolerated. Allegations of abuse or harassment will be investigated and any substantiated allegations will result in the immediate dismissal of that employee."* Interviews with the Howard Center Executive Director and Transition House Program Director verified that the agency acts in accordance with its policies and federal regulations.

Agency policies and practice are also reinforced by the formal collective bargaining agreement between the Howard Center and the American Federation of State, County, and Municipal Employees AFL-CIO Howard Mental Health Chapter of Local #1674 (effective June 2012). This legally binding agreement upholds that any behavior deemed unethical and/or destructive to past or current clients will be grounds for discipline up to and including termination (page 33, Section 807, C5). In addition, the state licensing regulations specifically direct that a residential treatment program may not continue to employ any person who has been substantiated for child abuse or neglect ("AHS DCF Licensing Regulations for Residential Treatment Programs in Vermont," Standard 402).

The Transition House Staff Handbook supports the agency policy by clearly stating, *"Staff at the T-House are expected to uphold the ethical, professional conduct and personnel policies and expectations outlined extensively in the agency's Code of Ethics and personnel policies. Failure to do so could result in progressive discipline, and include termination."* The auditor applauds the Transition House for reminding staff of the zero-tolerance policy and the consequences that will result if agency ethics policies are violated.

To date, the Transition House program has not had any staff member alleged to have sexually abused or sexually harassed youth in the program. Interviews with Howard Center Human Resources staff (HR Director and Manager of Employee Relations) confirmed that any staff member substantiated for sexual abuse would be immediately terminated (and would have been on administrative leave during the

investigation process). In the event the determination of an investigation for staff-to-youth sexual harassment was substantiated, the Human Resources Director reported that the agency's response would be to prohibit the staff member from working directly with any youth and likely terminate their employment with the Howard Center. She also stated that if during a personnel investigation there was evidence that there may be criminal charges, she would contact local law enforcement immediately. This information was verified by the Manager of Employee Relations. Further supporting the existing practice is the agency's PREA policy which states, "*Any staff member, volunteer, or contractor terminated by Howard Center for criminal behavior related to an allegation of sexual abuse will be reported to law enforcement and, if applicable, to the appropriate licensing body*" (page 5).

State of Vermont DCF Policy 241 holds RLSI responsible for notifying any licensing bodies of substantiated allegations of sexual abuse if staff were the perpetrators. State and agency policies support current practice and therefore, Transition House is in compliance with this PREA standard.

Standard 115.377: Corrective action for contractors and volunteers

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.377 (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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Agency's Policy Prohibiting Physical, Emotional, and Sexual Abuse and Sexual Harassment of Clients in the Operations Manual

- Agency Personnel Policy 240. Violence Prevention and Weapon-Free Workplace Policy
- Agency Personnel Policy 213 Immediate Discharge
- Interview with Program Director
- Interview with Howard Center Human Resources staff
- Interview with Howard Center Executive Director
- Review of contract attachments (“Compliance with PREA”)

All contractors and volunteers are subject to agency policies and protocols related to sexual abuse and harassment. There are currently no contractors or volunteers working at Transition House although, all Howard Center contractors are required to sign an attachment to their contracts titled, “Compliance with the Prison Rape Elimination Act (PREA).” The requisite attachments state, “*The Provider understands that failure to comply with the PREA requirements is grounds for immediate termination of the contract.*” Information derived from interviews and additional evidence described in Standard 115.376 of this report, support compliance with this PREA standard. To date, there have been no volunteers, interns, or contractors working at the Transition House who have violated these policies.

Standard 115.378: Interventions and disciplinary sanctions for residents

115.378 (a)

- 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

115.378 (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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.378 (c)

- 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 ☐ No

115.378 (d)

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

115.378 (e)

- 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 ☐ No

115.378 (f)

- 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 ☐ No

115.378 (g)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Agency's Consumer Complaint, Grievance and Appeal Policy and Procedures in the Operations Manual
- Transition House Youth Resident Handbook
- Transition House Staff Handbook
- Interview with Program Director
- Interview with mental health clinicians
- Interview with HC Human Resources Director
- Interview with youth who perpetrated sexual abuse and/or sexual harassment

The Transition House prohibits all contact between residents. This information is provided in the youth resident handbook stating, *"...clients are prohibited from any form of sexual behavior or activity with other residents. Any report of sexual contact, abuse or harassment must be reported to the program supervisor and/or director on call for investigations"* (page 29). This information is supported in several Howard Center policies. Transition House staff and DCF RLSI interviews verified in the past 12 months there have been no criminal or administrative findings of guilt for resident-on-resident sexual abuse at the Transition House.

