

Agency-Wide PREA Coordinator

Name: Dave Kronoff	Title: Privacy Officer, PREA Coordinator, Health Informatics Regulatory Specialist
Email: davek@howardcenter.org	Telephone: 802-488-6915
PREA Coordinator Reports to: Director of Compliance	Number of Compliance Managers who report to the PREA Coordinator 2

Facility Information

Name of Facility: Howard Center: Park Street Program			
Physical Address: 71, 73, and 77 Park Street Rutland, VT 05701			
Mailing Address (if different than above): 77 Park Street Rutland, VT 05701			
Telephone Number: 802-488-6775			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake <input checked="" type="checkbox"/> Other - Residential

Facility Mission: Selected excerpt from the Park Street Mission Statement: *The mission of the Park Street Program is to provide treatment services to adolescent males who have a history of sexually abusing others. Concurrently we strive to assist them with understanding and overcoming issues of childhood trauma. Specific treatment services and support is provided to enable the treated adolescent to obtain skills to ensure they avoid re-offending or harming others in the future... The overall goal of treatment is that each resident be committed to avoiding behaviors in the future that will harm others. Each resident who completes Park Street will have the commitment to continue their treatment and to have the skills and knowledge to be safe in the larger community.*

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

Is this facility accredited by any other organization? ☐ Yes ☒ No

Facility Administrator/Superintendent

Name: Beth Holden	Title: Director of Home and Community Services
Email: Bethh@howardcenter.org	Telephone: 802-488-6617

Facility PREA Compliance Manager

Name: Shelly McGinnis	Title: Program Director
Email: shellymc@howardcenter.org	Telephone: 802-488-6792

Facility Health Service Administrator

Name: N/A	Title: The program does not have a Facility Health Administrator but does have 2 clinicians
Email: N/A	Telephone: N/A

Facility Characteristics

Designated Facility Capacity: 10		Current Population of Facility: 7
Number of residents admitted to facility during the past 12 months		9
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:		79
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		79
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		164
Age Range of Population:	12 – 17 years old	
Average length of stay or time under supervision:		18 months
Facility Security Level:		Staff secure residential
Resident Custody Levels:		DCF custody and DCF Probation and Family Custody
Number of staff currently employed by the facility who may have contact with residents:		40
Number of staff hired by the facility during the past 12 months who may have contact with residents:		52
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		2
Physical Plant		
Number of Buildings: 3	Number of Single Cell Housing Units: 1 unit with 12 individual bedrooms (only 10 are used)	
Number of Multiple Occupancy Cell Housing Units:		0
Number of Open Bay/Dorm Housing Units:		0
Number of Segregation Cells (Administrative and Disciplinary:		0
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): There are a total of 22 cameras in the school building and residential buildings that cover all major blind spots There is one potential blind spot in the kitchen (behind a pole in the center of the kitchen) and the Program Director was aware of this area. The Program Director can monitor activity in all buildings via a large monitor in her office located in the administration building. Video is automatically recorded and is stored for up to six months. At the time of the onsite review, an additional monitor was installed in the staff office in the residential building, although this particular monitor only has views to the outside of the buildings.		
Medical		
Type of Medical Facility:		Onsite nurse (employee, part-time)
Forensic sexual assault medical exams are conducted at:		Rutland Regional Medical Hospital
Other		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:		2

Number of investigators the agency currently employs to investigate allegations of sexual abuse:

2 - State of VT RLSI has 1 investigator assigned to PS and who conducts sexual abuse investigations with law enforcement (PS Program Director would assist as directed)

Audit Narrative

The State of Vermont Agency of Human Services, Department of Children and Families (AHS DCF) contracted with an independent auditor, Sharon Pette of Effective System Innovations (ESI) in September 2019 to conduct the government mandated PREA audits. The purpose of these audits was to determine the degree of compliance with the federal Prison Rape Elimination Act (PREA) standards. The Howard Center Park Street Program was among the contracted programs required to undergo an audit. This is the third PREA audit Park Street has undergone (previous audits were conducted in 2015 and 2017). This audit report details information obtained from the third PREA audit, the onsite portion of which was conducted on April 5, 2021.

Six weeks in advance of the onsite 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, three notification fliers were posted throughout the program – e.g., the east wing hall of the residence; the entry to the administration building; and the entry to the school building. Pictures were sent to the auditor verifying the posters were hung consistent with DOJ auditing expectations. One month before the onsite review the PREA auditor held a conference call with the Park Street Program Director/PREA Compliance Manager and the Howard Center Agency PREA Coordinator to discuss expectations and to answer any questions they had.

A few weeks prior to the onsite review, the Agency PREA Coordinator and Park Street PREA Compliance Manager submitted supporting documents for each of the standards to the auditor. A comprehensive evaluation of agency policies, facility procedures, agency and facility mission statements, schematic (layout of facility), daily population reports (1st, 10th and 20th day of the month for past 12 months), and other relevant materials was conducted prior to the onsite visit. At the auditor's request and to better ensure confidentiality, no investigative reports or vulnerability risk tools were sent prior to the onsite visit. Instead, these files were reviewed while onsite and sent to the auditor following the onsite review. These more sensitive files were redacted and scanned during the auditor's onsite visit and uploaded directly to the PRC paper Online Audit System. As required, the auditor also uploaded interview notes, staff file reviews, and other important auditing information to the paper OAS.

The onsite portion of the audit spanned one 11 ½ hour day on April 6, 2021. It is important to note that due to the national COVID-19 health pandemic and in an effort to reduce risk of exposure (resulting from long periods of time onsite), DOJ has permitted auditors to conduct remote interviews with agency leaders and higher-level facility managers. Therefore, some interviews were conducted in late March 2021 prior to the onsite visit which occurred over a one-day period on April 5, 2021. During the onsite 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, who also serves as the program's PREA Compliance Manager. More information about the facility and treatment programming relevant to PREA standards is provided in the body of this report.

While onsite, the auditor conducted interviews with facility managers, agency leadership, staff, contractors 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.). The auditor used a list of staff who have contact with resident (titles and by shifts) as well as a list of current residents and youth discharged in past 12 months to randomly select individuals to be interviewed. Due to the Covid-19 pandemic, the DOJ has allowed agency leaders and program managers to be interviewed remotely. The auditor conducted these reviews two weeks in advance of the onsite visit. Interviews with Residential Counselors and youth were conducted in person on April 5, 2021. A total of 36 interviews were conducted. More specifically, the audit process included interviews with:

- The Howard Center Executive Director
- The Agency PREA Coordinator
- The Director of Human Resources
- One Human Resources Analyst
- The Director of Home and Community Services
- The Director of Information Management and Compliance
- The Park Street Program Director who also serves as the programs PREA Compliance Manager and the Lead Investigator for youth-to-youth sexual harassment allegations
- The Park Street Assistant Director
- Two Mental Health Clinicians
- One Case Manager
- Three Team Leaders
- The part-time Registered Nurse
- Eleven direct care staff (part-time and full time Residential Counselors and one Behavior Interventionist)
- One Fay Honey Knopp (FHK) school teacher
- Six residents including:
 - One youth who is low cognitive functioning
 - Three interviews with youth who identify as bisexual** There were seven youth in the program at the time of the onsite visit; one youth declined to be interviewed*
- The State of Vermont Residential Licensing Special Investigations Unit (RLSI) Investigator assigned to the Park Street Program.
- The Executive Director of the Children First Advocacy Center
- One interview with the Rutland Regional Hospital SANE Coordinator

In addition, the audit process included reviewing 14 youth files: All youth currently in the program (N=7) and all youth discharged from Park Street in the past 12 months (March 2020 through March 2021; N=7). File audits involved reviewing electronic health records as well as paper files. Additionally,

the auditor reviewed all incident reports and investigative files of sexual harassment and sexual abuse allegations made 12 months during the onsite review.

As part of the file review process the auditor also reviewed all training records for current staff and staff who have left the agency in the past 12 months (N=52). In addition, the auditor reviewed training records for the contractors currently working in the Park Street program (N=2). Approximately 44.4% of staff, contractor, and former employee personnel records (N=54; n = 24 → 16 current employees; six (6) former employees who no longer work in the program; and two (2) contractors) were also reviewed to determine whether requisite criminal background checks were conducted consistent with PREA standards. Staff records were selected using a random sampling method - i.e., selecting every other name from a list of current employees listed alphabetically and every fourth staff member name from a list of employees who have left the program (N=14). The auditor also reviewed 100% of the contractor personnel records (N=2). There were no volunteers working at the Park Street program at the time of the onsite review.

Throughout the audit review process, as well as in the debriefing meeting, agency and program leadership were made aware of next steps. The conversation included, but was not limited to, describing expectations for 30 days following the onsite visit and reminding leadership of the federal requirement that the final PREA audit report must be made publicly available. A one hour-debriefing meeting was held remotely approximately two weeks following the onsite visit to summarize preliminary audit findings. Participants included the Park Street Program Director, the Agency PREA Coordinator, State of VT DCF Juvenile Justice Director, and State of VT RLSI Investigator, etc. The auditor provided feedback regarding Park Street program's strengths and corrective action needed. It is important to note that the Park Street program was over 90 % compliant with federal PREA standards, including demonstrating evidence for "exceeds" expectations on eight (8) of the standards. The specific breakdown is provided in the "Summary of Audit Findings" section of this report.

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

Facility Characteristics

The Howard Center Park Street Program is operated by the Howard Center which is a private not-for-profit agency. As previously mentioned, the State of Vermont Agency of Human Services, Department for Children and Families (AHS DCF) contracts with the Howard Center to provide residential treatment services to youth. The Howard Center's mission is *"to improve the well-being of children, adults, families and communities."* This is accomplished by providing support and treatment to children, families and individuals that include, but are not limited to, prevention, early intervention and community education services. The Howard Center Park Street Program has a program mission that is closely aligned with the agency's mission. This program's mission is provided on page two of this report.

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 treatment to address 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). The residential program offers 90-day assessments, long-term treatment (12-18 months), and/or short-term stabilization for previous Park Street clients. Referrals to Park Street are adolescent males, who have engaged in a wide range of sexually problematic behaviors. This would include youth who are sexually reactive and are in need of psychoeducation to address their understanding of what constitutes healthy and unhealthy sexual behavior. Some referred youth may have engaged in sexualized behavior that has been disruptive to their current lifestyle and requires further assessment to determine the extent of treatment required to disrupt further sexualized acting out. Other program youth have been substantiated or adjudicated for sexual abuse and are in need of intensive specialized services. The facility has the physical capacity to serve 12 youth, however, is licensed to serve 10 youth. At the time of the onsite 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 seven to ten. At the time of the onsite review, there were three youth interviewed 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 building 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 and alarmed. All doors must always be closed except for the bathroom (which is the first door on either side of the common area) which remains open.

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 chime that is triggered when opened. There is a staff office in the common area and a kitchen, all which have windows. All bedrooms, bathrooms, laundry rooms, group rooms, kitchen area, and the front door, can be seen by standing in the center of the facility. There is at least one camera with audio in all common areas of the residential building. There are also cameras on the outside of the building to allow for observation of key areas – i.e. basketball court, sports activity area, parking lots, and entrances into the building.

The Fay Honey Knopp School is a separate building on the Park Street campus. The school has three classrooms, a sensory room, 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. In addition, there is at least one camera in each of the rooms to help monitor activities and ensure youth and staff safety.

During school hours, most classes have four or less youth per teacher. If there are more than four youth in the classroom, a second staff member is present.

Park Street employs 40 staff (fulltime and parttime) including the Program Director, an Assistant Director, two Clinicians, a Case Manager, a part-time Registered Nurse, 23 Residential Counselors (full-time and part-time direct care staff), two interns, three Team Leaders, 1 Interventionist, 1 Special Educator, 2 Teachers, 1 Administrative Coordinator, and two contractors (a Psychiatrist and a Speech and Occupational Therapist).

