

FINAL AUDITOR'S SUMMARY REPORT



Name of Facility: Howard Center: Park Street Program			
Physical Address: 77 Park Street, Rutland, VT 05701			
Date report submitted: March 16, 2016			
Auditor information			
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Date of facility visit: July 8, 9, and 10, 2015			
Facility Information			
Facility Mailing Address: SAME AS ABOVE			
Telephone Number: 802-488-6775			
The Facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> Private not for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State: Contracted by State of Vermont AHS
	<input checked="" type="checkbox"/> Community Residential - Juvenile Justice		<input type="checkbox"/>
Facility Type:			
Name of PREA Compliance Manager: Shelly McGinnis		Title: Program Director	
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Agency Information			
Name of Agency: Howard Center			
Governing Authority: Howard Center			
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Agency Wide PREA Coordinator			
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PROGRAM AND FACILITY DESCRIPTION

The Howard Center Park Street Program is operated by a private not-for-profit agency, the Howard Center. As previously mentioned, the State of Vermont Administration 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 Park Street Program has a program mission that is closely aligned with the agency's mission.

Park Street is a community residential program located in Rutland, Vermont. The program began in 1992 and in 2001 the program expanded its capacity, building a new residential housing unit which currently stands as the primary residence for program youth. The program houses males between the ages of 12 and 17 years old who were referred for sexually harmful behaviors and who are in the custody of AHS DCF, on DCF probation, or remain in the custody of their parents with oversight of the Vermont Department of Mental Health (DMH). All program youth must have a substantiated charge and/or have been identified as needing intensive treatment services or more formal supervision. The facility has the physical capacity to serve 12 youth, however is licensed to serve ten youth. At the time of the on-site audit there were seven youth in the program. Over the past 12 months the average number of youth served was nine, although the population ranged from eight to ten during the period of July 2014 to June 2015. At the time of the on-site review, there was one youth who identified as transgendered and another youth who identified as bisexual.

The Howard Center Park Street campus is comprised of three buildings: A main administrative house, a residential living facility/housing unit, and the Fay Honey Knopp (FHK) school building. As previously stated, the program is located in a community residential setting and is not enclosed by a perimeter fence. The youth residence/housing unit was designed specifically for the juvenile justice population and therefore, its physical layout supports effective supervision of youth. The youth residence has an open layout that includes one long hallway which, when standing in the middle of the building (where the front door is located), narrows as you look down that hallway to the right and left. This allows staff to immediately see whether all doors are closed. All doors must be closed at all times with the exception of the bathroom.

There are two laundry areas, four bathrooms, and a total of 12 bedrooms in the facility. All youth sleep in individual bedrooms - six on either side of the center of the building. The group treatment room and the recreation room are adorned with windows on all sides providing a "fishbowl" appearance and again, increasing the ability to effectively supervise and monitor program youth. All bedroom windows, bedroom doors, and the front and back doors are alarmed with a high pitched sound that is triggered when opened. There is a staff office in the common area and a kitchen, all which have windows. All of the bedrooms, bathrooms, laundry rooms, group rooms, kitchen area, and the front door, can be seen by standing in the center of the facility.

The Fay Honey Knopp School is a separate building on the Park Street campus. The school has three classrooms, a sensory room (which is also used as an office when not in use), and a woodshop. Classrooms have an open layout and teacher's desks are positioned to monitor all youth, including having full view of computer screens. During school hours, the majority of classes

have less than four youth per teacher.

SUMMARY OF AUDIT FINDINGS

The initial 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 Agency 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, who 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 in order 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 six top 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, spoke eloquently to this fact stating, *"We will do whatever we can to ensure youth in our care are not subject to any form of abuse by anyone. We take these standards very seriously."* 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 substantial evidence that there is exceptionally strong leadership at the Howard Center Park Street Program. The Program Director, Ms. Shelly McGinnis has worked at the Park Street Program since its inception more than 20 years ago. She is professional, well respected by staff, and has a strong positive presence at the program. It was repeatedly demonstrated throughout the three day on-site visit that Ms. McGinnis makes herself readily available to staff; that youth and staff respect and trust her; that she is committed to keeping youth safe; and she is passionate about helping youth make positive changes in their lives. It was also confirmed through observations and interviews that Ms. McGinnis fully supports staff through regular team meetings, impromptu coaching, and making herself available to all staff and youth seven days a week. She leads from a continuous improvement platform and regularly examines program operations and services to identify potential areas for improvement. Similarly, staff and youth interviews verified that the Clinical Director and other Park Street Program managers are experienced, skilled, and possess a genuine passion for the work they do. This exceptional leadership throughout the program is a recipe for program success.

During the initial on-site visit in July 2016, although the Park Street program was in its initial stages of implementing PREA requirements, Park Street had already made tremendous progress in implementing measures to mitigate risk of sexual abuse and harassment. At the time of the visit, the program had adopted an agency wide policy specifically addressing PREA requirements; revised the youth handbook to further emphasize zero tolerance and avenues of reporting; and began the practice of conducting unannounced rounds. To date, Ms. McGinnis continues to demonstrate a deep understanding of the federal requirements and has successfully managed to put these principles into practice at the Park Street Program.

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. When several youth were asked the question, “What kinds of things can you get away with here at Park Street?” all youth responded similarly – that youth are under constant and close supervision. 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 residents.

Interviews also supported that staff are professional and dedicated to ensuring youth are safe and receive the treatment services they need in order to turn their lives around. In addition, all staff clearly understood their first responder duties and knew what they needed to do in the event a youth alleged sexual abuse.

During the six-month corrective action period, the dedication by the Howard Center agency leadership, Park Street program leadership, the Howard Center PREA Coordinator, and the State of Vermont, Department for Children and Families leadership, has resulted in the **Park Street program achieving full compliance with federal DOJ PREA standards**. The ongoing commitment to achieving standard compliance was clearly demonstrated through frequent communications with the auditor, timely post-audit document submission, and implementing all required actions put forth in the initial audit findings report.

Following the on-site audit, the Howard Center and the Park Street program made important changes to achieve compliance. Some of the program’s key accomplishments, to name a few, include:

- Enhancing job descriptions of the PREA Facility Compliance Manager and the Agency PREA Compliance Manager to reflect PREA related job responsibilities.
- Developing a more comprehensive PREA training for program staff, volunteers, and contractors.
- Adopting and implementing a formal vulnerability assessment tool at intake in order to assess the risk to perpetrate or become a victim of sexual abuse or assault.
- Using the vulnerability risk information to guide decisions regarding treatment planning, bed placement, education assignments, and safety and security.
- Enhancing the agency PREA policy to guide practice including a coordinated response plan to allegations of sexual abuse; requiring specific notifications (family, victim, licensing boards); and detailing the process for conducting sexual harassment investigations. Enhancements made to the agency PREA policy has resulted in clearer

expectations with regard to responsibilities in detecting, reporting, and handling reports of sexual abuse and assault.

- Making significant progress in securing a Memorandums of Understanding with the local advocacy agency to provide victims of sexual abuse or assault with rape crisis and follow-up services. This organization will also share the responsibility for ensuring victims undergo a forensic examination conducted by a certified Sexual Assault Nurse Examiner (SANE) at the hospital. Establishing MOUs requires a tremendous amount of time and resources and the auditor commends Howard Center and the Park Street program for its efforts in this area.
- Creating a webpage to house required PREA information
- Developing an annual report summarizing required PREA information and posting this report on the agency’s website.

The chart below displays the results from the initial audit report and compares it with the number of standards in compliance at the close of the six-month corrective action period. The dedication and hard work has allowed Park Street to “Exceed Standard” on three standards. The chart reflects Howard Center Park Street’s achievement of 100% compliance with federal PREA standards.

Category	Initial Report Total	Final Report Total
Number of Standards Exceeded	0	3
Number of Standards Met	23	36
Number of Standards Not Met	16	0
Number of Standards N/A	2	2
Percent of Compliance with PREA Standards	59%	100%

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 on-site visit verified that practices employed by the Howard Center Park Street Program are consistent with agency policies and federal PREA expectations.

AUDIT PROCESS OVERVIEW

The State of Vermont Administration of Human Services, Department of Children and Families (AHS DCF) contracted with an independent auditor, Sharon Pette of Effective System Innovations (ESI) on October 4, 2014 to conduct government mandated 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 Park Street Program was among the contracted programs required to undergo an audit.