Staff interviews revealed that if there was a resident-on-resident sexual abuse incident this would be treated as a significant lapse in treatment. The Transition House Staff Handbook explains, *"Sexual abuse and harassment behavior will be viewed as 'treatment lapse' and the client, their team and support people/family will convene to review recommendations for treatment and discuss fitness of a community based program like the Transition house. All disciplinary actions will be the result of legally initiated consequences. T-House will address this behavior through increased support, treatment, education or referral to a high level of care/specialized program for youth with sexually harmful behaviors"* (page 29). The staff manual also states that if a youth must be isolated to ensure youth safety (either alleged perpetrator or victim), *"these individuals will continue to receive their full programming as outlined in their IPC, but with increased support and/or supervision."* As per agency policy, a youth is never placed in isolation. Additionally, as previously mentioned, the Transition House Staff Handbook clearly states that a report made in good faith will not result in discipline.

Interviews with program leadership, including clinical staff, revealed that mental health factors are consistently considered when developing an individualized treatment plan, and would also be heavily considered after an incident of sexual abuse. Other factors considered when developing a treatment plan and/or an individualized crisis management plan are cognitive functioning/capacity, response to previous treatment modalities, and motivation for sexual offending, to name a few.

As previously mentioned, Howard Center has several policies that address zero tolerance for retaliation for reporting incidents of sexual abuse or harassment. Although examples have been provided throughout this report, for the purposes of demonstrating compliance with this standard the auditor will cite the "Consumer Complaint, Grievance and Appeal Policy and Procedures." This agency policy states: *"Any individuals initiating or pursuing a complaint, grievance or appeal will be free from any form of retaliation."*

Agency policies, staff interviews, and review of incident reports and youth files, provide sufficient evidence to determine Transition House is in compliance with the provisions put forth in this PREA standard.

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and mental health screenings; history of sexual abuse

115.381 (a)

- 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 ☐ No

115.381 (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 ☐ No

115.381 (c)

- 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 ☐ No

115.381 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Agency's Policy on Individual Plans of Care and Individual Support Agreements in the Operations Manual
- Completed Colorado Vulnerability Risk Assessments
- T-House Staff Handbook
- T-House Referral Log and Intake Sheet
- Review of clinical notes in youth files verifying all youth with history of victimization and perpetration were seen within 14 days of intake
- Interview with Clinician
- Interview with PREA Compliance Manager/Program Director who conducts vulnerability risk assessments
- Job descriptions for T-House Mental Health Clinician

The Transition House requires specific documents to accompany youth when they are referred to the program for services. Among these documents are various assessments that include mental health evaluations, legal court documents, Individual Education Plans (IEP), medical records (i.e. date of last medical examination), and other important documents. The Transition House has an intake process that includes individual meetings with the Program Director, Program Clinician, and youth advisors; establishing individual treatment goals; and reviewing the program handbook with youth. The intake process is described in detail in the Transition House Staff Handbook.

On the day a youth arrives to the Transition House, the Clinician uses the "Transition House Risk Assessment" to gather additional information about the youth. Areas addressed with this tool include motivation to change, emotional/anger management, anti-social thinking, alcohol and drug use, and level of family support. In addition, as previously mentioned the Program Supervisor and Mental Health Clinician gather information from the Colorado Vulnerability Assessment. The Transition House uses this information along with the referral documents to develop a Crisis Plan within three days of arrival, as per Howard Center policy. While onsite, review of youth files indicate that all current program youth were assessed at intake using the Transition House risk assessment. While onsite, the auditor verified the T-House practice of using the Colorado Vulnerability Assessment by reviewing completed assessments for youth in the program.