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

The success of any initiative depends on a variety of factors and requires support from executive level managers. Interviews with several agency leaders in the Howard Center organization reveal Howard Center is committed to keeping youth safe and free from sexual abuse and harassment. The Howard Center Executive Director, Mr. Bob Bick, explained that following the last PREA audit (in 2017) the agency decided to install cameras in the Park Street program to better ensure youth and staff safety. He also reported that he strives to ensure that all youth (i.e., English Limited Proficiency, cognitive functioning, cultural backgrounds, etc.) are afforded the same rights and protections as other individuals. He explained that the agency dedicates extensive resources to providing translation services, security upgrades, and taking the proper precautions to ensuring youth safety (i.e., placing staff on paid administrative leave if necessary). Other agency leaders, including the Agency PREA Coordinator, shared similar perspectives on the importance of closely aligning agency and program practices with PREA standards. The Director of Information Management and Compliance as well as the Director of Home and Community Services also provided several examples of how the agency demonstrates their commitment to preventing, detecting, and responding to sexual harassment and sexual abuse.

Information gathered from program staff and youth provides evidence there is 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. Staff interviews verified Ms. McGinnis is professional, well respected, and has a strong positive presence at the program. It was repeatedly

demonstrated throughout the onsite 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 using a continuous improvement lens and regularly examines program operations and services to identify potential areas for improvement. Similarly, staff and youth interviews verified that the Clinicians and other Park Street Program managers are experienced, skilled, and possess a genuine passion for the work they do.

During the onsite audit, youth interviews confirmed that all youth understand their right to be free from abuse and harassment; understood how to make a report if they were being abused; and stated they felt staff genuinely cared about their safety and well-being. Agency policy prohibits two youth being left alone without a staff member. Youth confirmed that they are always with staff and are not alone with other residents. Youth reported they could never get away with being in a bedroom, a bathroom, or the laundry room together and all youth stated they felt safe in the program. One youth explained, *“Staff are always watching and if something did happen then I know they would do something about it...something would be done.”*

Observations during the onsite audit allow the auditor to conclude that federal PREA requirements are thoroughly embedded in the program’s daily operations. Over the past six years, since Park Street’s initial PREA audit in July 2015, the facility has remained fully committed to mitigating the risk of sexual abuse and sexual harassment. Ms. McGinnis continues to demonstrate a deep understanding of the federal requirements and has successfully operationalized these principles at the Park Street Program.

Interviews also supported that direct care staff are professional and dedicated to ensuring youth are safe and receive the treatment services they need 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.

As previously mentioned, approximately two weeks following the onsite visit the auditor held a debriefing meeting with leaders from Howard Center, Park Street, and State of VT DCF to review audit findings. A formal interim report was issued within 30 days of the onsite visit. The report detailed specific action to be taken to achieve 100% compliance with DOJ PREA standards. It is important to note that the Park Street program was over 90 % compliant with federal PREA standards, including demonstrating evidence for “exceeds” expectations on eight (8) of the standards. The specific breakdown is provided below for reference.

Audit Determination	Number of Standards	Standards
Exceeds Standard	8 (311, 331, 332, 333, 341, 342, 381, and 386)	8
Meets Standard	31 (312, 315, 316, 318, 321, 322, 334, 335, 351, 352, 353, 354, 361, 362, 363, 364, 365, 366, 368, 371, 372, 376, 377, 378, 382, 383, 387, 388, 389, 401, and 403)	35
Does Not Meet Standard	4 (313, 317, 367, and 373)	0

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

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

PREVENTION PLANNING

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

115.311 (a)

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

115.311 (b)

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

- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Agency Personnel Policies 240 Violence Prevention and Weapon-Free Workplace Policy
- Agency Personnel Policies 219 Harassment
- Agency's Code of Ethics 2.05 Sexual Harassment in the Operations Manual
- Agency's Policy Prohibiting Physical, Emotional, and Sexual Abuse and Sexual Harassment of Clients in the Operations Manual
- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Park Street's Policy 508 "Professional Personal Conduct Policy"
- Organizational and Facility Charts showing Agency PREA Coordinator and Park Street Facility Compliance Manager (Shelly McGinnis)
- Program Director/Facility Compliance Manager job description
- Agency PREA Coordinator job description
- Agency PREA Coordinator is listed on the Howard Center Safe Environment Standards web page
- Interview with Facility PREA Compliance Manager/Program Director
- Interview with Agency PREA Coordinator
- Facility Audit Tour

The Howard Center has several agency policies that set forth clear expectations regarding zero tolerance for all forms of sexual abuse and sexual harassment. The agency's Policy 239 titled, "Violence Prevention and Weapon-Free Workplace Policy" clearly states, "*Howard Center has adopted a zero-tolerance policy toward workplace violence.*" The policy defines harassment as "*...any act or gesture intended to harass or intimidate another person, any act or gesture likely to damage personal or agency property, or any act or gesture likely to leave another person injured or fearing injury. This may include*

oral or written statements, gestures, or expressions that communicate a direct or indirect threat of physical harm to person or property.” The agency’s policy, “Policies and Protocols Addressing the Prison Rape Elimination Act (PREA)” provides specific definitions for resident-on-resident sexual abuse, sexual contact, sexually abusive penetration and sexual harassment. This PREA policy also provides definitions for staff, contractor, and/or volunteer abuse and harassment to youth consistent with PREA standards. Interviews with the Howard Center CEO, the Agency PREA Coordinator, Park Street Program Director, direct care staff, and other agency and facility leaders provided evidence that all staff understand the zero-tolerance policy; that they are all mandatory reporters; how to report abuse; and take the youth and staff safety seriously.

Additional evidence of zero tolerance can be found in Park Street 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 to provide an atmosphere free from harassment and to refrain from engaging in prohibited harassment. Any such person who engages in any form of harassment during or after work hours on or off Agency premises, while connected in any way with the Agency, will be in violation of the policy and will be subject to appropriate discipline up to and including dismissal if warranted.”*

In addition to the policies referenced above, the zero-tolerance expectation is further supported by the Howard Center PREA policy: “Policies and Protocols Addressing the Prison Rape Elimination Act (PREA).” This policy provides information around strategies the program will employ to reduce and prevent incidents of sexual abuse and harassment. Examples include: Escorting staff members, volunteers, or contractors who have been accused of sexual abuse immediately out of the facility and conducting unannounced rounds to deter abuse and harassment. Information obtained during the onsite review verified the zero tolerance “tone” which permeates the facility. Supportive evidence gathered during the facility tour includes posters made by FHK school students that declare bully free zone and condemn sexual harassment and sexual abuse hanging in the school building hallway; zero tolerance information provided in the Park Street youth handbook; and youth testimonials during audit 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...” 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.”*

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 serving youth 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). The Park Street program is required to undergo licensing process every two years.

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

Similarly, the 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. Several 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; and Ms. McGinnis is fully committed to ensuring youth are safe and successful in the Park Street Program (based on evidence described earlier in this audit findings report) In addition, 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.

In further support of compliance with this standard the job description of the Park Street Program Director includes specific job responsibilities related to PREA. The job description states that the Facility PREA Compliance Manager must: *“Serve as the facility’s primary contact for PREA. Promote a culture of zero tolerance for sexual abuse, sexual assault, sexual misconduct and sexual harassment at the facility. Be a source of information on PREA for residents and facility staff. Ensures all facility staff, contractors, interns, and volunteers complete all required PREA related training and follow agency PREA related policies and procedures. Provides feedback on the agency’s PREA related policies and procedures. Working with the PREA Coordinator and agency’s outcome staff ensures the collection and reporting of PREA information. Works with the PREA Coordinator and agency and*

facility staff to correct identified PREA concerns. Manage the facility's PREA grievance process. Work with agency and outside parties to ensure all allegations of sexual abuse are fully investigated."

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

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

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

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☐ Yes ☐ No ☒ NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312 (a)-1 is "NO".) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

The Howard Center does not contract with private entities for the confinement of youth. Although the State of Vermont Department for Children and Families contracts with the Howard Center to provide residential treatment services for Park Street youth, for the purposes of this report the Howard Center is considered the “agency.” Therefore, this standard is N/A.

However, it is important to note that Howard Center’s commitment to keeping youth safe is supported by the fact that the agency requires all contracts to include specific expectations related to PREA. For example Attachment C in the renewed contract with the Psychiatrist (executed June 1, 2020), clearly states, “*The Contractor will, but not limited to: Complete all required trainings including refreshers; follow all of the Agency’s PREA-related policies and procedures; will immediately report all suspected or reported sexual abuse and sexual harassment following the Agency’s protocol; and will contact the Facility PREA Compliance Manager or the Agency’s PREA Coordinator with any PREA questions. The Provider understands that failure to comply with the PREA requirements is grounds for immediate termination of the contract.*” Park Street provided copies of executed contracts from each of the two contractors, all of which included this language. The auditor applauds the Howard Center for setting clear expectations of zero-tolerance and providing contractors with the necessary information/protocols for reporting abuse.

Standard 115.313: Supervision and monitoring

115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?
☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? ☒ Yes ☐ No

115.313 (b)

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

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)
☒ Yes ☐ No ☐ NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)
☒ Yes ☐ No ☐ NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) ☒ Yes ☐ No ☐ NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) ☒ Yes ☐ No ☐ NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? ☒ Yes ☐ No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operation Manual
- Park Street Policy 602 "Resident Supervision Policy"
- Park Street Policy 513 "Staff Leave"
- Park Street Policy 602 "Resident Supervision"
- Park Street CPTI training curriculum 1x year (mandatory)
- State of VT Residential Treatment 1:1 Staffing Funding Request Form
- Job descriptions (all staff)
- Unannounced rounds log
- Facility schematic/layout
- Facility staffing schedules
- RLSI licensing report verifying Park Street is in compliance with State of VT youth to staff ratios of 1:6
- Documentation of Annual Staffing Plan review covering all areas required by PREA
- Interview with Program Director/PREA Compliance Manager
- Interview with Agency PREA Coordinator
- Interviews with intermediate and high-level staff who conduct unannounced rounds
- Observations during facility tour

Currently, the 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.”

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. The Park Street Director’s commitment to ensuring staff ratios are maintained and youth are safe is further exemplified by requesting additional staff when needed (i.e., youth with significant mental health issues, suicidal ideation, etc.). If it is determined that youth need additional support, the Park Street program can complete and submit the State of VT “Residential Treatment 1:1 Staffing Funding Request Form” to request additional staff resources.

The Park Street program has 22 cameras strategically placed throughout the residential and school buildings, as well cameras monitoring the outside of the buildings. There is at least one camera in each room of the school building and several cameras in the residential portion of the program (i.e., two in the kitchen, two cameras that view each hallway, etc. The facility tour revealed all major blind spots in the residential home (as well as the school) are covered by the cameras, with only one potential blind spot in the kitchen (behind a pole in the center of the kitchen). During the facility tour the Program Director was aware of this blind spot and has made staff aware of this area (i.e., reminding them of the importance of staff positioning). The Program Director can monitor activity in all buildings via a large monitor in her office located in the administration building. Video is automatically recorded and is stored for up to six months. At the time of the onsite review, an additional monitor was installed in the staff office in the residential building, although this particular monitor only has views to the outside of the buildings. Although these cameras are not monitored 24/7 (there is no “crow’s nest” or full-time staff who is responsible for viewing live feed), the Program Director can view all rooms in the school and residential building from the monitor located in her office (in the administration building).

Because of the population served (youth with highly sexualized behaviors) all program job descriptions (e.g., Team Lead, Residential Counselor Sub, Residential Counselor, Behavior Interventionist, etc.) emphasize the importance of supervising youth. Job descriptions clearly describe staff responsibilities for complying with PREA regulations; protecting sensitive client information; and that staff are responsible for supervising youth and ensuring the safety of all resident. All staff interviewed explained the importance of “eyes on, ears on” supervision at all times. They also reported having frequent formal discussions in team meetings about staff positioning.