Six weeks in advance of the on-site 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 in rooms used for therapy sessions (i.e. individual, group, and family), the common area in the youth residence, two classrooms, and the administration office above the copier. Pictures were sent to the auditor verifying the posters were hung consistent with DOJ auditing expectations. Within one month of the on-site review, the Park Street Program 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 three-day period: July 8th, 9th, and 10th, 2015. During the on-site review the auditor conducted an extensive facility tour which included visual inspection of the three buildings that comprise the Park Street campus: the administration building, the youth residence/housing unit, and the Fay Honey Knopp (FHK) school building. During the tour the auditor gathered relevant information about programming, supervision, treatment philosophy and approach, and daily operations through conversations with Program Director Ms. Shelly McGinnis and Clinical Director Ms. Katree Fenster. More information about the facility and treatment 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 three-day program visit and through several phone interviews occurring after the onsite visit, a total of 34 interviews were conducted. More specifically, the audit process included:

- Five interviews with Park Street Program leadership including mental health leadership staff (i.e. Program Director/Facility PREA Compliance Manager, Clinical Director, Team Leaders, etc.)
- Ten interviews with direct care staff (8 Residential Counselors, Program Clinician, and Program Nurse)
- Two interviews with contracted mental health clinicians (i.e. Psychiatrist and a Psychologist)
- Three interviews with Park Street Fay Honey Knopp (FHK) school teachers
- Seven interviews with youth (all youth currently residing in the Park Street Program)

- Five interviews with agency leadership including the Howard Center Executive Director, Human Resources Director, the Agency PREA Coordinator, etc.)
- An interview with the State of Vermont Residential Licensing Special Investigations Unit (RLSI) Director.
- An interview with a representative from the local community advocacy organization (phone interview conducted post onsite audit)

In addition, the audit process included reviewing 16 youth files: All youth currently in the program (N=7) and all youth discharged from Park Street in the past 12 months (July 1st, 2014 through June 30th, 2015; N=9). File audits involved reviewing paper files as well as information documented in the Howard Center's electronic health record. Additionally, the auditor reviewed all reports of sexual harassment and sexual abuse occurring 12 months prior to the review.

As part of the file review process the auditor also reviewed all training records for current staff (N=33), contracted employees (N=4), and interns (N=5) working in the Park Street Program. Approximately 40% of staff personnel records (n=13) were also reviewed to determine whether requisite criminal background checks were conducted consistent with PREA standards. Staff records were selected using a stratified random sampling method (i.e. selecting every third staff name on an alphabetical list of names). The auditor also reviewed 100% of the contractor personnel records and 100% of interns/volunteer records.

Throughout the audit review process, as well as in the debriefing meeting, agency and program leadership were made aware of additional PREA requirements and next steps. The conversation included, but was not limited to, describing the purpose of the 180-day corrective action period and explaining the federal requirement that the final PREA audit report must be made publically available. A one hour-debriefing meeting was held at the close of the audit to summarize preliminary audit findings. Participants included the Park Street Program Director and several other Howard Center agency leaders. The auditor provided feedback regarding Park Street Program strengths and areas for improvement. In addition, required actions to achieve full PREA compliance for Howard Center programs were discussed. At the time of the on-site visit, Howard Center agency leaders expressed a sincere commitment to achieving compliance with all PREA standards. Evidence of this commitment was demonstrated by the program successfully achieving 100% compliance.

Although the program did not originally meet compliance on 16 of the PREA standards, the required actions in the initial auditor findings report focused mainly on the need to create policies to support existing practices. At the time of the on-site review, Park Street had already put practices in place to support PREA standards and needed to memorialize these practices in policy and to better document current practices. Therefore, the auditor determined it was not necessary to conduct a second on-site visit during the corrective action period. Instead, the auditor sought verification of standard compliance by closely communicating with the Howard Center PREA Coordinator and providing consistent guidance and feedback on revised agency and program documents. In addition, the auditor conducted several follow-up interviews with the State of Vermont DCF Policy Manager, the RLSI Senior Social Worker, and the Director of the local advocacy organization. The additional information gathered provided sufficient evidence verifying policies support the practices already embedded in the program. The auditor confidently concludes

that the **Park Street program is now 100% compliant with federal DOJ PREA standards.**

It is important to note 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 at the Park Street Program, for the purposes of this report the “agency” is considered Howard Center. This ensures consistency in the interpretation and application of the PREA standards.

§115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

- ✓ Exceeds Standard (substantially exceeds requirement of standard)
- 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 has several agency policies that set forth clear expectations with regard to 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.

Additional evidence of zero tolerance can be found in agency Policy 508 “Professional Personal Conduct Policy” which states, “*Inappropriate employee behavior, resulting in grounds for immediate disciplinary action or termination shall include, but not limited to...sexual abuse, sexual harassment or sexually-provocative touching...Any physically inappropriate contact between residents and employees, such as fondling, or sexually provocative touching is inappropriate and will be grounds for immediate discharge...Any employee determined to have violated any part of this policy will be subject to disciplinary action (up to and including termination), criminal penalties or both. Non-employees engaged in violent acts on the agency’s premises may be reported to the proper authorities and fully prosecuted*”(Section B6).

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 so as 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 includes posters made by FHK school students that declare bully free zone and condemn sexual harassment hanging in the school building; zero tolerance information provided in the Park Street youth handbook; and youth testimonials during interviews.

It is important to mention, that the commitment to keeping youth and staff safe is not only at the agency level or simply in the Park Street youth residence/facility. This commitment is also clearly demonstrated in the Fay Honey Knopp (FHK) school policies and practices. The FHK Policy 510 upholds, *“Harassment is a form of unlawful discrimination that will not be tolerated. In cases where harassment is substantiated, the school shall take prompt and appropriate remedial action reasonably calculated to stop the harassment. Such action may include a wide range of responses from education to serious discipline. Such serious discipline may include termination for employees and, for students, removal from school property...”* (page 1). This information is also supported in both the Fay Honey Knopp Memorial School and Park Street Program handbooks which are distributed to all students/residents on the first day in the Park Street Program. The handbook provides a definition of harassment and explains, *“It is the policy of the Fay Honey Knopp School to prohibit and not tolerate any forms of abuse (i.e. physical, sexual, emotional, neglect) or unlawful discrimination of students”* (page 36).

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 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 Park Street Program has a designated PREA Compliance Manager, Ms. Shelly McGinnis, who is responsible for ensuring facility compliance with these federal standards. Although Ms. McGinnis is also the Park Street Program Director, interviews and observations

indicate she has sufficient time to perform the PREA related job responsibilities. A number of factors play into this determination including: Park Street is a small facility (maximum capacity of 10 youth) making it less cumbersome to implement changes; Ms. McGinnis is an outstanding leader who possesses a deep understanding of the PREA standards; Ms. McGinnis is fully committed to ensuring youth are safe and successful in the Park Street Program; and Ms. McGinnis is extremely well respected by the Howard Center agency leadership and therefore, is given the authority and autonomy to make decisions that directly impact the Park Street Program.

Although the program had already met compliance on this standard, during the corrective action period, the job description of the Park Street Program Director was significantly revised to include specific job responsibilities related to PREA. The job description now 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.”* Ms. Shelly McGinnis has signed her revised job description and submitted a copy to the auditor for review.

Similarly, the Howard Center PREA Coordinator job description was also revised to include more specific job responsibilities related to PREA. The revised agency description now states that the Agency PREA Coordinator, *“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.”* Mr. Kronoff has signed a revised job description and submitted a copy to the auditor for review.

Additional evidence that Howard Center and the Park Street program have developed a solid infrastructure to support PREA, is found in the Park Street organizational chart. The agency and program level charts were revised and now indicate the job titles “Park Street PREA Compliance Manager” and “Howard Center PREA Coordinator.” The enhancements made during the corrective action period, further support a commitment to federal standards and therefore, the auditor has concluded that Park Street has exceeded this PREA standard.

§115.312 - Contracting with other entities for the confinement of residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- ✓ N/A - The facility does not contract with private agencies for the confinement of residents

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 Park Street youth, for the purposes of this report the Howard Center is considered the “agency.” Therefore, this standard is N/A.

§115.313 – Supervision and monitoring

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

Currently, the Park Street Program exceeds PREA staffing ratios which require a minimum staff-to-youth ratio of 1:8 during waking hours and 1:16 during sleeping hours. The Park Street Program Policy 602 “Resident Supervision Policy,” requires a minimum staff-to-youth ratio of 4:10 during awake hours and a 2:10 ratio while youth are sleep. The policy clarifies that there will never be more than four youth per staff while on Park Street campus and never more than three youth with a single staff member while off campus. The policy also states, “...*additional staff may be assigned at times when a resident is assessed to be at risk of harming themselves or others. Staff is required to provide supervision of residents 100% of the time*” (page 1). Furthermore, the policy also dictates how youth should be supervised: “*Residents are to be in full view of staff and are in the immediate area of the staff at all times unless in the bathroom or in their bedrooms. Residents are to be within earshot of staff when communicating with other residents. Staff need to have knowledge of a resident being in his bedroom or bathroom. There is not to be more than one resident in a bedroom without staff knowledge and the bedroom door open. There is to be only one resident in the bathroom at a time*” (page 1).