The Transition House Staff Handbook states, "*Clients that disclose any past abuse will be offered a follow up with a medical provider to occur no later than 14 days in the future.*" This information is captured during intake and documented on the "Transition House Referral and Intake Log Sheet." Questions on this form include: "*Clients disclose past abuse? Y/N*" and "*If yes, date follow-up with a medical provider to occur (no later than 14 days in the future)?*" While onsite the auditor reviewed clinical files for all youth in the program (N=3) to verify youth who disclose prior sexual victimization and/or sexual perpetration see the T-House clinician within a two-week period. File reviews indicate all youth are seen within a week of arriving to the T-House. In further support of this standard, shortly after the onsite review, the program revised the T-House Clinical note template to clearly instruct staff to document issues of abuse or concerns of abuse were addressed.

To ensure that information regarding sexual victimization or abusiveness occurring in an institutional setting is protected, Transition House retains completed vulnerability assessment information in locked filing cabinet in the Clinician's office. In addition, the Howard Center created a secure folder where vulnerability assessment information, sexual abuse incident reports, and other sensitive information is housed. Access to these folders are restricted to the Transition House Program Director, the Transition House Program Director, and the Agency PREA Coordinator. In addition, all Howard Center staff are required to sign an "Agreement to Protect the Privacy, Confidentiality and Security of Protected Health Information and Education Records" form upon hire, providing an extra layer of protection of sensitive information. The auditor determines that the program is sufficiently protecting this sensitive information consistent with federal PREA expectations.

A review of youth records (three current youth and six discharged youth) indicate all youth are seen by a mental health clinician within 10 days of intake. This Transition House practice exceeds the PREA requirement which mandates youth who disclose prior sexual abuse victimization or perpetration be referred to a mental health clinician within 14 days. The fact that all youth see a mental health clinician within ten days of admission to the facility (not only those youth who disclose sexual abuse), allows the auditor to determine T-House has exceeded this PREA standard.

Standard 115.382: Access to emergency medical and mental health services

115.382 (a)

- 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 ☐ No

115.382 (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 ☐ No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.382 (c)

- 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 ☐ No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- MOU with CAC
- Transition House MOU with Hope Works
- University of Vermont Medical Center SANE policy
- Review of incident reports
- Interviews with first responders
- Interviews with Clinician
- Interviews with residents who reported abuse
- Interview with University of Vermont Medical Center SANE Coordinator

The Howard Center has a policy that ensures victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The agency's PREA policy explicitly states how to appropriately respond to a youth disclosure of abuse beginning with separating the victim and alleged perpetrator. More specifically, the policy directs staff to *"Provide an assessment of the victim's acute medical or mental health needs; Offer the victim the opportunity to have a forensic medical examination at the hospital. Explain to the victim that the exam is conducted by medical staff trained to provide services to abuse victims and will be billed to the resident's insurance. Any out of pocket expenses will be paid by the Vermont Center for Crime Services Sexual Assault Program; Inform the victim that there are victim advocates available to provide support through the examination process and the investigative interviews and they will also provide emotional support, crisis intervention, information and referral; If the victim chooses to do the forensic examination, staff will transport the victim to the hospital; Provide Crisis Intervention Counseling as warranted."* Interviews with Transition House staff verified they are aware of the response protocol which includes separating the victim and perpetrator and providing emotional support (i.e. contacting the advocacy center).

The Howard Center policy includes sexual abuse victims receiving forensic examinations from an off-site Sexual Assault Nurse Examiner (SANE) at the University of Vermont Medical Center. As per the hospital's policy, once a youth is examined he would be offered access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. An interview with the UVMC SANE Coordinator verified this practice. Additionally, interviews with T-House staff revealed they understand the steps to take when a youth alleges sexual abuse, including offering the victim a medical examination and counseling services.

Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

115.383 (a)

- 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 ☐ No

115.383 (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 ☐ No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.383 (e)

- 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 ☐ No ☒ NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.383 (h)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidenced Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Interviews with first responders
- Interviews with Clinician
- Interviews with residents who reported abuse
- Clinical notes indicating follow-up services and mental health assessment conducted on resident abusers

The Howard Center PREA policy states, *"The victim's ongoing medical and mental health needs will continue to be a priority and the facility will ensure continuing access to those services. If necessary, treatment services to the victim following an assault will be paid by the agency as long as the victim remains in the facility. The facility will ensure that a victim has access to outside victim advocates for ongoing emotional support services and will take steps to ensure confidential communications between the victim and the advocates."* In addition, the policy dictates that if the alleged abuser remains in the program then a mental health evaluation must be completed within 60 days of the sexual abuse incident. Interviews with the Transition House leadership team members confirmed they are dedicated to the health and well-being of program residents and would ensure youth receive the necessary treatment, including referrals for continued care if youth was discharged to the community or transferred to another facility.

As stated previously in this report, the agency PREA policy also requires that treatment services be provided to youth at no cost. In the event a youth has been sexually abused, the youth would be transported to the local hospital to be examined by a SANE. As part of this process the youth would be offered Sexually Transmitted Disease (STD) testing. Since Transition House is an all-male facility several of the provisions in this standard do not apply (i.e. offering pregnancy testing).

An interview with the T-House Program Director and mental health clinician revealed that if there was an incident of resident-to-resident sexual abuse, both youth would be formally evaluated a minimum of monthly.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

115.386 (a)

- 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 ☐ No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?
☒ Yes ☐ No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.386 (d)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?
☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- 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 ☐ No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- State of VT DCF Policy 241
- Interview with Program Director
- Interview with PREA Compliance Manager
- Interview with DCF Investigator and members of the Transition House Incident Review Committee

Standard 115.386: Sexual abuse incident reviews

115.386 (a)

- 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 ☐ No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.386 (d)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No

- 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 ☐ No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- State of VT DCF Policy 241
- Review of Transition House youth-to-youth investigation summary reports showing recommendations from Sexual Abuse Incident Review Committee
- Interview with Program Director
- Interview with PREA Compliance Manager
- Interview with DCF Investigator and member of the Transition House Incident Review Committee

The Howard Center PREA policy dictates that all allegations of sexual abuse (except those that have been determined to be unfounded) will be reviewed within 30 days of the conclusion of the investigation. The policy defines the review team to include the PREA Facility Compliance Manager, the supervisor of the PREA Compliance Manager, the PREA Coordinator, the Director of Human Services, the facility staff assigned to the victim or perpetrator, mental health practitioner who works with the victim or perpetrator, and DCF investigators. The State of Vermont Policy 241 clearly states, that RLSI investigators are required to participate in the sexual abuse incident review committee. The Transition House has not any incidents of sexual abuse allegations and therefore, was not able to provide hard evidence that this process has been implemented. That said, interviews with the T-House Program Director and staff members verified that all incidents are discussed in detail at weekly staff meetings. Discussion centers on factors contributing to the incident, staff response, what could have been done differently, and steps to prevent similar incidents from occurring in the future. Given the program's commitment to meeting the PREA standards and their response to incidents of sexual harassment, the auditor is confident the program will adhere to their policy in the event of a sexual abuse allegation.

The Howard Center's PREA policy specifically directs the topics to be addressed during the Incident Review Committee. For example, the policy states the committee must consider: If the incident or allegation was motivated by race; ethnicity; gender identity: lesbian, gay, bisexual, transgender, intersex identification, status or perceived status; or, gang affiliation; or resulting from other group dynamics at the facility; whether the staff levels where the incident occurred are adequate; whether monitoring technology should be considered or augmented to supplement staff supervision; and other areas required by the provisions set forth in these standards. The policy also requires a formal summary report be generated to capture the discussion and decisions during this committee meeting. Shortly following the onsite review, the Howard Center created a form that will be used to ensure all topics required by PREA are covered during the Sexual Abuse Incident Review Committee. The auditor applauds the Howard Center for putting controls in place that will ensure compliance is maintained in this area for years to come.