All Park Street windows, bedroom doors, and doors (front and back) 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 "Facility Characteristics" 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. The Program Director is aware of the one potential blind spot that is created by a central pole/load bearing beam in the kitchen. Staff interviews provided evidence that staff understood the importance of staff positioning and "eyes on, ears on" supervision. The auditor concludes that the high staff to youth supervision ratio, the alert system, the facility layout, and supporting agency policies, supports compliance with several provisions in 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). However, as mentioned cameras were installed in each of the school rooms and hallway to better ensure youth and staff safety. In addition, 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, and a Behavior Interventionist. This allows for adequate supervision of youth. While onsite, the auditor observed that there was one teacher supervising two youth (the other youth were on a field trip off campus). One of the highest risk areas is the wood shop. It is easiest for youth to get away with incidental and/or inappropriate touching if the teacher is helping one student on his project. However, as previously stated there are now cameras installed in the woodshop and there are often two or more staff assigned to each classroom.

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. Park Street uses the "When to Work" program to schedule staff to maintain the required staff to youth ratio and to ensure 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. Park Street Policy 513 "Staff Leave" mandates the "Manager on Call" to cover a shift if a staff member is sick and must call off work and clearly describes this process.

The Park Street 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.*" The program uses a formal documented structure to review the staffing plan on an annual basis.

The document includes capturing detailed discussion of each of the 11 areas outlined in in PREA standard 115.313 (a). The auditor reviewed the most recent annual staffing plan review (from July 1, 2020) providing evidence of compliance with this standard provision. More specifically, the annual staffing plan review captured discussion on how recommendations from the incident review committee (to install additional cameras and improve staff interventions) have been implemented and their impact on decreasing incidents. Staff interviewed verified that they have made changes as a result of incidents and following the annual staffing review. In addition to the annual staff 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.”* The Program Director, Assistant Director, and Team Leaders are responsible for the rounds. Staff interviews revealed that these rounds are conducted and direct staff stated that individuals conducting rounds do not alert when they are coming. During the onsite visit the auditor reviewed the “Unannounced Rounds Log.” This review revealed the Program Director and Team Leads conduct rounds on the weekdays as well as the weekends. Over a 12-month period, a total of 20 rounds were conducted by designated managers. However, seven out of 12 months only had one round conducted (42% had more than one round). In addition, only three out of 20 unannounced rounds (15%) were conducted during the nighttime or graveyard shift (two rounds were conducted at 8PM or 9PM and one was completed at 5 AM). The program was required to increase the number of rounds per month, including increasing checks that occur later in the evening and on graveyard shift. Interviews with Residential Counselors revealed managers do “pop-in” unexpectedly and staff are not alerted to when these rounds are going to occur. Interviews with the Program Director, Assistant Director, and Team Leads provided evidence that these rounds are occurring more often but that documenting the rounds may be an issue. During the onsite review, the Program Director brainstormed ideas with her team on possible methods to improve documentation of these unannounced rounds moving forward. One idea was creating the unannounced log form in Survey Monkey to allow staff to complete the form on their phones while walking through the program. The auditor applauds the program for generating creative solutions to better ensure these rounds are properly documented.

These rounds cover all shifts and appear to be in a “random” pattern, which prevents staff from predicting when these check-ins will occur. The unannounced rounds log requires the manager to document specific observations such as: Were staff ratios consistent with policy expectations? Were all doors shut and locked? Were there any high-risk behaviors, situations, or activities observed? The auditor applauds the program for being specific and guiding staff on what to look for during these important rounds.

The Howard Center PREA policy further support provisions in this standard by specifically addressing supervision of youth, minimum staffing requirements, unannounced rounds, and requiring all programs to have a local staffing plan. This policy also requires facilities to review their staffing plan at least annually to ensure staffing and supervision is adequate. The auditor reviewed detailed minutes from

Park Street Annual Staffing Plan review which was held on 7/01/2020. The in-depth discussion addressed all areas required by the provisions of this standard.

Corrective Actions

- The program was required to increase the number of rounds per month, including increasing checks that occur later in the evening and on the graveyard shift.

Shortly following the onsite visit, the auditor shared the following information from the PREA Standards In Focus for Standard 115.313 via an email dated 4/28/2021 to the Park Street Program Director and Howard Center PREA Coordinator. The "Standards In Focus" state that programs must *"ensure that the Intermediate-Level and Upper-Level Supervisors are conducting unannounced rounds on all shifts more frequently than once a month to prevent, detect and respond to allegations of sexual abuse and sexual harassment. Be sure that policy and practice prohibits staff from alerting other staff members of these rounds."* In this same email the auditor shared the DOJ best practices that include conducting rounds *"weekly on each shift or more frequently if deemed necessary or prudent."*

During the corrective action period, the Park Street program developed a more effective system for ensuring unannounced rounds are documented consistently. The program developed an electronic version of the unannounced rounds form in Survey Monkey to allow staff to note their observations in real time as they conduct the round (using their cell phone). This electronic survey was implemented on June 1, 2021. In addition, the program also revised existing practice to now include program supervisors rotating months to ensure at least one unannounced round is conducted per shift (8 AM-3 PM, 3 PM-12AM, and 12AM-8AM). The program submitted four months of unannounced rounds logs to the auditor for review (May, June, July, and August 2021) and as evidence that this new practice has been institutionalized. The auditor noted that between three and four rounds were conducted per month across all shifts. The auditor verified that these rounds covered all shifts and weekdays and weekends. The auditor has determined the program is now in compliance with provisions in this standard.

In further support of compliance with provisions in this standard, during the corrective action period the program revised Policy 602 Resident Supervision. The new policy language now directs all program supervisors to *"conduct and document at least monthly unannounced rounds of all shifts (8am-3pm, 3pm-12am, 12am-8am) to identify and deter staff of sexual abuse and sexual harassment."* The auditor applauds the program for setting clear expectations and memorializing practice in policy.

The auditor has reviewed the evidence submitted during the corrective action period and has determined the program is now in compliance with provisions in Standard 115.313.

Standard 115.315: Limits to cross-gender viewing and searches

The Park Street program prohibits pat-down searches and strip searches.

115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.315 (b)

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

115.315 (c)

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

115.315 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? ☒ Yes ☐ No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) ☐ Yes ☐ No ☒ NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with

security needs? ☐ Yes ☒ No **The Park Street program does not conduct pat-down searches or strip searches**

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☐ Yes ☒ No

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Park Street Policy 606 “Search Policy”
- Park Street Policy 602 “Resident Supervision”
- Park Street Youth Handbook (physical searches prohibited)
- State of Vermont DCF Residential Licensing Standard 727
- Park Street Resident Handbook/Program Overview
- Interviews with random direct care staff across all shifts
- Interviews with random sample of youth
- Interviews with target population, specifically transgender and intersex youth (if residing in facility)
- Observations during facility tour

The 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 when performed by the police 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 22). 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. While onsite the auditor reviewed logs showing staff were trained on the facility’s practice of conducting searches (i.e., asking youth to take off their shoes, empty their pockets, etc.).

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). Observations during the facility tour and 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 individual 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, all 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.*” All youth verified staff follow this procedure of knocking and asking before entering.

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

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.316 (c)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Agency's Policy on Accessibility in the Operations Manual
- Agency Policy for Providing Communication Assistance for Individuals with Disabilities and/or Limited English Proficiency
- List of interpreters maintained on Howard Center Webpages, Diversity, Equity & Inclusion (Interpreter Services is the 2nd item listed on left hand side)
- HC service agreement/contract with Language Line Solutions (executed 8/2017)
- Interview with Howard Center Executive Director
- Interviews with ESL youth (if residing in facility)
- Interviews with random direct care staff across all shifts

The agency takes appropriate steps to ensure that residents with disabilities (i.e., residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) or are limited English proficient have an equal opportunity to participate in the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Howard Center has a contract with the Language Line which provides interpreter services telephonically and has the ability to interpret over 120 languages. The auditor reviewed the contract with Language Line to verify the agency has a formal agreement to provide these services. The agency "Policy on Accessibility" upholds that when English is not a client's primary language, translation services will be provided. In addition, the policy also specifically states that accommodations should be made regarding written materials. For example, these may include *"reading the material to that person, having material printed in large print and having pictures and graphics added to the text to make information more understandable."*

Interviews revealed that 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. Interviews with program managers, direct care staff, and Howard Center leaders all verified they would not allow residents to interpret for other youth, except in emergency situations. 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 Assistant 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 ten days of arrival, youth meet individually with his assigned advisor (a Park Street direct care staff) to review the resident handbook, watch the youth PREA education video, and to ensure youth understands the information provided (i.e., zero tolerance, mandated reporting, how to file

a grievance, etc.). Park Street would make the appropriate accommodations necessary to ensure all youth with disabilities received this information within the 10-day requirement.

The Park Street Program and the Howard Center agency are committed to ensuring all individual client needs are met. During an interview with the Howard Center Executive Director, Mr. Bob Bick, he explained that he strives to ensure that all youth (i.e., English Limited Proficiency, cognitive functioning, cultural backgrounds, etc.) are afforded the same rights and protections as other individuals. He explained that the agency dedicates extensive resources to providing translation services but believes this is money well spent to ensure youth safety and progress in treatment. Other agency and facility leaders, including the Agency PREA Coordinator and Park Street Program Director, shared similar perspectives on the importance of providing translation services.

The evidence allows the auditor to confidently conclude Park Street is following provisions in this PREA standard.

Standard 115.317: Hiring and promotion decisions

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☐ Yes ☒ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☐ Yes ☒ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? ☒ Yes ☐ No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.317 (d)

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

115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.317 (g)

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

115.317 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

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

The Park Street Program does not hire 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 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.” 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. 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. Interviews with the Director of Human Resources and an HR Analyst verified all staff receive checks prior to hire and then every other year while employed at the agency.

The PREA standard provisions state:

- (a) *“The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who— (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.”*
- (b) *The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.”*

In addition, provision (f) requires, *“The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.”* While Howard Center conducts background checks and requires all staff and contractors to sign the PREA Release and Questionnaire prior to hire, it does not use this questionnaire prior to issuing promotions. In addition, the questionnaire does not specifically address the requirements listed in provision (a). The Howard Center also does not gather this information for candidates for promotion through *“...written applications or interviews...and in any interviews or written self-evaluations.”* The agency will be required to make these adjustments during the corrective action period.

While onsite the auditor randomly selected a sample of personnel files to review, making sure all job classifications were represented. The sample was determined by selecting every third name on a list of all staff (part time and full time). The sample included all current Park Street employees as well as those who no longer work in the program (left the agency within the past 12 months). Approximately 44% of all personnel files were reviewed (i.e., n=24; 16 current employees; six former employees, and two contractors). There were no volunteers in the Park Street program in the past 12 months. The file review revealed that all current Park Street criminal background checks for staff and contractors have been conducted prior to beginning work with youth and subsequently every two years. This exceeds federal PREA expectations which require background checks 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 and HR Analyst verified that incidents of substantiated sexual harassment are considered when determining whether to hire or promote individuals.

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

As part of the application process, the Howard Center requires prospective employees to complete the “PREA Release and Questionnaire.” This form poses a series of questions including: *“Have you ever had a substantiated sexual abuse or harassment complaint filed against you? Have you ever resigned during a pending investigation of alleged sexual abuse or sexual harassment?”* This form is signed by the applicant and submitted along with a completed application. Review of personnel files during the onsite visit confirmed that all new employees, contractors, and interns hired within the past 12 months have completed this form. As previously mentioned, this form or a revised version to reflect provision (a) and (f) will need to be completed by individuals who are being considered for promotion.

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, effective July 1, 2018, 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 35, 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. Interviews with Howard Center agency leaders and Park Street staff verified this standard is upheld.

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.”* 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, the Howard Center would provide information on substantiated allegations of sexual abuse and harassment involving a former employee, if requested by a future institutional employer.