Youth and staff interviews and auditor observations while on site, verified Park Street is exceeding federal expectations for youth to staff ratios. Youth reported they are never left alone with other youth and are not able to “get away with” being in another resident’s room because the level of staff supervision is too strict. It is important to note that Park Street Program focuses on treatment and does not have a camera surveillance system. However, all facility windows, bedroom doors, and the front and back doors are alarmed with chimes that automatically activate when any door or window is opened. This alert system immediately notifies staff when a youth enters or leaves an area. The Park Street Program requires all doors to youth bedrooms are required to be closed at all times. In addition, youth are required to ask permission to enter their bedrooms or move to a different physical location/space within the facility. Observations and interviews confirmed that

this practice is fully embedded into the program's daily operations.

As described earlier in the "Program and Facility Description" section of this audit report, the physical layout of the Park Street youth residence building allows for a 360-degree view of the facility from the central common area. The recreation room, group therapy room, and the kitchen are equipped with waist high windows that extend clear to the ceiling, ensuring activities and youth can be fully seen at all times. During the facility tour the auditor noted one potential blind spot which is located by the back entrance that leads into the kitchen. However, the staff office has windows that face this area, leaving only about three feet of the space not fully in view. The auditor concludes that the high staff to youth supervision ratio, the alert system, the facility layout, and supporting agency policies, supports compliance with this standard.

The physical layout of the Fay Honey Knopp School does not lend itself to easily supervising youth. As described previously, the building has several classrooms that are linked (i.e. you must go through one classroom to reach the next classroom). Although the physical layout may not be ideal, youth and staff were consistent in their reports that the required agency staffing ratio is always followed and that youth are never permitted to move locations without a staff member present. There are at least four staff at the school during the day: Two school teachers, a Special Education Supervisor, a Behavior Specialist, and an Interventionist. This allows for adequate supervision of youth. While onsite, the auditor observed that each classroom had a maximum of five youth and there were a minimum of two staff present.

The Park Street Program has a formal staffing pattern that includes at least one Team Leader/Manager on shift seven days a week. The plan also involves having four direct care staff on shift from 3 PM to 9:30 PM seven days per week; three staff on shift until 10 PM; and two overnight staff on shift at any given time. On the weekends, the staffing pattern varies slightly but there are never less than two staff on shift at any time. Weekends include having two staff on shift from 8 AM - 9:30 AM. From this point forward, staff have set start times and by noon (up until 9:30 PM) there are four staff on shift. This staffing plan ensures a manager is on site the majority of waking hours. In addition, there is always a manager on call who staff know to contact in the event of an emergency. Interviews revealed that the Park Street Program does not deviate from its staffing pattern. Howard Center Policy 513 "Staff Leave" mandates the "Manager on Call" to cover a shift if a staff member is sick and must call off work.

The Howard Center Policy 602 "Resident Supervision" requires Park Street to "*review the staffing schedule, staffing patterns of providing adequate supervision of residents, the functioning of the alarm system and any other resources necessary to ensure program safety with the PREA Coordinator whenever there is a breach of safety within the program in terms of sexual harassment or sexual abuse or at least once per year*" (page 3). Although the policy states this review is conducted annually, the Park Street Program director leads a weekly mandatory staff meeting in which staffing issues are discussed. In addition, there is a monthly supervisors meeting led by the Program Director, in which a standing agenda addresses staffing issues. Detailed minutes from all meetings are recorded and sent to all staff prior to the next meeting.

Policy 602 also requires, "*all program supervisors will conduct and document at least quarterly unannounced rounds of shifts with staff they are responsible to supervise, to identify and deter*

staff of sexual abuse and sexual harassment. Supervisors are prohibited from alerting staff that the supervisory rounds are occurring.” At the time of the on-site audit the program was in the initial stages of implementing the unannounced rounds portion of the policy. However, since 6/01/15 there were three unannounced rounds conducted by three different managers on various shifts. These rounds were formally documented in the “Unannounced Rounds Log” which is stored in a locked filing cabinet in the staff office located in the administration building.

During the corrective action period, in order to ensure the practice of unannounced rounds was fully embedded in the program, the auditor requested unannounced round forms be submitted to her for a pre-determined time period. Review of the “Unannounced Rounds Log” confirmed that rounds are consistently conducted by various Park Street managers a minimum of once per week (and often twice per week). These rounds cover all shifts and appear to be in a “random” pattern, which prevents staff from predicting when these check-ins will occur.

Additional enhancements made to the Howard Center PREA policy further support provisions in this standard. These enhancements include details regarding supervision of youth, minimum staffing requirements, unannounced rounds, and requiring all programs to have a local staffing plan. Agency policy also requires facilities to review their staffing plan at least annually to ensure staffing and supervision is adequate. Park Street submitted to the auditor the meeting minutes from the PREA Staffing Plan which was held on 3/04/2016. The in-depth discussion addressed all areas required by the provisions of this standard. These practices supported by agency policy have allowed the auditor to determine Park Street has exceeded the minimum requirements in this PREA standard.

§115.315 – Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- 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 Park Street Program does not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The Park Street Policy 606 “Search Policy” states, *“Staff do not conduct any type of physical search of a resident including strip searches, visual body cavity searches, and pat down searches. 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. In addition, if staff have reason to believe that a resident has been engaging in any self-harmful behavior that may be concealed under their clothing and it may require medical attention, staff are to immediately report this information to the Program Nurse so that arrangements can be made to medically assess the resident.”* This information is also provided to youth in the Park Street Resident Handbook/Program Overview (page 19). Youth and staff interviews revealed that this policy is closely followed (the program does not conduct any pat frisk or strip searches). If a youth is on a home visit, upon returning to the facility, the youth will be asked to turn their pockets inside out and their personal belongings will be searched for contraband.

Youth residing in the Park Street Program have privacy when using the bathroom and when changing their clothes. The facility is designed with three solo showers allowing youth to shower individually with the door closed. The Park Street Program Policy 602 “Resident Supervision Policy” mandates that only one youth may use the bathroom at a time. It further states, *residents are to be in full view of staff and are in the immediate area of the staff at all times unless in the bathroom or in their bedrooms*” (page 1, #1). In addition, 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 Park Street Program had a state licensing visit on 2/28/2014 and received a letter confirming their license renewal on 5/13/2014. Youth interviews confirmed that youth have privacy when showering, toileting, and changing clothes.

Youth are required to change clothes in the bathroom or in their rooms with the door closed. They are not permitted to come out of their rooms unless they are fully clothed. Before entering a youth’s room, staff are trained to first knock and ask to enter. If a youth replies that he needs a few minutes, then the staff will not enter the room (unless a clinician feels youth is in danger of harming himself). These practices are supported by information provided in the Park Street Residential Handbook/Program Overview. The youth handbook states, “*Staff will observe your right to personal privacy in your bedroom and bathroom except in situations when a staff member has reason to believe you are in danger to harm yourself or others*” (page 14). All youth verified staff follow this procedure of knocking and asking before entering.

§115.316 - Residents with disabilities and residents who are limited English proficient

- Exceeds Standard (substantially exceeds requirement of standard)
- 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 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 provides interpreter services through a hotline number which staff members can access at any time. 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 with regard to 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*” (page 1).

Although the Park Street 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. Program and agency

leadership both verified they do not allow residents to interpret for other youth, except in very limited circumstances. The auditor confidently concludes that Park Street leadership guarantees all clinical and physical needs of youth are met while in the program, including providing necessary special accommodations.

On the day the youth arrives to the program as well as during the pre-admission interview, the Park Street Program Director or Clinical Director meet with youth and families to review written program materials. Among the information provided is the resident handbook which describes the program rules and their rights. Within a ten days of arrival, the youth meets individually with his assigned advisor (a Park Street direct care staff) to review the resident handbook. The purpose of this meeting is to ensure youth understand the information in the handbook, including zero tolerance and the process for filing a grievance. At this time, the youth also views the PREA education video described later in this report.

The Park Street Program and the Howard Center agency as a whole are committed to ensuring all individual client needs are met. Mr. Bob Bick, Executive Director of Howard Center, is in the process of exploring ways to enhance the interpretive services currently provided via telephone. Among these potential options are interpretive services that involve video conferencing, which would allow the youth, family and clinical team to see the translator.

§115.317 – Hiring and promotion decisions
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- Exceeds Standard (substantially exceeds requirement of standard)
- ✓ 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 Park Street 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 Park Street Program 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.

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. Review of Howard Center personnel files (n = 22) revealed that all current Park Street staff, contractors, and interns/volunteers have received criminal background checks prior to beginning work with youth. File reviews also verified these extensive background checks were conducted every three years, consistent with agency policies and state regulations. This exceeds federal PREA expectations which require background checks to be conducted once every five years.

Additional evidence supporting compliance with this standard includes the Howard Center 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.