The State of Vermont and the Howard Center both use two categories for concluding outcome of investigations: Substantiated or Unsubstantiated. The term "unfounded" is not used when describing a possible outcome of an investigation case. PREA standards require all sexual abuse incidents that have been investigated, are subject to a formal review process within 30 days. Since the term "unfounded" is not used, according to PREA standards, all cases of sexual abuse would need to be formally reviewed by the incident review committee. This expectation is supported in the Howard Center and State of Vermont DCF policies.

Standard 115.387: Data collection

115.387 (a)

- 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 ☐ No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.387 (c)

- 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 ☐ No

115.387 (d)

- 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 ☐ No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) ☒ Yes ☐ No ☐ NA

115.387 (f)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Determining Compliance:

- State of Vermont contract with Howard Center
- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- HC data collection forms for sexual incidents (one for staff to youth and another for youth to youth)
- Data reports displaying aggregated data from HC sexual incident forms
- Sample of DOJ Surveys of Sexual Violence
- Review of secure folder in which data resides and only the PREA Compliance Managers and Agency PREA Coordinator have access
- Review of HC 2016 annual report providing data and discussing recommendations implemented

The State of Vermont has included language in its Fiscal Year 2016 contract with the Howard Center requiring collection of PREA related data. The contract specifically states, *"In accordance with State Licensing Regulations and §115.387 of the PREA National Standards, contractor will collect accurate and uniform data for every allegation of sexual abuse at Transition House and Transition House. Contractor will aggregate the incident-based sexual abuse data at least annually. Contractor will provide sexual abuse and sexual harassment data, admission and adjudication data, and the most recent version of the Survey of Sexual Violence conducted by the Department of Justice to the State Licensing Authority and Juvenile Justice Director no later than **January 30** each calendar year."* This contract language provides evidence that Transition House is in compliance with provisions a, b, and c in this PREA standard.

The Howard Center uses an electronic survey form to capture the data elements set forth by the BJA in the DOJ Survey of Sexual Violence. Following an allegation sexual abuse, assault, and/or harassment, the PREA Compliance Manager completes the Howard Center PREA survey. From this, the T-House PREA

Compliance Manager and/or the Agency PREA Coordinator can run data aggregate reports detailing incidents to date. This provides specific information such as the time incidents most frequently occur, area in which incident occurred, number of victims, outcome of the investigation outcome, etc. These reports allow Transition House and agency leadership staff to determine trends and prevent future incidents of sexual abuse and sexual assault.

While onsite, the auditor reviewed copies of the PREA data surveys submitted to the State of Vermont DCF in January 2017. The Howard Center has memorialized the practice of annual data collection in its PREA policy. The policy sets forth clear expectations about annual document submission to DCF, using the information from the DOJ survey to make program improvements, and developing an annual report detailing sexual abuse data and related PREA information.

During the onsite review, the auditor confirmed that facility maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual incident reviews. All incident information is stored in the Howard Center's electronic incident database. Investigation files are kept with DCF RLSIU in the electronic investigation database, FSDNet. Information related to a report of sexual abuse or harassment is maintained in a manual hardcopy PREA file in the Program Directors office. Additionally, the Program Director/Facility PREA Compliance Manager recently tracks incidents of sexual abuse and harassment on a detailed Excel tracking sheet.

The agency PREA policy ensures the protection of data from the Survey of Victimization Incident Form. The agency PREA policy describes, *"Documentation regarding PREA compliance efforts (pre-audit prep, policies, corrective action plans, meeting minutes, etc.) is stored in a secure folder on the agency's network. Members of the agency's PREA team, as well as the Director of Evaluation and Outcomes, have access to this folder. Within that folder is a Data Collection folder where all of the data noted above will be stored. Access to this folder will be limited to the facility PREA Compliance manager, the PREA Coordinator, the Director of Compliance, and the Director of Evaluation and Outcomes. This data will be maintained for at least 10 years after its initial collection. Once the retention period has been met, paper records will be securely destroyed and electronic data deleted."*

Standard 115.388: Data review for corrective action

115.388 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.388 (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 ☐ No

115.388 (c)

- 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 ☐ No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- HC annual PREA report on website
- Interview with PREA Compliance Manager
- Interview with HC Executive Director
- Interview with Agency PREA Coordinator

The Howard Center has an annual agency PREA report that highlights progress and compliance with federal PREA standards. The report is titled, "Eliminating Sexual Abuse and Sexual Harassment in Howard Center's Transition House and Transition House Programs" and is posted on the Safe Environmental Standards website (2015 and 2016 reports). This report includes comparison data for sexual abuse incidents from the prior year. At the time of this report being issued, the agency was in the process of drafting the 2017 annual PREA report which will be posted to the website by March 1, 2018.