The fact that the Howard Center conducts extensive background checks on all staff, contractors, and volunteers every two years (beyond the State of VT DCF requirement of every three years) coupled with the agency requiring potential employees to complete the PREA Release and Questionnaire form, provides evidence that the Park Street program exceeds expectations on several provisions within this standard. However, as previously mentioned, the Howard Center will need to implement a practice of gathering additional information from individuals whom they are considering promoting prior to doing so.

Corrective Actions

- The program is required to establish a process for gathering information regarding previous misconduct as described in provisions (a) and (b) above through written application or interviews from individuals being considered for promotion. The program may also consider (although not required) memorializing this practice into policy to set clear expectations moving forward.

During the corrective action period the program updated the online application for employment to capture the requirements of provisions (a) and (b). All applicants are now required to answer questions regarding previous misconduct. More specifically the online application states: *"Howard Center will not hire or promote anyone who may have contact with residents who: (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described above. Howard Center will consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents. Have you ever had a substantiated sexual abuse or sexual harassment complaint filed against you as described above? [] Yes [] No Have you ever resigned during a pending investigation of alleged sexual abuse or sexual harassment as described above? [] Yes [] No....I hereby authorize Howard Center to contact all prior institutions where I have worked for information on 1) any substantiated allegations or convictions of sexual abuse or sexual harassment; 2) any civil or administrative adjudication of the any of the activities described above or 3) any resignation during a pending investigation of alleged sexual abuse or sexual harassment."*

The Agency PREA Coordinator submitted a screen shot of this section of the revised online application and submitted it to the auditor as verification. The auditor has determined the program is now in compliance with provisions in this standard.

Standard 115.318: Upgrades to facilities and technologies

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Agency's Policy on Accessibility Architectural and Environmental Barriers in the Operations Manual addresses the physical accessibility of our buildings
- Howard Center Camera Surveillance Policy
- Park Street Policy 607: Alarms/Security Cameras
- Interview with Agency Director
- Interview with Program Director
- Observations during facility audit tour

In 2018, shortly following the last PREA audit, the Park Street program installed hi-definition cameras in the residential and school buildings as well cameras to monitor outside the buildings. There are a total of 22 cameras and there is at least one camera in each room of the school building and common areas of the residence. The facility tour revealed all major blind spots in the residential home (as well as the school) are covered by the cameras, with only one potential blind spot in the kitchen (behind a pole in the center of the kitchen). During the facility tour the Program Director was aware of this blind spot and has made staff aware of this area (i.e., reminding them of the importance of staff positioning). The Program Director can monitor activity in all buildings via a large monitor in her office located in the administration building. Video is automatically recorded and is stored for up to six months. At the time

of the onsite review, an additional monitor was installed in the staff office in the residential building, although this particular monitor only has views to the outside of the buildings.

To drive program practices, the Howard Center has implemented a policy on the use of cameras – “HC Camera Surveillance Policy.” In addition, the Park Street Policy 607 sets clear expectations regarding the purpose of the surveillance system and sets clear expectations.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☐ Yes ☐ No ☒ NA

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

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether onsite or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Rutland Regional Medical Center's Sexual Assault Protocol
- Rutland Regional Medical Center's SANE Policy – Pediatric
- Executed MOU between Park Street and Children First Advocacy Center (CFAC) and Rutland Unit for Specialized Investigation (RUSI)
- Draft MOU with NewStory Center
- State of VT DCF Investigation Policy 241
- Park Street Policy 103, "Inappropriate Touching"
- Copies of licenses of Clinicians working at Park Street
- Interview with RPMC SANE Coordinator
- Interviews with direct care staff across all shifts
- Interview with PREA Compliance Manager
- Interviews with residents who reported sexual abuse
- Documentation of referrals of allegations of sexual abuse and sexual harassment (calls to Centralized Intake, program incident reports, investigation reports, etc.)
- HC website describes investigative responsibilities of the agency and who conducts criminal investigations (DCF RLSI and local law enforcement when potentially criminal)

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

Although the Howard Center is not responsible for conducting criminal investigations, the agency protocol "Policies and Protocols Addressing the Prison Rape Elimination Act (PREA)" ensures the Park Street program follows a uniform protocol for investigating allegations of sexual abuse and evidence collection. 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 Rutland Regional Medical Center (RRMC). 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 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, they would be taken to Rutland Regional Medical Center (RRMC) for a pediatric forensic examination by a SANE (this would be determined based on the age of the youth). An interview with the RRMC SANE Coordinator verified their standard of practice is consistent with DOJ’s “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents.” As standard protocol the hospital contacts Children First Advocacy Center (CFAC) immediately and allows community advocates to accompany youth throughout the exam. Although, Park Street has not had to access these services, the Rutland Regional Medical Center SANE Coordinator explained this is part of the standard protocol. The SANE Coordinator also explained that Sexually Transmitted Infection prophylaxis and emergency contraception (if client is female) are offered to patients. These practices are memorialized in the Rutland Regional Medical Center (RRMC) policies. The auditor reviewed these policies to verify these practices are part of standard operating procedures.

The Howard Center also secured a MOU with a local unit of the statewide organization called Child First Advocacy Center (CFAC) which conducts forensic investigations and provides advocacy services to sexual assault and sexual abuse victims. The CFAC protocol requires all victims of sexual abuse or assault (within 72 hours of the event) be seen by a SANE at the local hospital (Rutland Regional Medical Center). The auditor reviewed the executed MOUs and determined they include the information required in the PREA standards. As previously mentioned, the interview with the Rutland Medical Center SANE Coordinator verified their practice includes contacting the CFAC for advocacy services for all victims of sexual assault and/or abuse who are under the age of 18. The Howard Center Park Street Program has made several attempts to secure a Memorandum of Understanding (MOU) with another local rape crisis and child advocacy center, NewStory. The auditor reviewed the draft MOU and several emails from the Agency PREA Coordinator to the NewStory Program Director attempting to

secure this formal agreement. However, Howard Center does have an executed agreement with Planned Parenthood to provide mental health services and medical services as needed to Park Street youth.

Standard 115.322: Policies to ensure referrals of allegations for investigations

115.322 (a)

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

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?
☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.322 (c)

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

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- State of Vermont DCF Policies 50, 51, 52, 56, 57, 60, 66, and 241
- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Agency Personnel Policy 226 Complaint and Grievance
- Agency Personnel Policy 227 Complaint and Grievance Procedure
- Park Street Policy 103, "Inappropriate Touching"
- Park Street's Policy 511 "Allegations of Abuse"
- Park Street's Coordinate Response Plan
- Howard Center webpage Safe Environment Standards shares information about zero tolerance and other PREA info and links to Vermont's policy regarding investigating allegations.
- Documentation of calls to Centralized Intake ("referrals" for sexual abuse and/or sexual harassment allegations)
- Review of investigation reports conducted by DCF RLSI (youth to youth sexual abuse and staff to youth sexual abuse); Park Street (youth to youth sexual harassment), and Howard Center Human Resources staff (staff to youth sexual harassment)
- Interviews with RLSI investigators
- Interview with Howard Center Executive Director

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

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

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. Interviews with Park Street staff verified 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."* This expectation and protocol are 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 Personnel Policy 226 “Complaint and Grievance Procedure” guides how the Human Resources unit handles all grievances and includes a description of the investigation process. Interviews with Human Resources staff confirmed that all grievances are investigated. Interviews with the Howard Center Executive Director, the Park Street Program Director, VT DCF RLSI Investigator, and other leaders verified that all referrals are investigated, and all staff are mandatory reporters. The Howard Center agency PREA policy clearly states that law enforcement will assist with sexual abuse investigations when a staff member is involved.

Within the 13-month period from March 2020 through March 2020, there were no substantiated allegations of youth-to-youth sexual abuse that involved unwanted sexual touching over the clothes. There was one allegation of inappropriate sexual contact and four allegation of youth-to-youth sexual harassment that involved repeated unwanted sexualized comments. All incidents were reported to State of Vermont DCF Centralized Intake as required. These cases were not accepted by DCF RLSI as qualifying as sexual abuse and Park Street was directed to investigate the matters and provide an action plan for safety to RLSI upon investigation completion. The auditor reviewed all incident reports and supporting documentation verifying youth-to-youth sexual harassment and inappropriate sexual contact allegations were thoroughly investigated by the Park Street Program Director and designees. In addition, investigation reports indicated that the youth were offered to contact a victim advocate, their attorney, and a family member for support.

The Howard Center has a webpage which provides information regarding zero-tolerance and explains who is responsible for investigating allegations of abuse. This website includes a link to the zero-tolerance policy as well as a link to the State of Vermont Policies 52 and 241, which guides the process for investigating allegations of sexual abuse and sexual harassment.

TRAINING AND EDUCATION

Standard 115.331: Employee training

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Residents’ right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? ☒ Yes ☐ No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?
☒ Yes ☐ No
- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

115.331 (c)

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

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.331 (d)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Review of training records verifying staff completed required PREA training on annual basis
- Review of HC online PREA training curriculum and quiz
- All staff required to complete mandated reporter, Corporate Compliance, Client Rights, Ethics and Respect upon hire and periodic refreshers
- Review of training records verifying staff completed the required attestation form for zero tolerance and mandated reporting
- Interviews with direct care and specialized staff

Howard Center's "Policies and Protocols Addressing the Prison Rape Elimination Act (PREA)" states "*all staff members, contractors, or volunteers working at the PREA facility or having direct contact with residents of those facilities are required to follow all of the PREA related policies and protocols and participate in all required PREA trainings.*" The Park Street program PREA training is listed on the New Employee training checklist which ensures 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).

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

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

The Howard Center has an interactive online PREA training for all Park Street staff. The training requires staff to answer questions as they move through the Power Point presentation. Review of the training provided clear evidence that all required DOJ training topics are covered in detail (i.e., zero tolerance, how to avoid inappropriate relationships with residents, how to communicate effectively and professionally with LGBTQI youth; etc.). The Howard Center PREA policy clearly states that PREA training must be completed upon hire and every year thereafter. Although, the PREA standards only require an annual refresher during the in-between years, the Howard Center requires all employees to complete the comprehensive online PREA training and completed the attestation form. Upon completing the PREA training Park Street employees are required to sign a statement which reads: *“By signing this I am acknowledging my understanding of the following: That the Howard Center Has a zero tolerance for any type of sexual harassment and abuse of any kind; that I have been trained about what to do in the event of incident or report of sexual abuse and/or harassment; That I have been trained about warning signs regarding abuse and/or harassment; that I understand there is a policy prohibiting any type of retaliation in the event of a disclosure and/or allegation; that I understand that I am a mandated reporter under Vermont law; and that there may be agency disciplinary action and/or legal consequences for not following federal and state law as well as agency policies.”* Review of training records (N = 43; 37 current employees and 6 terminated staff) indicate Park Street employees (full-time and part-time) have completed the PREA training consistent with Howard Center policy and federal DOJ expectations.

Due to the in-depth nature of the online PREA training and the fact that the agency requires this training to be completely on an annual basis (not simply providing a “refresher training on policies” as required by the federal standards) provides sufficient evidence that the agency exceeds expectations outlined in this standard. This is further supported by the fact that all staff are required to regularly complete additional training listed above that address zero tolerance and mandatory reporting.