Recently the Howard Center implemented a supplemental form, “PREA Release and Questionnaire” which all prospective employees are required to complete. 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. In addition to the aforementioned controls currently in place, this new form provides additional support for compliance with this standard. 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 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 will provide information to future employees regarding substantiated cases of sexual harassment. Although the Park Street Program has never had a report of staff sexual harassment, as of July 1, 2015 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. Existing policies and current practices provide sufficient evidence to conclude compliance with this standard.

§115.318 – Upgrades to facilities and technology

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- ✓ N/A

The Howard Center Park Street Program has not planned any substantial expansions or modifications to the facility.

§115.321 – Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- ✓ 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 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 Park Street Program 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 in the event of a sexual abuse allegation.

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 Park Street Program has made several attempts to secure rape crisis and child advocacy services with a local unit of a statewide organization called Child First Advocacy Center (CFAC). The auditor verified these efforts by reviewing email exchanges between the Park Street Program Director and the regional Director of CFAC. At the time of the onsite audit, there was a draft Memorandum of Understanding (MOU) with CFAC. A phone interview with the Executive Director of CFAC for Rutland Unit for Special Investigations (conducted by the auditor) provided additional evidence that CFAC is working to establish an MOU that will cover all Howard Center programs throughout the state. During the corrective action period significant amount of progress was made in securing a MOU with the local child advocacy organization. Park Street’s existing MOU was revised significantly to better ensure all PREA provisions are addressed. The auditor concludes the Howard Center and Child First Advocacy Center are committed to working together to finalize and execute the formal MOU. A target date has been set for April 2016.

The Park Street Program employs a Registered Nurse on site. She is not a qualified Sexual Assault Nurse Examiner (SANE) and therefore, in the event of alleged abuse she would not conduct these examinations for Park Street youth. Program practice and Howard Center policy dictate that if a youth alleges sexual abuse, he would be taken to Rutland Regional Medical Center (RRMC) for a forensic examination by a SANE. Under state contracting regulations Howard Center is not permitted to contract directly with the hospital. However, RRMC hospital policies dictate SANES will be used to conduct forensic exams of victims of sexual abuse or assault.

At the time of the on-site audit, Park Street had attempted to secure an MOU with the local hospital and had experienced some challenges. During the corrective action phase, the Howard Center partnered with the Director of the local rape crisis/advocacy center (CFAC) who has a relationship with the local hospital. It is part of the CFAC protocol that all victims of sexual abuse or assault (within 72 hours of the event) be seen by a SANE. As a result, the draft MOU between Howard Center Park Street and the CFAC specifically states that the CFAC will ensure a SANE conducts a forensic examination at the local hospital (Rutland Regional Medical Center).

§115.322 – Policies to ensure referrals of allegations for investigations
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- Exceeds Standard (substantially exceeds requirement of standard)
- 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 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 Residential Licensing and Special Investigations Unit (RLSI) is responsible for conducting all investigations of abuse for youth residing 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.

In the event a youth alleges sexual abuse, staff members are required to immediately contact Centralized Intake and Emergency Services (CIES) by calling Vermont’s Child Abuse Hotline. All Park Street staff members stated they understand they are mandatory reporters. The Park Street Policy 511 “Allegations of Abuse” states, *“any allegation of abuse or sexual harassment by staff made by a resident of the Park Street Program will be investigated...allegations will be reported to appropriate authorities such as DCF and 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 1). This expectation and protocol is further supported by the agency’s PREA policy and the Park Street Coordinated Response plan, both which require program staff to call the State of Vermont Centralized Intake with all allegations of sexual abuse or sexual assault.

The Howard Center Policy 226 “Complaint and Grievance Procedure” guides how the Human Resources unit handles all grievances. A description of the investigation process is provided. Interviews with Human Resources staff confirmed that all grievances are investigated.

Within the 12-month period from July 2014 through June 2015, there were a total of two incidents in which youth alleged they were sexually abused or sexually harassed while at Park Street Program. The single case of sexual abuse involved another youth exposing himself to another resident. This case was not accepted for investigation by RLSI, since the perpetrator had been discharged from the program months prior to the disclosure. The other case was a resident-on-resident sexual harassment case which was also not accepted for investigation by RLSI. Both cases were reported to the State of Vermont Centralized Intake Unit. In addition, both cases were thoroughly investigated by the Park Street PREA Compliance Manager/Program Director and were determined to have occurred (substantiated). Review of related incident reports provided sufficient evidence that comprehensive investigations were conducted.

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 to 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).

During the corrective action period, the Howard Center created a webpage to share information regarding zero tolerance and other required PREA information. 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.

§115.331 – Employee training

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

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). The Park Street Program has recently added the PREA training to the New Employee training checklist to better ensure new staff complete the required training prior to working alone with youth.

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.

During the on-site audit, review of current employee training records indicate that all employees have completed the required annual “Respect” training.

Prior to the on-site audit, the Howard Center created an interactive online training for all Park Street 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 training records indicate that all full-time, part-time, and temporary staff have completed the required PREA training.

During the corrective action period, the Howard Center significantly enhanced the PREA training for staff. The training now addresses all areas required by the PREA standards. The auditor commends the Howard Center for its attention in this area, as the training developed is comprehensive and very clear. In addition, after completing the training Park Street employee is now 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 reported 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.”*

§115.332 – Volunteer and contractor training

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

Recently, the Howard Center Park Street Program revised its Fiscal Year 2016 contracts 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: “Compliance with the Prison Rape Elimination Act”). The auditor applauds Park Street for its commitment to ensuring that PREA requirements are successfully met by infusing PREA specific language into the legally binding agreement.

All contractors are required to participate in an abbreviated training that addresses much of the information provided to new Howard Center employees. While onsite, the auditor reviewed the online training which consisted of over 200 slides and covered critical topics including client privacy, confidentiality, ethics/professional conduct, respect, and sexual harassment, to name a few. Park Street has four contractors currently working with youth. Training records indicate all four contractors completed the PREA training and have signed a form indicating they understood the training and their responsibilities.

At the time of the on-site review, the Park Street Program currently had five interns working with youth at the program. Review of training records indicate that not all of these individuals had

completed the mandatory Howard Center PREA training. In addition, on-site interviews with contractors revealed some discrepancy on their role in the reporting process for allegations of sexual abuse (i.e. call the police, maintain confidentiality, etc.). To address this issue, in January 2016, all Park Street staff, contractors, volunteers and interns completed the new enhanced Howard Center PREA training. Signature forms indicating the training was completed by contractors and interns were submitted to the auditor for verification.

§115.333 – Resident education

- Exceeds Standard (substantially exceeds requirement of standard)
- 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 Park Street Program provides several avenues by which youth receive Zero Tolerance policy information. At intake, the Program Director or Clinical Director meets with youth and families to review Park Street Program information. At this time the new resident receives a youth handbook which provides important information about program rules, youth rights, the grievance process, etc. The handbook states, *“As a resident at Park Street you have the right to be treated in a manner that is safe and nurturing. Respecting the rights of others means others are not being bullied, harassed or abused by others.... Staff will not humiliate, exploit, threaten, physically abuse, verbally abuse, or sexually abuse you in any manner. If you feel staff has violated this expectation, and you want to make an allegation of misconduct, you can file a grievance...It is also your right if you were abused or harassed by a staff or another resident to report such acts to anyone on your contact list, DCF Centralized Intake, Residential Licensing or Disability Rights Vermont...You may also contact a victim advocate for support”* (pages 9-10). The handbook also describes the formal grievance process and provides a list of numbers youth can call if they feel their rights have been violated.

Within a few days of a youth arriving to the program, each youth is assigned a staff member who serves as an advocate/mentor throughout the youth’s stay. It is the advisor’s responsibility to review the handbook with the youth individually to ensure the youth fully understands the program information and to answer any questions the youth may have. Once this discussion occurs the youth signs a form in the back of the residential handbook that states, *“I have read, reviewed and understand the content of the handbook and understand my rights as a client at Park Street”* (page 27). A copy of this form is stored in the youth’s treatment file in the administration building. Youth file reviews verified all youth currently in the program (N=7) and all youth discharged in the past 12 months (N=8) had signed this statement. Due to the fact that the program is in its initial stages of PREA implementation, youth who arrived to the program in 2014 did not complete the individual session with their advisor within the ten day PREA requirement, although all youth did receive a youth handbook the day they arrived. However, all youth who entered into the Park Street Program in 2015 were provided program materials and met with their advisor within the ten-day timeframe. All youth interviewed understood their rights and were able to explain how they would report sexual abuse and/or harassment.

To supplement the written youth handbook and to account for various learning styles, the Park Street Program recently adopted 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. A few months prior to the onsite audit, all Park Street residents watched the video as a group and actively participated in a two-hour discussion led by the Program Director.