The practice of creating an annual progress report is supported by the Howard Center PREA policy which states the agency will, "*Complete annual reports for each facility as well as the Howard Center as a whole and include a comparison of the current year's data and corrective actions to prior years and evaluate the agency's progress in addressing sexual abuse; redact from the report any resident identifiable information as well as any information Howard Center believes poses a clear and specific threat to the safety and security of either of the facilities; have these reports approved by Howard Center's CEO*" (page 15). The auditor confirmed that the 2016 report was approved by Mr. Bob Bick, Executive Director

Howard Center, and is posted on the agency website. An interview with the Howard Center Executive Director confirmed he approves the agency's annual PREA report.

Standard 115.389: Data storage, publication, and destruction

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
☒ Yes ☐ No

115.389 (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 ☐ No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.389 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Agency's Policy on Records Retention, Disclosure and Disposition in the Operations Manual
- Interview with Agency PREA Coordinator

The Howard Center's record retention schedule states, "PREA administrative and criminal investigations of sexual abuse and sexual harassment" will be retained "as long as the alleged abuser is still employed by the agency or as long as they are incarcerated, plus 5 years." In addition, the agency retention schedule states that PREA sexual abuse data will be retained for "10 years after the date of initial collection." This information is also part of the agency's PREA policy.

The Howard Center PREA policy states that the facility PREA Compliance Manager will be responsible for securely storing any paper files or information related to sexual abuse onsite. In addition, as previously described, the Howard Center has created secure folders on its internal network which are restricted to specific managers (i.e. the facility PREA Compliance manager, the PREA Coordinator, the Director of Compliance, and the Director of Evaluation and Outcomes). This folder houses all completed vulnerability assessments, sexual abuse incident reports, corrective action plans, pre-audit preparation documents, and other sensitive information related to PREA. As noted in the previous standard, the policy also requires the Transition House program to “*redact from the report any resident identifiable information as well as any information Howard Center believes poses a clear and specific threat to the safety and security of either of the facilities*” (page 15).

Sexual abuse investigation reports are maintained by State of Vermont AHS in the electronic database FSDNet and currently there is no “expiration date” on accessing these records/reports. The facility and agency retain sexual abuse data consistent with PREA standards.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
☒ Yes ☐ No ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? ☒ Yes ☐ No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

This audit represents the second PREA audit for the Howard Center Transition House. Since the first audit was conducted in July 2015, the Howard Center agency is in compliance with Standard 115.401 (a) and (b) which requires facilities that house juvenile justice youth to undergo a PREA audit by August 2016.

The audit was conducted consistent with Department of Justice PREA expectations. Some of the highlights demonstrating compliance in this area include conducting extensive review of program materials, protocols, agency policies, staff records, youth files, various internal/external reports and licensing reports, and conducting a facility tour. The process also included interviews with several staff and youth as well as a conversation with the University of Vermont Medical Center SANE Coordinator.

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The auditor has confirmed that the Transition House's final PREA audit report finalized in 2016 is posted on the agency's Safe Environmental Standards website: <http://www.howardcenter.org/Safe-Environment-Standards>

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

The auditor is a federal PREA auditor certified by the Department of Justice. She has not received any financial compensation from the agency being audited. There are no other conflicts of interest, as defined by Standard 115.402 and 115.403, between the auditor and the Howard Center Transition House Program.

All personally identifiable information about any resident or staff member have been removed, except for administrative personnel.



Sharon Pette, Certified PREA Auditor

January 23, 2018

Auditor Signature

Date