Standard 115.332: Volunteer and contractor training

115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?
☒ Yes ☐ No

115.332 (c)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Review of PREA training forms/curriculum
- Howard Center PREA training (annual) records - volunteers and contractors
- File review demonstrating signed and dated PREA attestation forms regarding zero tolerance forms for all contractors and volunteers
- Interview with sample of contractors (i.e., contracted Psychiatrist)

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

All contractors are required to participate in the agency online PREA training as all Howard Center employees. Park Street has two contractors currently working with youth – a Psychiatrist and Occupational Therapist. Training records indicate both contractors completed the PREA training and

have signed a form indicating they understood the training and their responsibilities. The auditor was unable to connect with either of the contractors prior to the issuance of this report. The program does not currently have volunteers (and has not in over a year due to the Covid-19 health pandemic). More specifically, the contractors both signed and dated the attestation form which states:

"I [INSERT NAME], acknowledge and agree:

- ☐ *That the Howard Center has a zero tolerance for any type of sexual harassment and abuse of any kind'*
- ☐ *That I have been trained about what to do in the event of incident or report of sexual abuse and/or harassment;*
- ☐ *That I have been trained about warning signs regarding abuse and/or harassment;*
- ☐ *That I understand there is a policy prohibiting any type of retaliation in the event of a disclosure and/or allegation;*
- ☐ *That I understand that I am a mandated reporter under Vermont law;*
- ☐ *And that there may be agency disciplinary action and/or legal consequences for not following federal and state law as well as agency policies.*

I have read the Howard Center Prison Rape Elimination Act General Overview and by signing below acknowledge and understand the information contained in it."

Since Howard Center requires contractors to complete the full online training on an annual basis, the auditor has determined the program "exceeds" the provision in this standard.

Standard 115.333: Resident education

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Is this information presented in an age-appropriate fashion? ☒ Yes ☐ No

115.333 (b)

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

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

115.333 (c)

- Have all residents received such education? ☒ Yes ☐ No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.333 (d)

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

115.333 (e)

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

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Review of Park Street youth PREA education video developed by Idaho State Police
- Review of Park Street PREA Jeopardy (refresher education throughout the year)
- Translation service is listed in the Interpreters list available on the Howard Center Webpages, Diversity, Equity & Inclusion
- HC contract with Language Line Solutions for translation services
- Park Street PREA pamphlet reviewed with youth and guardian at intake
- Park Street assigned mentor is noted in the treatment plan (responsible for reviewing resident handbook with youth)
- Park Street's signed form acknowledging youth's receipt and understanding of resident handbook
- Park Street's youth resident handbook
- Park Street Program Advisor Treatment Outline: Phase 1 indicates PREA training must be done within 7 days of youth's arrival
- Fay Honey Knopp training on bullying and harassment (ongoing PREA education to youth)
- Youth file reviews demonstrating education provided within 10 days of intake AND signed form by youth understanding zero tolerance for sexual abuse and sexual harassment
- Interviews with youth
- Interview with Youth Advisors from Park Street who are responsible for reviewing PREA information and youth handbook with youth upon arrival

The Park Street Program provides several avenues by which youth receive Zero Tolerance information. At intake, the Program Director or Assistant Director meets with youth and families to review Park Street Program information. Currently 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.*" 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. All youth interviewed understood the zero-tolerance policy and the avenues for reporting sexual abuse and/or sexual harassment.

Upon intake 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. The Program Advisor Treatment Outline: Phase 1" is a checklist that assists the program ensure this education is completed. More specifically, the checklist requires the advisor to date next to two PREA-related items: 1) Complete PREA education within 7 days of admission and 2) Review of resident handbooks and client rights (Park Street and Fay Honey Knapp school. In addition, once this discussion occurs the youth signs a form in the back of the residential handbook that states: *"I [Insert Name] have reviewed the Resident Handbook. I have read, reviewed, and understand the content of the handbook and have been given my personal copy. I have also received a copy of the Howard Center Resource Guide and understand my rights as a client at Park Street."* 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=7) had signed this statement within ten days of arriving to the program. In fact, 96% of youth received this training within 5 days of arriving with the overwhelming majority completing the training within 3 days. 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 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. All Park Street residents interviewed stated they watched the video and understood the zero-tolerance policy. The auditor reviewed has viewed the video several times for other audits and is familiar with its content and subsequent compliance with PREA standards.

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 Knapp School. The curriculum is based on curriculum from the National Bullying Prevention Center which spans over several weeks. 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 Knapp, 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?"*

To comply with provision (f) of this standard, Park Street created and implemented ongoing PREA education for youth. This ongoing training is a Power Point presentation in the form of Jeopardy and the content is solely focused on zero tolerance, sexual abuse and sexual harassment, how to report, and other important areas related to youth safety. Youth interviews revealed they play the Jeopardy trivia game at least once a year with several youth stating they have participated in the exercise a couple of times since

being at the program. The auditor applauds the program for its commitment to continually educating youth about zero tolerance throughout their stay in the program.

To date, Park Street has not had any youth who needed translation services or had any need for other special accommodations. However, as previously mentioned, the Howard Center has an executed contract with Language Line to provide translation services. The Program Director reported that the Park Street Program controls when a youth enters the program, and therefore she would ensure translators are available on the day a youth arrives to the program (to translate PREA related materials).

The auditor has determined the program “exceeds” the standard. Factors considered in this determination include: The initial PREA education provided includes staff reviewing the PREA information with youth to check for understanding; youth viewing the PREA video; case file reviews indicating 96% of youth (N=14; 7 current and 7 discharged youth) completed the PREA training within five days of arriving; and the comprehensive ongoing PREA education provided throughout the year (e.g., PREA Jeopardy).

Standard 115.334: Specialized training: Investigations

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]
☒ Yes ☐ No ☐ NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]
☒ Yes ☐ No ☐ NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- State of VT Statutes Title 33, Chapter 49: Child Welfare Services
- State of Vermont DCF Policy 241
- State of VT DCF Licensing Regulations for Residential Treatment Programs
- State of VT DCF Policy 52 – Child Safety Interventions – Investigations and Assessments
- Certificate of completion for the RLSI investigators responsible for investigations at Park Street (NIC Specialized Investigations course)
- Review of the NIC online Specialized Investigations curriculum
- Review of training records verifying additional training completed for RLSI Investigators (through DCF and VT state police)
- Interview with DCF RLSI investigator
- Fay Honey Knopp Policy 510 – Harassment
- Fay Honey Knopp Harassment and Bullying training Power Point (*corrective action period*)
- Fay Honey Knopp Harassment/Bullying Conduct form (*corrective action period*)

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

conduct investigations consistent with DOJ expectations including interviewing techniques, how to preserve physical evidence, criteria for substantiating abuse (i.e., preponderance of evidence), etc.

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.

Although not required, during the corrective action period the Fay Honey Knopp school policy was revised to strengthen the connection between current practices and written expectations put forth in policies/procedures. The FHK Policy 510 now reflects language consistent with PREA standards including but not limited to, specific definitions of harassment and retaliation; a duty to report; the process for making a report; etc. For example, the policy now states, *“FHK shall address all claims of sexual harassment according to the procedures in place to remain in compliance with Policy specific to the Prison Rape Elimination Act (PREA)....There shall be no adverse action taken against a person for reporting a complaint of harassment and/or bullying when the person has a good faith belief that harassment and/or bullying occurred or is occurring.”*

In addition, the Power Point the school uses to train school personnel about harassment/bullying was submitted to the auditor for review during the corrective action period. The Park Street Program Director attend this training which is reviewed annually with staff to help identify sexual harassment, know what to do and support the investigative skills for sexual harassment allegations made within the Park Street residence and in the school environment. A review of the Power Point training slides verified key elements related to PREA are covered in this training, including information about how to report, the consequences for not reporting, making a report in good faith, conducting investigations, preponderance of evidence standard, components to include in an investigation report, etc. The auditor applauds Park Street and FHK for ensuring individuals leading sexual harassment investigations are properly trained in their specialized role.

Standard 115.335: Specialized training: Medical and mental health care

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☐ Yes ☐ No ☒ NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Howard Center verification of up-to-date license for part-time Registered Nurse at Park Street (although she does not conduct forensic exams) – through online system

- Howard Center verification up-to-date license of Clinicians at Park Street (through online system)
- Training records and signed forms acknowledging Nurse and Clinicians received and understood PREA training
- Interview with part time nurse at Park Street
- Interview with program Clinicians
- Interview with the RRM C SANE Coordinator

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. An interview with the RRM C SANE Coordinator verified they have a solid process in place to ensure all SANEs are current in their certifications and the appropriate number of continuing education credits are completed annually. This process involves conducting case audits to ensure all six (6) SANE nurses have completed the 12 Continuing Education Units (CEUs) and four cases every two years. The RRM C SANE Coordinator indicated this information is carefully documented and followed up on (i.e., if a nurse has not been re-credentialed, they are not allowed to practice).

However, all nurses, clinicians, and the psychiatrist who are employed and/or contracted by the Park Street Program are licensed in their respective area of expertise. The State of Vermont Residential Licensing Specialized Investigations unit requires these professionals to have the appropriate license in their field. The auditor reviewed licensing and credentials of the nurse and program clinicians for verification.

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 auditor reviewed all staff PREA training records and verified that all medical and mental health staff have completed the PREA training required by the Howard Center which also covers these topics.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? ☒ Yes ☐ No
- Does the agency also obtain this information periodically throughout a resident's confinement? ☒ Yes ☐ No

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? ☒ Yes ☐ No

115.341 (d)

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

115.341 (e)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Agency's Policy on Entries into Client Records in the Operations Manual
- Park Street Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Violent Behavior
- Park Street Policy 201 Admission /Intake Policy
- Youth file reviews verifying vulnerability assessments completed within 72 hours of intake
- Copies of a sample of completed vulnerability assessment instruments
- Personnel record review verifying all staff have signed Agreement to Protect the Privacy, Confidentiality and Security of Protected Health Information and Education Records forms
- Interviews with staff responsible for conducting vulnerability assessments
- Interviews with youth
- Interview with agency PREA Coordinator
- Interview with Park Street PREA Compliance Manager
- Observations during facility tour that vulnerability information is accessible only to limited staff

All Park Street youth are assessed for risk the day they arrive to the program. Numerous information sources are reviewed by the Program Director and Assistant Director to determine the 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.

Park Street uses the "Vulnerability Assessment Instrument" developed by Colorado Division of Youth Corrections to assess a youth's risk to be victimized or to perpetrate sexual assault. This tool qualifies as a formal objective vulnerability risk screening instrument. These assessments are conducted by the Program Director and/or the Park Street Team Leaders/Behavior Specialist. While onsite the auditor reviewed case files from current and discharged youth (N=14; 7 current and 7 discharged youth) to verify all youth had completed vulnerability tools within 72 hours of arrival. The results of the Vulnerability Assessment Instrument are recorded on a youth's ICMP at intake and updated every 3 months. In addition, clinical notes indicated that the MDT meets weekly to discuss youth progress, challenges, effective treatment strategies, retaliation, etc. Since youth at the Park Street program exhibit sexually acting out behaviors, the MDT discussion centers on risk to victimize and/or perpetrate. In addition, interviews with youth and staff verified this assessment is done at intake and again every three months.

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."* The policy also dictates that the vulnerability assessment must be conducted within 72 hours of intake.

Interviews with the Agency PREA Coordinator and the Park Street PREA Compliance Manager explained that the Howard Center uses an electronic health record system. Completed vulnerability tools are stored in hardcopy paper in a locked filing cabinet in the administration building. Sensitive information is also stored in a secure folder online, to which only the Agency PREA Coordinator and PREA Compliance Managers have access.

Furthermore, staff are trained on confidentiality and warned that they are permitted to view those client records that directly relate to their job responsibilities. Staff are required to sign the Agreement to Protect the Privacy, Confidentiality and Security of Protected Health Information and Education Records. The statement forbids staff copying client records or using client information, other than necessary as it relates to their specific job duties. The form specifically states, *"I understand that I must protect any PII that may come into my possession even though I may not be directly involved in*

providing services to individuals or families. I will only use and disclose PII with the individual's permission or as permitted by state and or federal laws. I understand that privacy extends beyond the death of an individual. I understand that my obligation to protect PII extends beyond my work at Howard Center....I will follow all agency privacy and security related policies and procedures. I understand that violating the conditions of this agreement or misusing PII obtained from my work at Howard Center, or from agency records, that I may be subject to civil and or criminal penalties under state and federal laws....I understand that any violation of this agreement may result in disciplinary action up to and including termination..."