To supplement the PREA information received in the treatment program, all Park Street residents also participate in a bullying and harassment curriculum/module through the Fay Honey Knopp School. The curriculum spans over a several week period. The objectives of this training (as per the training outline) include: *“1) Students will demonstrate their understanding of harassment, sexual harassment, sexual abuse, bullying, and the zero tolerance policy by creating posters to be displayed throughout the school. They will demonstrate what the behaviors look like, as well as ways to stop or avoid them from occurring; and 2) Discuss ways to prevent bullying at Fay Honey Knopp, Park Street, and in future living/educational environments. What are good ways to handle instances of bullying, harassment, and teasing? Should there be different outcomes depending on the type of interaction?”* The auditor applauds the program for having a number of ways to educate youth on PREA related topics.

To date, Park Street has not had any youth who needed translation services or had any need for other 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 reported that the Park Street Program controls when a youth enters the program, and therefore she would ensure translators were available on the day a youth arrived to the program.

§115.334 – Specialized training: Investigations

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

All State of Vermont Residential Licensing and Special Investigation (RLSI) unit staff are required to complete specialized training. An interview with the Director of the RLSI unit indicated that the single investigator assigned to the Howard Center program has received at least a two- day training that includes child development, interviewing techniques, and other areas critical to conducting effective investigations. In addition, he has been formally trained by the National Center Advocacy Council on forensic interviewing of children. Review of training records verified that all staff have been trained on the fundamentals of conducting investigations and several investigators have been trained in advanced interviewing techniques.

In addition, during the corrective action period (August 2015), the RLSI unit investigator 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 Park Street to adequately meet provisions put forth in this standard. A copy of the training completion form was sent to the auditor for verification. These training records are maintained by the State of Vermont RLSIU in an electronic training record. Following the on-site audit, a conference call with the Senior Social Worker of RLSI verified the safe storage of these records as well as process for training future investigators who work with the Park Street program.

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.

§115.335 – Specialized training: Medical and mental health care
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

All nurses and physicians who are employed by the Park Street Program are licensed in their respective area of expertise. The State of Vermont Residential Licensing Unit requires these professionals to have the appropriate license in their field.

Interviews revealed mental health and medical practitioners employed by Park Street 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 licensure in the respective specialized areas (i.e. nursing, psychiatry, etc.).

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, Rutland Regional Medical Center, to be examined by a SANE or SAFE.

§115.341 – Obtaining information from residents

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

All Park Street youth are assessed for risk the day they arrive to the program. A number of information sources are reviewed by the Program Director and Clinical Director to make a determination about level of risk. Among these documents are court and legal documents, psychological evaluations, previous treatment reports, completed instruments detecting violence to perpetrate or be victimized, Individual Education Plans (IEP), and Medical records, to name a few. Within 24 hours of the youth arriving, the Park Street clinical team develops an Individual Crisis Management Plan (ICMP) which provides information about the level of risk to harm self or others. Within 60 days, a comprehensive clinical assessment report is generated. This detailed report includes information from the JSOAP-II (Juvenile Sex Offender Assessment Protocol-II); mental illness or mental disabilities; level of intellectual, developmental, physical functioning; and other information relevant to a youth's risk to abuse or be victimized while in the program. This 60-day assessment report is the foundation on which individual treatments plan are developed.

During the corrective action period, Park Street adopted a formal standardized and objective instrument to assess a youth's risk to be victimized or to perpetrate sexual assault. In September of 2015, Park Street began conducting assessments on all new intakes using the "Vulnerability Assessment Instrument" developed by Colorado Division of Youth Corrections. These assessments are conducted by the Program Director and/or the Park Street clinician. The auditor verified the adoption of this practice by reviewing completed vulnerability tool assessments for youth who were placed at Park Street between September 2015 and January 2016.

The Howard Center "Policy on Entries into Client Records" policy explicitly states, "*In the CYFS Transition House and the Park Street 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).*" During the corrective action period the program also revised the Park Street policy 201 to include the requirement that the vulnerability assessment must be conducted within 72 hours of intake.

The Howard Center recently transitioned to an electronic health record system. All staff have access to electronic and hardcopy paper youth files as well as all clinical assessment information. However, 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 "Privacy, Confidentiality, and Security Statement." The statement 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.*"

§115.342 – Placement of residents in housing, bed, program, education, and work assignments

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

Review of documentation and interviews with the Program Director, Clinical Director, and other facility leadership indicate that the facility considers all factors when determining in which unit youth are placed, consistent with PREA standards. During the intake process, as described previously, important information related to risk, youth disabilities, sexual orientation, etc. is gathered by reviewing assessment information received as part of the referral packet and through a clinical interview with the youth. This information is used to determine the course of treatment. Staff interviews verified that this assessment information is used to determine in which bedroom a youth may reside. For example, the program would not place a youth who was perceived as high risk for victimization in a bedroom close to another youth who was high risk for violent perpetration. In addition, the current practice is to assign newer youth to bedrooms closer to the middle of the facility and therefore close to where staff are positioned during the night shift. Overall, bedroom assignments are made based on individual needs and considers the treatment and supervision level required to ensure youth and staff safety.

The Park Street Program 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, Park Street Policy 103 “Inappropriate Touching” states, “*while on restriction from each other or others they will still have access to an education, treatment, structured exercise, use of the bathroom, meals, phone calls and daily check in from the Program Director, Clinical Director or Program Clinician to assess a plan to move a resident off of this restriction. An individualized plan of care will be developed to address the specialized needs of both the victim and the perpetrator*” (page 2, Section 1 B).

With regard to transgendered and intersex youth, the physical layout of the facility (one long hallway) prevents youth from being placed on a particular housing unit because of their sexual orientation. In addition, program practices allow all residents to shower separately. Therefore, transgender and intersex residents are never required to shower with other residents.

PREA standards require specific practices when working with transgendered and intersex youth.

Standard 115.342 (e) requires “*placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by resident.*” In addition, the standard requires a transgender or intersex resident’s own views with respect to his own safety be given serious consideration (Standard 115.342 (f)). During the corrective action period, the Park Street program revised Policy 201 to more clearly address this standard. The policy now states, “*The Vulnerability Assessment Tool and a Client Satisfaction Survey will be utilized every 3 months as part of a youth’s treatment goal review to*

reassess their vulnerability as both a victim and perpetrator so that plans can be implemented to ensure their safety inclusive of room placement assignments. Those who rate highest risk such as those who identify as transgender or intersex for example, will be given serious consideration when developing plans to ensure their safety. The outcome of these assessment tools will be incorporated into the youth's updated crisis plan."

In order to verify how the program was using information obtained from this tool, the auditor requested copies of the completed tools as well as copies of a sample of youth Individualized Crisis Management Plans. The ICM plans provide details of a youth's presenting issues and address critical risk factors as it relates to risk to perpetrate and/or be victimized. In addition, minutes of discussions with staff provide sufficient evidence that Park Street is using vulnerability risk information. For example, in an excerpt taken from minutes from 12/02/2016 states, *"Decision made today ...DB will be placed in room 2 on the west wing. The basis for this decision when taking into account his vulnerability of being young and physically smaller was that he would be placed across the hall from another resident, AC who is also age 12 and small in stature too. We then moved the resident, RB that would be the room next to him based on his age and his risk to act out sexually or toward DB. We placed resident, JH next to him who is also younger and less of a sexual risk."*

In further support of this standard, meeting minutes from pre-intake meetings with staff (preparing staff prior to a youth's arrival) and minutes from supervisory meetings, support the program's practice of using vulnerability risk information to inform treatment decisions and room assignments. The auditor applauds the Park Street for its progress in this area.

Due to the fact that the Park Street discusses and documents information about vulnerability risk and reassesses the most vulnerable youth a minimum on a monthly basis, the auditor concludes Park Street has "exceeded" this PREA standard.

§115.351 – Resident reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- 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 Park Street Program has multiple avenues by which residents can privately report sexual abuse, sexual harassment, or retaliation by other residents or staff. The youth handbook details the process for filing a grievance (pages 13-14) and specifically states, *"if you were abused or harassed by a staff or another resident to report such acts to anyone on your contact list, DCF Centralized Intake, Residential Licensing or Disability Rights Vermont"* (pages 9-10). The last page in the youth handbook provides telephone numbers of the Program Director, Clinical Director, Child First Advocacy Center, the program nurse, and several other people/agencies. In addition, the program recently created an official PREA Grievance form and a locked box in which a youth may submit an anonymous complaint. A form is given to each youth on the day they arrive (attached to the youth handbook) and extra forms are made available in a folder located near the grievance box. This grievance box is checked a minimum of once per day

by the Program Director, Clinical Director, and/or Team Leaders.

During the corrective action period, the Howard Center revised the PREA policy to further support a youth's right to file a grievance. The enhanced 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.