In further support of provisions in this standard, all Park Street job descriptions clearly describe staff responsibilities for complying with PREA regulations to include the duty to protect sensitive client information. More specifically, job descriptions for Residential Counselors specifically state, that these staff are responsible *"...for the coordination and implementation of behavioral plans, milieu adjustments due to crisis management and supervision of the youth residing in the program as well as ensuring the safety of all residents. In order to adequately supervise youth, implement safety and behavioral plans, respond to crisis situations and fulfill roles as treatment providers, the position will have access to clinical documentation, psychological evaluations and client history including a youth's history of sexual perpetration and or victimization. The position is required to participate in clinical supervision and must adhere to relevant privacy regulations."* Job descriptions are regularly reviewed as part of the agency's staff performance review process, which provides an opportunity for supervisors to reinforce these expectations. Direct care staff interviews verified they are required to uphold confidentiality and follow strict guidelines regarding client information (including vulnerability risk information).

The auditor concludes the program "exceeds" provisions in this standard based on staff interviews regarding protecting client information and the fact that these expectations have been incorporated into job descriptions.

Standard 115.342: Use of screening information

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? ☒ Yes ☐ No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? ☒ Yes ☐ No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? ☒ Yes ☐ No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? ☒ Yes ☐ No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? ☒ Yes ☐ No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all resident's safe can be arranged? ☒ Yes ☐ No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? ☒ Yes ☐ No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? ☒ Yes ☐ No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? ☒ Yes ☐ No
- Do residents also have access to other programs and work opportunities to the extent possible? ☒ Yes ☐ No

115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive? ☒ Yes ☐ No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? ☒ Yes ☐ No

115.342 (f)

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

115.342 (g)

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

115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) ☐ Yes ☐ No ☒ NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) ☐ Yes ☐ No ☒ NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine

whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Park Street Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Violent Behavior
- Park Street Bed Placement Tracking Sheet
- Park Street Individualized Crisis Management Plan (ICMP)
- Park Street Policy 103 Inappropriate Touching
- Park Street Policy 201 Admission /Intake Policy
- Park Street Policy 604 Behavior Management
- Park Street Annual Staffing Plan Review meeting minutes
- Park Street's meeting notes and minutes from supervisory meetings verifying vulnerability tool information being used in placement decisions
- Interview with PREA Compliance Manager
- Interview with Agency PREA Coordinator
- Interview with individuals responsible for conducting vulnerability risk assessment and making placement decisions based on assessment information
- Interviews with LGBTQI youth
- Interviews with staff who supervise youth 1:1
- Interviews with youth who have been separated (not isolated) from the group as a result of allegations of sexual abuse and/or sexual harassment verifying youth have access to education and recreation daily

Review of documentation and interviews with the Program 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. Staff interviews verified that this assessment information is used to determine the course of treatment and 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.

As previously mentioned, bedroom assignments are made based on individual needs and considers the treatment and supervision level required to ensure youth and staff safety. Upon completion of the

vulnerability risk assessment at intake and when needing to relocate youth into other bedrooms, the program leaders document the reason for the placement decision in an electronic record. While onsite, review of the placement log provided confirmation that the program considers a youth's age, size, emotional immaturity, cognitive limitations, and other important factors when assigning youth bedrooms. In addition, review of Individualized Crisis Management Plans verified the program frequently considers critical risk factors to perpetrate and/or be victimized.

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 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). Youth interviews verified the program does not use isolation, although youth may be separated from the group if their behavior presents a safety risk to the other youth. Youth who were separated from the group for short periods of time reported they continued to see their mental health clinician and the nurse. In addition, these youth verified they are still required to do schoolwork and to exercise daily.

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 view with respect to his own safety be given serious consideration (Standard 115.342 (f)). An interview with the Program Director and Team Lead who conducts vulnerability risk assessments indicate all youth (regardless of gender identify) are re-assessed for vulnerability every three months and ICMPs are updated accordingly. In support of this practice the Park Street Policy 201 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."* Although the program did not have any transgender or intersex youth at the time of the onsite review, a sample of vulnerability tools were reviewed by the auditor and determined that vulnerability re-assessments are completed consistent with Park Street policy (every three months).

The Park Street program's Policy 201 describes the process for placing youth within the facility. The policy upholds, *"The youth will be assigned a single bedroom prior to moving in. The assigned bedroom*

will be a room closest to the common area where a youth who has the greatest vulnerability to either be victimized or act out as the perpetrator will be closely monitored. A new youth and their vulnerabilities, along with other youth who reside on the same wing and their presenting issues, will be taken into consideration when deciding the safest room to place new youth.” An interview with the Program Director and other staff indicate that shortly before a youth arrives or when having to move a youth from a bedroom, she meets with the treatment team to discuss the most appropriate bed assignment.

The fact that the Park Street assesses and discusses youth vulnerability information during weekly MDT meetings; the program formally assesses all youth using the Vulnerability Risk Assessment every three months; and records indicate Park Street carefully tracks detailed discussion and rationale for bed placements, the auditor has determined that Park Street has “exceeded” provisions in this PREA standard.

REPORTING

Standard 115.351: Resident reporting

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request?
☒ Yes ☐ No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? ☒ Yes ☐ No

115.351 (c)

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

115.351 (d)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- State of VT Statutes Online Title 33, Chapter 49: Child Welfare Services
- State of VT Policy 52, Child Safety Interventions
- Agency's Consumer Complaint, Grievance and Appeal Policy and Procedures in the Operations Manual
- Agency's Adult or Child Abuse Reporting Policy
- Park Street New Staff Orientation Checklist
- Park Street's youth handbook (pages 13/14, 9-10 and last page)
- Park Street Policy 720 Phone Policy
- Park Street Policy 1104 Policy on Incident Reporting
- HC PREA Grievance Form
- Park Street grievance box
- Park Street Youth Handbook
- Approved telephone call sheets for youth (includes numbers for Disability Rights VT, Child First Advocacy Center (CAC), Centralized Intake, and RLSI)
- Interviews with random staff
- Interviews with youth including those who have filed a grievance
- Interview with PREA Compliance Manager

- Facility audit tour observations
- HC website explains third-party reporting information
- Review of incident reports verifying verbal reports of sexual abuse and sexual harassment

The Howard Center 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 12-13) 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.”* The last page in the youth handbook provides telephone numbers of the Program Director, Assistant Director, Child First Advocacy Center, the program nurse, and several other people/agencies. There are also posters hung up throughout the program displaying information on how to report child abuse and the contact information for State of VT Centralized Intake. In addition, the program has 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, Assistant Director, and/or Team Leaders. Interviews with youth verified all youth knew the various ways they could report and that reports of sexual abuse and sexual harassment could be made directly to outside entities. All youth and staff confirmed their understanding that they are able to file an anonymous grievance and that they could file a grievance on behalf of another resident.

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

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. Most youth knew they could call the DCF abuse hotline number (Centralized Intake) or community advocates. All of these phone numbers appear on the youth’s approved phone list and youth explained they have privacy when making calls to DCF, their attorney, and making an abuse report (i.e., staff dial the phone and then observe youth from outside the closed door). In support of the testimonies obtained during onsite interviews, 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.”* Once an MOU is secured, the Park Street Program Director plans to invite NewStory representatives to come speak with youth and staff about the advocacy services they offer.

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."* The New Orientation Checklist clearly directs staff that certain phone calls are not to be supervised. More specifically, the checklist states, *"Before allowing a resident to make or receive a phone call please check the phone contact sheet to confirm if they can have contact and if so, does the call need to be on speakerphone. All calls must be supervised except calls to their DCF worker, attorney, victim advocate or clergy."* Interviews with direct care staff and program leaders all indicate how they allow youth privacy in these situations (i.e., dial phone number for youth, greet the person on the other line, hand phone to youth, and step outside the door while maintaining view of youth but out of ear shot).

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."* Third party reporting information is also found on the Howard Center's Safe Environmental Standards webpage.

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. All youth also reported feeling safe in the program. One youth explained, *"Staff are always watching and if something did happen then I know they would do something about it...something would be done."* 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 daily 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.

Standard 115.352: Exhaustion of administrative remedies

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily

expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.

☐ Yes ☒ No ☐ NA

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (g)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Completed DOJ Surveys of Sexual Violence
- PREA Grievance Form
- Youth interviews
- Staff interviews

Youth can 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 18). 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 18). All youth and staff interviewed verified youth and staff are permitted to file a grievance at any time and that they would assist youth with filing a grievance as needed/requested.

The agency PREA policy also addresses other provisions in this standard. More specifically, the policy directs the PREA Compliance Manager to meet with the youth within 24 hours of receipt of a grievance or the next business day, whichever is sooner. The PREA Compliance Manager is also required to meet with the youth again to explain the grievance process within three days. Youth interviewed stated that the program responds quickly to all grievances, with many youth reporting they receive a response (i.e., staff member meets with them to discuss issue) within 24 hours.

Agency expectations also include: *“upon completion of the investigation into the grievance the facility PREA Compliance Manager shall explain to the resident the resolution of the matter and the reasons for the decision, documenting any resolution that has already occurred, and recommending or explaining any decisions made pertaining to the grievance. Grievances will be addressed promptly but may require more time to investigate. If more time is needed, then the facility shall render a final decision within 90 days unless the facility needs an extension of time up to 70 additional days. The resident shall be apprised of any time extensions and the date by which a decision will be made in writing.”* Following an allegation of sexual abuse and sexual harassment, staff are required to write a formal incident report. This incident report is updated to include follow-up notifications and actions taken to address the allegations. The response to grievance also includes the Program Director completing the DOJ Survey of Sexual Violence for each incident.

Although most residents at Park Street had not submitted a grievance, youth interviews revealed the program is responsive to youth grievances. Youth who had alleged sexual harassment by another youth resident, 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. The PREA Grievance form reminds youth they are permitted to ask for assistance filing a grievance by stating, *“If you need help writing your grievance, tell a staff member or teacher so they can help you. You can also ask someone to write the grievance for you.”* All staff confirmed they would assist youth with writing a grievance upon request (and most stated they would offer this option to youth). In addition, all youth understood they could ask staff or family members for help with filing a grievance.

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

- *Grievances that allege the possibility of imminent harm shall be processed in an expedited fashion;*

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

The agency PREA policy also states that staff are prohibited from disciplining or retaliating against youth for filing a good faith grievance. Staff interviews confirmed they understand retaliation is prohibited.

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

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.353 (b)

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

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No

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

115.353 (d)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Park Street Policy 720 Phone Policy
- Park Street's youth handbook
- MOU with Child First Advocacy Center and Rutland Unit for Special Investigations
- Draft MOU with NewStory Center
- Email attempts to enter into MOU with NewStory Center
- HC External Contact Information Sheet has telephone number for CFAC, Disability Rights VT, RLSI and Centralized Intake
- Youth interviews
- Staff interviews
- Zero-tolerance posters in school

The Howard Center Park Street program has an executed MOUs with the Rutland Child First Advocacy Center (CFAC) (executed July 27, 2020). An executed copy of this MOU was provided to the auditor for verification. The MOUs are comprehensive and clearly outline the specific responsibilities of individual parties. The agency has also made several attempts to enter into an MOU with NewStory Center, another local advocacy organization. An interview with the Agency PREA Coordinator revealed a draft MOU has been created and securing this MOU has been challenging. The draft MOU and several emails verifying Howard Center's efforts to enter into agreement were reviewed by the auditors. The auditor attempted several times to upload these email correspondences to the PRC OAS but was unsuccessful. The auditor applauds the Howard Center for its persistence and commitment to establishing these MOUs. Once an MOU is secured, the Park Street Program Director plans to invite representatives from NewStory Center to speak with program youth and staff about the services they provide.