All youth interviewed articulated that if someone was harming them, they would tell a staff member or write a letter to the facility Director. The vast majority of youth also referenced at least one external source they could contact if they did not feel safe confiding in Park Street staff. Most youth stated they would tell their DCF worker, parents, or lawyer. There were only a few youth who knew about victim advocacy services or the abuse hotline number, although this is to be expected as Park Street is still in the process of establishing an MOU with the Child First Advocacy Center. It is important to know that all youth remembered there was a list of phone numbers in the back of the youth handbook and youth understood they could call anyone on that list at any time, especially in situations of sexual abuse and harassment. The agency Policy 720 "Phone Policy" states, "*Residents have the right to make confidential phone calls with their attorney, clergy, Guardian Ad Litem, legal guardian, victim advocate, Disabilities Rights Vermont, Centralized Intake or Residential Licensing*" (page 1).

Third party reports are also supported by program policies such as Park Street Policy 1104, "Policy on Incident Reporting." This policy states, "*Any employee witnessing, discovering or receiving a report either verbally or in writing of any critical incident will document the occurrence on an Incident Report Form. All reports of critical incidents are accepted to include anonymous or third party reports. Incidents include but are not limited to: Disclosure of any involvement in abusive behavior; Physical acting out/threats by residents toward staff or other residents; Inappropriate sexual behavior, touching or sexual harassment...Retaliation of any form for making a report.*"

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. 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.*"

Interviews revealed that all youth feel comfortable approaching Park Street Program staff; that staff genuinely care about them; and that staff are invested in making sure they are safe and free from harm. Youth also verified that in the event of an emergency, such as in the case of reporting abuse, that staff would afford them privacy to make a phone call to any of the individuals on their approved contact list. All youth stated that they are permitted to call their attorneys or make other professional phone calls on a daily basis and are afforded privacy during these calls. Similarly, if it were necessary for a staff member to report sexual abuse or harassment, staff would have privacy to make this call by closing the staff office door.

§115.352 – Exhaustion of administrative remedies

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

Youth are allowed to file a grievance at any time while at Park Street Program 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”* (page 11). 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”* (page 11).

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. Furthermore, agency expectations 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”* (page 13). 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).

Although the majority of youth currently at the Park Street Program had not submitted grievance of any kind, the one youth who had verbally reported he was being sexually harassed, stated that

program staff talked with him a few hours after filing the grievance to begin resolving the issue. Review of incident reports confirmed this is a typical program response (i.e. meeting with youth as soon as possible and well within the 24-hour target timeframe). These sources provide sufficient evidence that program practice is aligned with agency policy. As previously described, all program youth reported various ways they could report sexual abuse or harassment, including telling a staff member, calling their DCF social worker, or completing a written anonymous PREA Grievance Form and placing it in the locked box on the unit.

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” (page 13-14).*

The policy also states that staff are prohibited from disciplining or retaliating against youth for filing a good faith grievance.

§115.353 – Resident access to outside confidential support services
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- Exceeds Standard (substantially exceeds requirement of standard)
- 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 Park Street Program provides youth access to outside victim advocates for emotional support services related to sexual abuse. Contact information for several advocacy agencies including Disability Rights Vermont and Child First Advocacy Center, is provided in the youth resident handbook. Although some residents were not aware of these services, all youth cited several individuals not affiliated with the Park Street Program whom they could call for assistance if they were sexually abused or harassed. All youth knew there were numbers in the back of the handbook that included external advocacy organizations including the State of Vermont DCF.

As previously mentioned, the Howard Center is in the process of securing a MOU with the Child First Advocacy Center (CFAC). Documentation reviewed while onsite (i.e. email correspondences) indicates Howard Center leadership has made great efforts to finalize the MOU. The federal PREA standards require an agency to “*maintain or attempt to enter into a memoranda of understanding...*” and therefore Park Street Program is in compliance with this provision. During the corrective action period, the Agency PREA Coordinator continued to work with the local advocacy organization to finalize the MOU. The auditor has reviewed the draft MOU and determined that its contents address all required PREA areas. The target date for finalizing and enacting the MOU is April 2016.

During the onsite visit, a phone interview with the local CFAC Director, indicates the advocacy agency recognizes the value of securing a formal MOU with the Park Street Program and is committed to facilitating a formal agreement. Once this MOU is officially executed, the Program Director should request a CFAC representative to come speak with program youth about the services they provide. The CFAC is listed on the approved contact list for all youth.

The Park Street Policy 720 “Phone Policy” states, “*residents have the right to make confidential phone calls with their attorney, clergy, Guardian Ad Litem, legal guardian, victim advocate, Disabilities Rights Vermont, Centralized Intake or Residential Licensing*” (Section #4). The youth handbook also informs youth of these rights. Interviews with all youth verified they are permitted to talk with their attorneys and other approved contacts in privacy.

The residential handbook informs youth that there may be times at which other types of phone calls are monitored, depending on the resident’s individual treatment needs. In these situations, the call may be on speaker and these calls would be conducted in a private area (page 16, F). The handbook also discloses that all staff are mandatory reporters and “*...any incidents of abuse or illegal behavior that is disclosed or witnessed will be reported to the proper authorities (i.e. DCF, police)*” (page 14, #18). All youth interviewed confirmed that they understood all staff are mandatory reports and what the law requires.

§115.354 – Third-party reporting

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

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. During the corrective action period, the Howard Center developed a webpage for the Park Street program that includes the required PREA information. The webpage provides information about the program and agency’s zero tolerance policies; process 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 the links are in working order.

§115.361 – Staff and agency reporting duties

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

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 has several policies that clearly state all individuals who work at Park Street are mandatory reporters and that they are required to report allegations of sexual abuse immediately to the DCF Centralized Intake Unit and their supervisor. These policies include, but are not limited to Policy 511 “Allegations of Abuse Policy,” the “Adult or Child Abuse Reporting Policy,” and Policy 103 “Inappropriate Touching.” Following a verbal report to the supervisor and a written incident report must be completed by the end of the work shift. The completed incident report is sent to the Program Director who ensures the appropriate parties are notified (i.e. Family Worker, Clinical Director, DCF, Licensing, Police, CYFS Director, etc.).

Additionally, the Park Street Policy 1104, “Policy on Incident Reporting” states, “...*all employees are required by law to adhere to the mandatory child abuse reporting...Any employee witnessing, discovering or receiving a report either verbally or in writing of any critical incident will document the occurrence on an Incident Report Form. All reports of critical incidents are accepted to include anonymous or third party reports. Incidents include but are not limited to: Disclosure of any involvement in abusive behavior.... Inappropriate sexual behavior, touching or sexual harassment...Retaliation of any form for making a report*” (page 1).

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, medical staff, and contracted mental health professionals 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. The mandatory reporter disclosure is also included in the youth resident handbook. In addition, all Park Street mental health and medical staff/contractors reported they verbally inform youth of their mandatory reporting responsibilities when they initially meet with youth and periodically 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”* (page 12). 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”* (page 13). This policy also requires notification to the victim’s parents/legal guardians, the DCF case worker, and the resident’s attorney.

Review of facility incident reports indicate staff promptly report allegations of abuse to DCF Centralized Intake Unit. In the past 12 months, there were two incidents in which youth alleged they were sexually abused or sexually harassed at the Park Street Program (as previously described in this report). Both reports were called into the DCF Centralized Intake unit within the required 24-hour timeframe and the guardian and parents were notified in a timely fashion. The PREA Compliance Manager tracks these notifications on an Excel spreadsheet.

§115.362 – Agency protection duties
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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”* (page 4).

During the on-site portion of the audit, review of investigative reports verified Park Street Program practice is consistent with agency policy and federal PREA guidelines. While resident-to-staff sexual harassment does not “qualify” as a PREA incident, the following example is provided as a way of demonstrating the Park Street Program Director’s commitment to youth and staff safety. In one incident a note was discovered in a youth’s room in which he admitted to having sexual fantasies about a specific staff member. On a few occasions he had made verbal and physical

advances towards the staff. These situations were documented in formal incident reports. To ensure staff safety, the staff member was no longer permitted to work alone with the youth. The youth was confronted on his behavior and placed on close supervision. The youth's relapse prevention plan was revised and these new sexualized behaviors were addressed extensively during treatment sessions. There is sufficient evidence supporting that Park Street staff respond immediately to all allegations related to sexual harassment and sexual abuse.

§115.363 – Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- ✓ 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 Park Street Program has not had an incident in which a youth disclosed they were sexually abused while in a prior placement/facility. Interviews with the Program Director indicated that if this were to happen, a report would be made to Centralized Intake and DCF Residential Licensing Special Investigations Unit would be responsible for contacting the superintendent/program director of the youth's prior placement.

During the corrective action the State of Vermont DCF Policy 241 "Licensing Residential Treatment Programs and Regulatory Interventions" was enhanced to specifically describe these responsibilities. The policy now 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 support of this process, the Howard Center PREA policy was also revised to more clearly describe that DCF will be responsible for reporting the allegation to the facility in which the abuse allegedly occurred.

§115.364 – Staff first responder duties

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

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 at the Park Street Program. However, reviewing the program's response to a sexual harassment incident, allows the auditor to conclude that in the event a youth discloses sexual abuse, staff would adhere to agency policy, and therefore be compliant with this PREA standard.