The Park Street Registered Nurse (RN) has also established a formal MOU with the local Planned Parenthood organization to ensure youth needs are regularly met. The 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.*”

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 Child First Advocacy Center and NewStory Center are provided in the youth resident handbook. These numbers are also on all youth approved telephone call list. 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 sexually harassed. Interviews with Park Street clinicians revealed that they are also available on call after hours to provide emotional support to youth as needed.

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.*” 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 private. Similarly, staff explained how they would provide privacy when youth make these calls (explained earlier in other sections of this audit findings report). 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. 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.

The auditor acknowledges the time and cooperation that is involved in establishing and attempting to establish a MOU. The Howard Center and Park Street program has clearly demonstrated its commitment to meeting the youth’s medical and psychological needs, particularly in the event of a sexual abuse and/or sexual assault. Therefore, the auditor applauds the Howard Center for successfully pursuing MOUs with the entities previously mentioned.

Standard 115.354: Third-party reporting

115.354 (a)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Howard Center webpage Safe Environment Standards - <https://howardcenter.org/safe-environment-standards/>

As described in other sections of this report, the Howard Center has several policies requiring staff to take reports from third parties and requiring them to contact DCF Centralized intake to make the report. The Howard Center's webpage for the Park Street program provides information about the program and agency's zero tolerance policies; process and contact information for 3rd party reporting (e.g., Park Street Program Director, State of VT Centralized Intake, etc.); and the State of Vermont policy that describes the investigatory process for incidents of sexual abuse. The auditor has reviewed the webpage and all the links are in working order (<https://howardcenter.org/safe-environment-standards/>).

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

115.361 (a)

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

115.361 (b)

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

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? ☒ Yes ☐ No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?
☒ Yes ☐ No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) ☒ Yes ☐ No ☐ NA
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? ☒ Yes ☐ No

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Howard Center Adult or Child Abuse Reporting Policy in the Operations Manual
- Park Street Policy 511 Allegations of Abuse
- Park Street Policy 103 Inappropriate Touching
- Park Street Policy 1104 Policy on Incident Reporting
- Howard Center webpage Safe Environment Standards (<https://howardcenter.org/safe-environment-standards/>)
- Interviews with direct care staff
- Interview with PREA Compliance Manager
- Interview with Program Director
- Interview with Clinicians
- Interview with Park Street part time Registered Nurse
- Training records confirming staff have completed PREA training and HC Mandatory Child Abuse Reporting training
- Investigation and incident reports and supporting documentation

Vermont's child abuse reporting law (Title 33, Chapter 49) states that if a person has reasonable cause to believe that a child has been abused or neglected, he or she must make a report to the Department for Children and Families (DCF). In support of this law, the Howard Center 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, Assistant Director, DCF, Licensing, Police, Home and Community 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." Interviews with direct care staff, medical staff, and contracted mental health professionals revealed that these individuals are aware of their

responsibilities as mandatory reporters including reporting third-party information and that 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 that all staff are mandatory reporters and what the law requires. The Howard Center PREA policy also 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.”* This policy language and information from staff interviews provide evidence of compliance with provisions in this PREA standard.

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.”*

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. When staff described the coordinated response protocol, nearly every staff member reiterated that they are not permitted to investigate the incident or to share detailed information with anyone about the allegation (only the minimal information to ensure youth and staff safety). Compliance with this PREA provision is further 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.”* Staff interviews verified that staff understand their duty to uphold confidentiality and to protect sensitive information, including as it relates to incidents or disclosures of sexual abuse.

Provision (e) of this standard requires the Program Director or designee to contact the alleged victim’s parents or legal guardians; case worker if youth is under the guardianship of the child welfare system; and youth’s attorney or legal representative within 14 days of receiving the allegation. Although Park Street has not had an allegation of sexual abuse in the past 12 months, the program has a practice in place of making these notifications for all allegations of sexual harassment and/or sexual abuse. The auditor reviewed all incident reports and verified that the victim’s parent, legal guardian, and/or case worker were notified immediately following the incident. In addition, for those youth who had an attorney, documentation in the incident report showed attorneys we contacted at the latest six days following the allegation. All allegations were called into the DCF Centralized Intake within 24 hours as required by State of VT.

The PREA Compliance Manager tracks these notifications on the Howard Center's investigation outcomes data report. Evidence reviewed indicates Park Street notifies the necessary parties when an incident occurs consistent with Howard Center policy and federal PREA standards.

The Howard Center PREA policy clearly states that the Park Street PREA Compliance Manager is responsible for tracking all notifications related to reports and investigations, as well as other related data. The PREA Compliance Manager and VT DCF RLSI have created comprehensive systems to track the date of the abuse report, when the investigation was completed, on what date the investigation letter was sent to the program and family/legal guardian, and the outcome of the investigation. Although the program has not had an allegation of sexual abuse, interviews with the RLSI investigator and the Park Street Program Director provides evidence that in the event a sexual abuse allegation is accepted, RLSI would follow the established protocol. It is important to note that during the previous PREA audit (2017), there were two examples of sexual abuse allegations. When reviewing investigation reports during that time, this DOJ auditor confirmed the proper notifications were made to the family.

During the corrective action period, although not required, the State of Vermont revised Policy 241 to more clearly demonstrate the agency's timely and protective response to allegations of sexual abuse. The policy now states, *"All reports made to CIES are screened according to Policy 51. In Vermont, reporters are asked about the alleged perpetrator's unsupervised access to the child/youth for each received report of abuse/neglect. If the report meets acceptance criteria, an alleged perpetrator's access to the child factors into the urgency of commencement and/or establishing safety for the child/youth"* (page 5). In addition, the policy was updated to clearly demonstrate an immediate response by the program to allegations of sexual abuse. The policy now states, *"If there is imminent danger to the child, the alleged perpetrator has continued access to the child, and/or other children may be at risk, safety will be established within 24 hours...The specific details of how safety is established may differ on a case-by-case basis (i.e., requiring RTPs to disallow contact between the victim and alleged perpetrator, RTPs electing to place staff on administrative leave, or another agreed upon safety plan while the RLSI worker coordinates with law enforcement and others regarding a forensic interview)"* (page 6).

This new language supports the agency's existing practice of commencing an investigation immediately to ensure youth and staff safety. This language provides further evidence of compliance with standards 115.361 and 115.362.

Standard 115.362: Agency protection duties

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- State of Vermont DCF Policy 241
- Park Street Policy 201 – Admission/Intake
- Park Street Bed Placement Tracking Sheet
- Park Street Policy 511 Allegation of Abuse
- Review of DCF sexual abuse investigation reports
- Review of Park Street incident reports and investigation reports verifying youth were immediately separated and/or placed on 1:1 supervision
- Interview with HC Human Resources Director
- Interview with Program Director/PCM
- Interview with On Call Staff
- Interview with Howard Center CEO

All Park Street staff interviewed verified they are formally trained how to keep youth safe in the event they are at imminent risk for sexual abuse. Interviewees explained the process as 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"* Interviews with the Program Director/PREA Compliance Manager, Agency PREA Coordinator, Director of Human Resources, and the Employee Relations Manager confirmed that in the event a staff member was alleged to have sexually abused a youth, the staff member would be immediately escorted out of the facility and placed on administrative leave. In the event of a youth-on-youth sexual abuse allegation, the program would immediately separate the youth and ensure youth were properly supervised by staff to guard against self-harm or harm to others. Staff interviews revealed they understand the coordinated response protocol which includes immediate action and then following up to ensure safety longer term (i.e., changing youth bedrooms, providing one-on-one staff supervision, etc.).

During the onsite portion of the audit, review of investigative and incident reports verified Park Street Program practice is consistent with agency policy and federal PREA guidelines. There were no incidents of sexual abuse, however, there was one incident of inappropriate sexual contact (in which one youth alleged a youth brushed up against his buttocks when walking by). Upon receiving the allegation, Park Street staff immediately separated the two youth and maintained close supervision of both youth until the Assistant Director could respond to the situation (i.e., begin/complete the investigation process). This involved changing youth schedules (i.e., transitions, in/out of rooms at different times, etc.) to ensure youth were safe. There is sufficient evidence supporting that Park Street staff respond immediately to all allegations related to sexual harassment and sexual abuse.

As stated previously in Standard 115.361, during the corrective action period although not required, the State of Vermont revised Policy 241 to more clearly state the immediate actions that are taken to protect youth in response to sexual abuse allegations.

Standard 115.363: Reporting to other confinement facilities

115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? ☒ Yes ☐ No

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Howard Center Operations Manual – Adult and Child Abuse Reporting
- State of Vermont DCF Policy 241
- Interview with Howard Center CEO
- Interview with Program Director/PCM
- Interviews with RLSI Investigators

The Park Street Program has not had an incident in which a youth disclosed they were sexually abused while in a prior placement/facility in the past 12 months prior to the onsite review. However, Park Street

and Agency interviews all 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 within 72 hours. In support of this testimony The State of Vermont DCF Policy 241 "Licensing Residential Treatment Programs and Regulatory Interventions" states, *"Upon receiving information or an allegation that a child/youth was sexually abused or harassed while placed at another RTP, RLSI shall confirm a report was made to Centralized Intake and Emergency Services and notify the program administrator where the suspected abuse occurred within 72 hours. Notification will occur by phone or email and RLSI will document the notification in FSDNet."* In addition, the Howard Center PREA policy re-iterates that DCF is responsible for reporting the allegation to the facility in which the abuse allegedly occurred. Interviews with the Agency PREA Coordinator, Park Street Program Director, and the RLSI Investigator confirmed this practice.

During the corrective action period, although not required, the State of Vermont revised Policy 241 to further clarify current practice regarding notifying other confinement facilities of sexual abuse incidents. The policy now states, *"...federal PREA regulation 28 CFR § 115.363 requires program/facility heads to report to other program/facility heads if they learn of allegations of sexual abuse in other programs (both in-state and out-of-state)....If an employee of an RTP informs RLSI of suspected child abuse/neglect, RLSI will confirm a report was made to Centralized Intake and Emergency Services...If the alleged abuse occurred outside of Vermont, RLSI staff will confirm a report was made to the appropriate investigative agency in the state where the abuse occurred and/or make a joint report with the RTP staff person"* (page 5). The auditor applauds the program for further clarifying who is responsible for ensuring the requisite notifications to other facilities is made (in- state and out-of-state).

Standard 115.364: Staff first responder duties

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- HC Operations Manual – Adult and Child Abuse Reporting
- Checklist for Coordinated Response to Incidents of Sexual Abuse (Park Street and Transition House)
- HC online PREA training curriculum for staff
- Interviews with staff including first responders
- Interview with human resources staff
- Review of incident reports verifying immediate action was taken in one incident of inappropriate sexual contact (there have been no allegations of sexual abuse)

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 or staff at the Park Street Program. Interviews with youth and review of investigation reports that involved allegations of youth-to-youth inappropriate sexual contact (one youth brushing up against another youth's buttocks while walking by) confirm that staff adhere to agency policy and are compliant with this PREA standard.

Standard 115.365: Coordinated response

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Park's Street Policy 600 Crisis Management
- HC Checklist for Coordinated Response to Incidents of Sexual Abuse
- HC Checklist for Coordinated Response to Incidents of Sexual Harassment
- Post Incident Checklist Following an Allegation of Sexual Abuse
- Program Director interview
- Staff interviews

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/PREA Compliance Manager or Assistant Director, Home and Community Services Director, PREA Coordinator, Program Nurse, Consulting Psychiatrist, 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."*

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

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

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Evidenced Used in Compliance Determination:

- Howard Center and the American Federation of State, County, and Municipal Employees AFL-CIO Howard Mental Health Chapter of Local #1674 collective bargaining agreement
- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Personnel Policy Section 210 Suspension
- Interview with Howard Center Executive Director
- Interview with Director of Human Resources

The collective bargaining agreement between the Howard Center and the regional bargaining unit ("Collective Bargaining Agreement Between Howard Center and American Federation of State, County, and Municipal Employee AFL-CIO Howard Mental Health Chapter of Local #1674" effective July 1, 2018) 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.*" If a staff member sexually abused or sexually harassed a resident, this would qualify as unacceptable and unethical behavior and consequently, the staff would forfeit his/her protection provided in this collective bargaining agreement. Interviews with Howard Center agency leaders verified this collective bargaining agreement is current and the agreement provisions are closely adhered to.