§115.365 – Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- ✓ 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 Park Street Program has a policy that provides information on how to effectively manage a youth in crisis. Policy 600 "Crisis Management" states, *"In response to the crisis a team of staff which may include the youth's therapist, staff person on-call and Program Director or Clinical Director, CYFS Assistant Director, PREA Coordinator and youth's case worker will develop a plan to best address the situation either immediately or as a follow-up to the crisis situation."*

During the corrective action period, Park Street developed a comprehensive coordinated response plan. 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 were formally trained on their responsibilities in January 2016. The agency PREA policy also provides detailed information on steps first responders must take when an allegation of sexual abuse is made.

§115.366 – Preservation of ability to protect residents from contact with abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- ✓ 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 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.

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.”*

§115.367 – Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- ✓ 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 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”* (page 14). On-site interviews with one youth who was subject to sexual harassment by another youth reported that members of the Park Street clinical team checked in with him on a regular basis following the incident. 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. The auditor reminds the clinical team to ensure that these check-ins are clearly documented in the youth’s case record. This will further ensure youth safety and provide evidence that retaliation of youth is being closely monitored.

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”* (pg. 1). In addition, Park Street Policy 511 “Allegations of Abuse Policy” also declares, *“...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”* (page 1).

§115.368 – Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- ✓ 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 policies prohibit the use of isolation. As previously described in this report, incidents of sexual abuse and sexual harassment by Park Street youth are viewed as a lapse in treatment and addressed immediately. Park Street Program is in compliance with this PREA standard.

§115.371 – Criminal and administrative agency investigations

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

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 Rutland Police Department’s Special Investigations Unit to conduct a joint investigation. During the course of the investigation, if evidence substantiates allegations of child sexual abuse, the case is immediately referred to legal counsel to make a decision 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).

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 Park Street program 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*” (page 1).

The State of Vermont AHS has a number of policies that describe the investigation process (e.g. Policies 50, 51, 52, 54, 56, 57, 60, and 66). While many of these policies address some of the PREA standards they are not reflective of investigations conducted in juvenile justice facilities (i.e. many of these policies reflect investigations in community settings). Under Vermont law, the RLSIU is not required to investigate every allegation of “sexual abuse” as defined by PREA standards. Although, Vermont does not consider youth-on-youth sexual activities to be “abuse” the Vermont AHS policy dictates that if the youth-to-youth interactions indicate “*the alleged perpetrator used force, threat or coercion to victimize the child and/or the victim did not have an opportunity to consent*” (page 8) or if “*there is a five year developmental or chronological age differential*” (page 9) this is considered abuse and would be thoroughly investigated.

In the past 12 months the two cases involving sexualized behaviors qualifying as PREA incidents, were not accepted for investigation by RLSI. The case of sexual abuse involved an incident in which a youth exposed himself to another resident. The alleged perpetrator had been released several months prior to the disclosure and therefore no formal investigation was launched. Since the program’s inception more than twenty years ago there have been no reports of a staff member sexually harassing or abusing youth. Therefore, there have been no formal investigations of sexual abuse in the Park Street Program.

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. It is important to note that during sexual abuse investigations local law enforcement work closely with RLSI. 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, will conduct investigations. Currently there is one Howard Center investigator who is responsible for investigating all personnel issues and a Senior Social Worker who oversees this work.

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.

In situations in which sexual harassment has alleged to have occurred between residents, the Park Street Facility PREA Compliance Manager is responsible for conducting the investigation. Interviews with program leadership verify the way in which sexual harassment investigations are conducted is consistent with federal guidelines and agency policies. More specifically, several provisions of this PREA standard are met by information provided in the Howard Center PREA policy which states:

- *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 concluded within one week and included several updates to the original report as additional evidence was uncovered. The extended incident report provided a chronology of events and details of the investigation process (i.e. information gathered from youth interviews, etc.).

Interviews revealed that polygraph tests are not used by AHS to determine whether a victim's allegation is true. 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 Park Street leadership confirmed adherence to the agency policy.

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. 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.

All RLSI investigation employees are required to complete specialized training. As described under Standard 115.334, the RLSI investigator assigned to the Park Street 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.” During the corrective action period, the State of Vermont revised Policy 241 to include language requiring this training. The auditor applauds RLSI for its commitment to ensuring its investigators are thoroughly trained in this area of specialization.

Recent revisions to the State of Vermont Policy 241 “Licensing Residential Treatment Programs and Regulatory Interventions” addresses several critical pieces of the investigation process. 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

During the corrective action period, the auditor held a conference call with the RLSI Senior Social Worker who oversees the RLSI investigators, in order to verify the components of the investigative process.

The Howard Center also made revisions to its existing PREA policy in order to better support provisions in this standard. The PREA policy now 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.

§115.372 – Evidentiary standards for administrative investigations

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

Interviews with RLSIU 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. During the corrective action period, the State of Vermont DCF Policy 241 was revised to more clearly demonstrate compliance with this standard.

During the onsite audit, interviews with Howard Center human resource staff indicated that this definition is also used when investigating personnel matters. During the corrective action period, Howard Center enhanced its human resource policy to support their existing practice of using the “preponderance of evidence” standard when conducting internal investigations.

§115.373 – Reporting to residents

- Exceeds Standard (substantially exceeds requirement of standard)
- 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 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 she 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”* (page 7). Additionally, the agency policy provides specific details regarding notification around sexual abuse and sexual harassment incidents and 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. 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 in order to achieve compliance with this PREA standard. An example RLSIU notification letter was provided to the auditor. The letter provides sufficient information further supporting compliance with this PREA standard.

§115.376 – Disciplinary sanctions for staff
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.”*

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).

To date, the Park Street 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 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 the course of a personnel investigation there was evidence that there may be criminal charges, she would contact local law enforcement immediately. This practice is supported by 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).

Agency policies and existing practice supports compliance with this PREA standard.

§115.377 – Corrective action for contractors and volunteers

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

All contractors and volunteers are subject to agency policies and protocols related to sexual abuse and harassment. Information derived from interviews and additional evidence described in Standard 115.376 of this report, support compliance with this PREA standard. There have been no volunteers, interns, or contractors working at the Park Street Program who have violated these policies to date.

§115.378 – Disciplinary sanctions for residents

- Exceeds Standard (substantially exceeds requirement of standard)
- ✓ 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 Park Street Program prohibits all contact between residents. This information is provided in the youth resident handbook and supported in several agency policies. In the past 12 months there have been no criminal or administrative findings of guilt for resident-on-resident sexual abuse at the Park Street Program. There was one report of sexual abuse in which another resident exposed himself to another resident, however, the alleged perpetrator had been discharged from the program prior to the victim’s disclosure. Staff interviews revealed that if there was resident-on-resident sexual abuse incident this would be treated as a significant lapse in treatment. The perpetrator would be placed on restriction with one-on-one staff supervision (not placed in isolation). This practice is supported by the program’s “Inappropriate Touching” policy (#103) which describes the program’s clinical approach/response to all behavioral incidents. As mentioned in a previous section of this report, Policy 103 clearly states that youth who are placed on restriction will continue to receive treatment and program services. More specifically, the policy states, *“While on restriction from each other or others they will still have access to an education, treatment, structured exercise, use of the bathroom, meals, phone calls and a daily check in from the Program Director, Clinical Director or Program Clinician to assess a plan to move a resident off of this restriction. An individualized plan of care will be developed to address the specialized needs of both the victim and perpetrator”* (page 1).

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 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*” (Page 1).

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

§115.381 – Medical and mental health screenings; history of sexual abuse

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

All youth who are accepted for residential treatment services to the Park Street Program are assessed for risk the day they arrive. A number of referral documents are reviewed by the Park Street clinical team. This extensive review includes court and legal documents, psychological evaluations, previous treatment reports, completed instruments detecting violence to perpetrate or be victimized, Individual Education Plans (IEP), Medical records, and other critical documents. Within 24 hours of the youth arriving, the Park Street clinical team develops an Individual Crisis Plan (ICP) specific to the youth which includes level of risk to harm self or others. Within 60 days, a comprehensive clinical assessment report is generated that includes information from the Colorado Division of Youth Services Vulnerability Risk Assessment (completed within 72 hours), JSOAP-II (Juvenile Sex Offender Assessment Protocol-II); mental illness or mental disabilities; level of intellectual, developmental, and physical functioning; and other critical information relevant to risk to abuse or be abused while in the program. This 60-day assessment summary report is the foundation on which the youth’s individual treatment plan is developed.

The Howard Center has a policy that supports provisions in this PREA standard. Program Policy 302 “Treatment Plan Development/Review Policy” defines the treatment team as consisting of the Program Director, Clinical Director, Family Clinician, Program Therapist, Psychiatrist, Resident Advisor, Teachers and Program Nurse. In addition, the policy upholds “*At admission the Clinical Director will complete an initial screening of resident needs and create an intake treatment plan identifying reason for admission, diagnosis and beginning treatment needs. The Program Nurse will also complete an initial medical screening to determine what medical needs will need attending to...Any immediate medical needs identified as part of the medical screening will be attended to immediately. The youth will receive individual therapy within 14 days of intake and the Family Therapist will also meet with the youth’s family within the same time frame to help aid in developing a plan of care to address the youth’s treatment needs*” Program policy also includes conducting a Vulnerability Risk Assessment within 72 hours of intake. During the corrective action period, copies of completed vulnerability assessments were submitted to the auditor for verification.

During the corrective action period the Park Street program revised Policy 201 “Admission/Intake Policy” to better support their practice and the provisions of the PREA standards. This includes adding how the program uses information from the Colorado Vulnerability Assessment and offers a follow-up meeting with a mental health practitioner within 14 days of the intake screening (if the assessment indicates high risk for perpetration or high risk for victimization). In addition, in order to ensure that information regarding sexual victimization or abusiveness occurring in an institutional setting is protected, the Howard Center created a secure folder where vulnerability assessment information, sexual abuse incident reports, and other sensitive information is housed. These folders have restricted access to the PREA Compliance Manager, Park Street Supervisors, and the Agency PREA Coordinator. Screen shots of these new folders and a list of documents in them were sent to the auditor as evidence of compliance. Additionally, a screen shot showing the list of individuals who are able to access this folder was submitted to the auditor. The auditor determines that the program is sufficiently protecting this sensitive information consistent with federal PREA expectations.

The Park Street Program did not have any youth disclose being abused at a prior placement or within the Park Street Program, during the twelve-month period prior to the onsite audit. As previously mentioned, all Howard Center staff are required to sign a “Privacy, Confidentiality, and Security Statement” upon hire. This provides an extra layer of protection for sensitive information.

At the time of the on-site review, although not all youth records indicate they were seen by a mental health clinician within the 14-day timeframe required by PREA, youth records and staff interviews lead the auditor to conclude this finding is the result of incomplete documentation rather than staff not meeting with youth. Review of 16 youth files (seven current youth, nine discharged from the program) indicated that one quarter of the youth (n=4) were not seen by the program’s clinician within the requisite two-week timeframe. However, the four youth on which documentation was missing (could not confirm they were seen by the target date), were youth admitted to the facility in 2012 and 2013. During this time period, individual session notes were not required by the program although review of monthly documentation supported that youth were seen during the intake month. All youth admitted to the program in the past 18 months (2014 and 2015) had documentation in their files confirming compliance with this standard provision. At the time of the on-site review the practice of having youth see a mental health clinician within 14 days and documenting this practice in the youth record appeared to be part of routine operations.

§115.382 – Access to emergency medical and mental health services
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- Exceeds Standard (substantially exceeds requirement of standard)
- 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 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 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; If the victim chooses to do the forensic examination, staff will transport the victim to the hospital; Provide Crisis Intervention Counseling as warranted until the arrival of the victim advocate” (page 4).

The Howard Center policy includes sexual abuse victims receiving forensic examinations from an off-site Sexual Assault Nurse Examiner (SANE). Once a youth is examined he would be offered access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. The Park Street Registered Nurse is not a certified SANE and consequently, in the case of alleged rape these services would be provided at the local hospital. Interviews revealed staff understood that among the appropriate steps when responding to a disclosure of sexual abuse is offering the victim a medical examination and counseling services.

The auditor applauds the Park Street Program nurse for establishing a formal MOU with the local Planned Parenthood organization to ensure youth needs are regularly met. The draft MOU between Planned Parenthood of Northern New England (PPNNE) and Howard Center Park Street Park Street Program states, *“staff at PPNNE will provide reproductive and sexual health care services, including education and counseling on the full spectrum of contraceptive options, provision of contraception, and counseling, testing, and care of sexually transmitted infections for Park Street clients. Services will be provided in accordance with the PPNNE’s sliding fee discount schedule and regardless of such patients’ ability to pay or pay or source” (Page 2).*

§115.383 – Ongoing medical and mental health care for sexual abuse victims and abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- 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 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” (page 5).* In addition, the policy dictates that if the alleged abuser remains at the Park Street program then a mental health evaluation must be completed within 60 days of the alleged sexual abuse incident. Interviews with Park Street 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. All youth are offered Sexually Transmitted Disease (STDs) testing

by the program nurse at intake. In the event a youth had been sexually abused or assaulted within a week prior to program admission, 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 STD testing. Since Park Street is an all-male facility several of the provisions in this standard do not apply (i.e. offering pregnancy testing).

§115.386 – Sexual abuse incident reviews

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

Interviews conducted on-site with direct care staff and program leadership indicate all incidents are reviewed during weekly team 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. The auditor reminds the team to continue clearly documenting these reviews in the meeting minutes.

During the corrective action period, the Howard Center updated the PREA policy to provide a comprehensive description of the sexual abuse incident committee. Agency 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, facility medical or 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 Park Street program 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, 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.

In addition, recent policy revisions now specifically address what the incident committee must consider during these reviews. For example: 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 now requires the practice of generating a formal summary report to capture the discussion and decisions during this committee meeting.

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.

§115.387 – Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- ✓ 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 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 Park Street 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.”*

During the corrective action period, the Howard Center expanded the measures related to incidents of sexual abuse and harassment to better align with DOJ Survey of Sexual Violence. The Howard Center created an electronic survey form that mirrors the data elements from the BJA survey and has electronically submitted completed 2015 surveys to the State of Vermont DCF on January 28, 2016. The auditor was carbon copied on this email as a way of verifying these provisions have been met. In addition, the Howard Center PREA policy sets forth clear expectations with regard to annual data collection, 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.

While on-site, 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 began tracking incidents of sexual abuse and harassment on a detailed Excel tracking sheet.

In addition, 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."

§115.388 – Data review for corrective action

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

During the corrective action period, the Howard Center developed a separate annual report to highlight progress with implementing PREA standards. This is the first year the program has created this report titled, “Eliminating Sexual Abuse and Sexual Harassment in Howard Center’s Park Street and Transition House Programs”. The program will include comparison data in the 2016 report. This practice 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 2015 report referenced above was approved by Mr. Bob Bick, CEO Howard Center, and is now posted on the agency website.

The Howard Center currently has a process by which data in various areas are reviewed on a yearly basis. The Park Street Program Policy 1201, “Program Evaluation” requires “*On an annual basis, Park Street staff will meet to evaluate program goals and satisfactions evaluations to assess whether the current services/treatment are meeting the needs of the residents/program. The assessment of services/needs will also evaluate the strengths, weaknesses, trends, opportunities and threats to the organization. Through this assessment, staff will develop new outcome and program goals. The Program Director will submit a written account of the findings and new goals sent to the Quality Assurance Reviewer*” (page 2). The program is encouraged to continue formally documenting information from this meeting.

§115.389 – Data storage, publication, and destruction

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

At the time of the on-site audit the Howard Center had a “Policy on Records Retention Disclosure and Disposition” which provided guidance on how long records are required to be retained. The policy required records to be retained for the time period listed below.

- Grievance Records – 5 years
- Privacy Investigation Reports – 6 years after closing the investigation
- Client Records – 10 years after last service or contact
- Personnel Files – 7 years following termination

During the corrective action period, the Howard Center record retention schedule was revised to state “*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 now states that PREA sexual abuse data will be retained for “*10 years after the date of initial collection.*” This is also clearly stated in 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 Park Street 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 retains sexual abuse data consistent with PREA standards.

§115.401 - Frequency and scope of audits; §115.402 – Auditor qualifications; §115.403 – Audit content and findings; and §115.404 – Audit corrective action plan

The following information is provided as a way of demonstrating compliance with federal PREA Standards 115.401 through 115.405. This audit represents the first PREA audit for the Howard Center Park Street Program. Since the 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 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 Park Street Program.

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, contractors, and youth as well as a conversation with the local victim advocacy group. During the corrective action period revised documents were reviewed, feedback provided to the Agency PREA Coordinator, and several follow-up telephone interviews were conducted (i.e. State of Vermont DCF Policy Manager, Senior Social Worker for DCF RLSI, victim advocacy organization, to name a few).

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 Park Street Program.

Throughout the audit review process, as well as in the onsite debriefing meeting, agency and program leadership were made aware of additional PREA requirements and next steps. Conversation included, but was not limited to, describing the purpose of the 180-day corrective action period and explaining the federal requirement that the final PREA audit report must be made available to the public. Howard Center agency leaders have expressed a sincere commitment to continue to uphold compliance with all PREA standards.

AUDITOR CERTIFICATION:

Program: Howard Center Park Street Program

Date of On-Site Review: July 8, 9, and 10, 2015

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.



Sharon Pette, MSC, GBSS
Certified DOJ PREA Auditor

Date: 3/16/2016