Additional support for compliance with this standard is found in the agency PREA policy which states, *“Volunteers and contractors accused of sexual abuse will be directed to leave the facility immediately.”* In addition, the Howard Center’s personnel Policy Section 210 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.”*

Standard 115.367: Agency protection against retaliation

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? ☒ Yes ☐ No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☐ Yes ☒ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☐ Yes ☒ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☐ Yes ☒ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? ☐ Yes ☒ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? ☐ Yes ☒ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? ☐ Yes ☒ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? ☐ Yes ☒ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☐ Yes ☒ No

115.367 (d)

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

115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual

- Agency's Consumer Complaint, Grievance and Appeal Policy and Procedures in the Operations Manual
- Agency's Corporate Compliance Policy
- Agency's Operations Manual Physical Intervention Policy
- Agency's Policy to Provide Information About Detecting and Preventing Waste, Fraud, and Abuse, False Claims Recovery, and Whistleblower Protections
- Park Street Policy 511 Allegations of Abuse Policy
- Review of Park Street Leadership Team meeting minutes verifying youth are discussed weekly at a minimum
- Interview with Program Director
- Interview with PREA Compliance Manager (responsible for ensuring documentation of monitoring for retaliation)
- Interview with Howard Center CEO

Review of agency policies provide evidence that clear expectations have been set regarding the agency's zero-tolerance approach for monitoring retaliation. 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."* The HC PREA policy also directs, *"...for at least 90 days following a report of sexual abuse, the facility PREA Compliance Manager will monitor the conduct and treatment of residents or staff who reported the sexual abuse looking for any indicators that may suggest possible retaliation and act promptly to remedy it...Monitoring should include periodic check-ins with residents and staff."*

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."*

Staff interviews revealed there is a need to clarify who is responsible for monitoring retaliation. The fact that the program serves youth with sexualized behaviors, the Park Street program reviews resident progress in treatment and current issues during weekly team meetings. There is much evidence (i.e., staff interviews, meeting minutes, etc.) to suggest that youth are continuously assessed and interactions between residents are regularly evaluated. Onsite interviews with staff verified they are required to take immediate action to end the retaliation if a youth who reports (or a victim) is being retaliated against. However, onsite interviews and review of documents indicate there is a need to designate an individual to conduct periodic check-ins with youth and document these interactions consistently. The auditor reminds the program that these periodic check-ins must occur for at least 90 days following a report of sexual abuse.

Corrective Actions

- Park Street is required to determine a more formal strategy for ensuring these periodic check-ins occur and that there is a consistent method for documenting these check-ins with youth who reported sexual abuse or sexual harassment and/or the victim. This corrective action will also require designating an individual(s) who will be responsible for these check-ins. Although the Howard Center policy states the PREA Compliance Manager is responsible for these duties, the agency/program may decide to expand this to other high-level managers. If the agency/program chooses to expand those responsible for monitoring retaliation, it will be important to revise agency policy to reflect these changes. The auditor reminds Park Street that documentation at a minimum should include the date, time, and a short description of the check-in that serves as evidence that the youth's welfare was assessed and maps out any follow-up actions that are needed – i.e., bed changes, 1:1 supervision, etc. In addition, PREA provisions require that youth be monitored for retaliation for at least 90 days.

During the corrective action period the agency determined a clear process for more formally monitoring retaliation (i.e., who is responsible; what this monitoring looks like; how periodic check-ins will be documented; etc.). The agency also updated the Howard Center PREA policy to support the change in practice and to set clear expectations for staff. The policy now states: *“For at least 90 days following a report of sexual abuse or sexual harassment, the facility PREA Compliance Manager will monitor the conduct and treatment of residents or staff who reported the sexual abuse looking for any indicators that may suggest possible retaliation and act promptly to remedy it (see Response to Allegations of Sexual Harassment and or Retaliation Protocol below). The facility clinician will be assigned to do periodic check-ins with the resident and/or victim who reported sexual abuse or sexual harassment over a period of 90 days to assess the youth's welfare and if any follow up action is warranted. These check-ins and action steps to address concerns will be documented in the resident's monthly summary. The immediate supervisor of a staff member who made the report of sexual abuse or sexual harassment will do periodic check-ins with the staff member over a period of 90 days to also assess their welfare and if any follow up action is warranted. These check-ins and action steps will be documented in supervision notes. Any concerns or follow up recommended during this 90-day period will be reported to the PREA Compliance Manager by the facility clinician or staff member's supervisor. Monitoring will continue beyond 90 days if the initial monitoring indicates a continuing need.”* The auditor applauds the program and Howard Center for setting clear expectations for staff.

To show this practice has been implemented, during the corrective action period the program submitted portions of clinical notes from May, June, and July for a youth who had filed a report against another youth. Review of these notes verified that the mental health counselor checked-in with youth about how they were feeling following filing the PREA report. There were a total of seven sessions conducted over the three-month period and the notes specifically indicated the youth felt safe and the youth was not being retaliated against. The auditor concludes monitoring for retaliation is now part of the Park Street practice.

By reviewing agency policies and through subsequent conversations with the Park Street Program Director and the Agency PREA Coordinator, the auditor verified this new practice has been implemented. The auditor concludes the program is now in compliance with this standard.

Standard 115.368: Post-allegation protective custody

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Park Street Policy 604 Behavior Management
- HC Operations Manual Physical Intervention Policy
- Interview with Program Director
- Interview with staff responsible for 1:1 supervision of youth
- Interview with youth including youth who have been separated from the group for safety reasons
- Interview with Clinicians
- Interview with Park Street part-time nurse

The Howard Center policies prohibit the use of isolation. More specifically, the HC Operations Manual Physical Intervention Policy states, “*locked seclusion may not be used.*” As previously described in this report, Park Street will separate youth for safety reasons (i.e., one-on-one supervision) but all youth continue to receive education, large-muscle exercise, and daily visits from a Park Street clinician and the Registered Nurse. Staff and youth interviews verified youth are never placed in isolation and if there is a need for separation from the group, youth are provided the required services. 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.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

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

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?
☒ Yes ☐ No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.371 (d)

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

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.371 (f)

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

115.371 (g)

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

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.371 (i)

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

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?
☒ Yes ☐ No

115.371 (k)

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

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- State of VT Statutes online, Title 33, Chapter 49 Child Welfare Services
- State of Vermont DCF Policies 50, 51, 52, 56, 57, 60, 66, and 241
- RLSI Regulations 118, 119, 120, and 121
- Agency Personnel Policy 227 Complaint and Grievance Procedure
- Operations Manual Consumer Grievance and Appeal Policy
- Agency Consumer Grievance and Appeal Procedures
- HC Post Incident Checklist Following an Allegation of Sexual Abuse
- Certificate of Training Completion for RLSI investigator – NIC Specialized Investigation Training
- Interview with DCF RLSI investigation staff (staff to youth sexual abuse)
- Interview with HR investigations staff (staff to youth sexual harassment allegations and retaliation)
- Interview with PREA Compliance Manager (who leads youth to youth sexual harassment allegations)
- Review of investigation records of youth-to-youth sexual harassment and inappropriate sexual contact (there have been no staff to youth allegations of sexual abuse, sexual harassment, or retaliation)

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

When a mandatory reporter calls the DCF abuse hotline, a Centralized Intake and Emergency Services (CIES) social worker records the information in a statewide database, FSDNet. A CIES supervisor determines whether to "accept" or "not accept" the report for investigation of child sexual abuse based on statutory criteria. If the report is accepted for investigation of possible child sexual abuse, the case is assigned, and an investigation is formally launched by an RLSI investigator. If the report is not accepted by CIES supervisor for investigation, a second supervisor reviews the report, also based on statutory criteria. The supervisor conducting the "second read" makes the final determination. This means if the "first read" supervisor doesn't accept the report for investigation and the "second read" supervisor disagrees; the report is accepted, assigned and an investigation is formally launched by an RLSI investigator. This practice is supported in VT DCF Policy 52 which states, *"If accepted by the second screener, a child safety intervention will commence within 72 hours of the receipt of the report. If the report was accepted based on further information received, the child safety intervention will commence*

within 72 hours of the receipt of that information.” However, an interview with the RLSI Investigator verified that cases that involve allegations of sexual abuse are screened and approved the date the report is made or in some cases (in after-hours) immediately the following morning.

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 investigation, if evidence substantiates allegations of child sexual abuse, the case is immediately referred to legal counsel to decide whether to pursue criminal prosecution. This practice is supported by State of Vermont AHS Policy 52 “Child Safety Interventions: Investigations and Assessments which describes situations in which joint investigations must be conducted. The policy requires DCF to contact law enforcement for assistance if the alleged perpetrator of child sexual abuse is ten years or older (page 4). An interview with the DCF RLSI investigator indicated they have a close and cooperative relationship with the Rutland Special Investigations Unit. She reported that she has conducted joint interviews with Rutland SIU investigators and that the SIU offices are diligent about keeping RLSI informed of the investigation progress and findings. In addition, Howard Center has an executed MOU with Rutland Special Investigations Unit (and Child First Advocacy Center).

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.

Within the 13-month period from March 2020 through March 2021, there were no allegations of sexual abuse at the Park Street program. There were four allegations of sexual harassment. All incidents were reported to State of Vermont DCF Centralized Intake as required. The cases were not accepted as “abuse” and therefore, the Park Street Program Director was directed to gather additional information from the victim, perpetrator, and witnesses. The program developed a response strategy to address the sexualized behavior (in the form of verbal comments) and help prevent these incidents in the future. Review of incident reports and supporting documents provide sufficient evidence that comprehensive investigations were conducted by Park Street staff and that these investigations were completed within one week. In addition, documents indicated follow-up actions were taken to address these behaviors from a treatment perspective.

The Howard Center PREA policy details the step-by-step process for responding to allegations of sexual harassment. The policy describes activities from the time an allegation is made, through the investigation process and required notifications. This section of the policy is comprehensive and includes specifics such as stating that a standard of the preponderance of evidence will be used when substantiating allegations; at what point law enforcement will be contacted; the requisite retention schedule for investigation reports and supporting documentation; and other important information. Interviews with Howard Center human resource staff verified these practices are in place. In addition, the Howard Center “Complaint and Grievance Procedure” details the process for conducting internal administrative investigations (i.e., interview victim, witnesses, and perpetrators; notifications to

involved parties; etc.). As previously mentioned, during sexual abuse investigations local law enforcement work closely with RLSI and there is a shared responsibility for conducting interviews. If the allegations are substantiated, the local law enforcement will refer for prosecution.

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

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

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

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

Shortly following the completion of the last PREA audit, the Director of DCF RLSI coordinated additional training for Howard Center program directors who investigate youth-to-youth sexual harassment cases. The Vermont School Boards Insurance Trust (VSBIT) provides specific training on how to effectively conduct investigations of incidents of hazing, harassment, and bullying investigations (HHB). In March 2018, the Park Street Program Director attended this training. A brief description of the training was provided to the auditor for review:

“This training is designed to provide an in-depth treatment of the Vermont AOE policy definitions of hazing, harassment, bullying and retaliation with pragmatic advice on how to

break down and explore their essential elements through the investigative process to be followed by administrators, designees and/or investigators responding to notice of policy violations in cases of inappropriate student conduct. The goal is to work with the policy definitions in a hands-on manner so that attendees have a better understanding of how to apply the definitions to the facts found in the course of their HHB investigations, and to draft reports that reflect the essential elements of those facts and policy definitions.”

The auditor applauds the program for ensuring Park Street investigators conduct investigations consistent with best practices and PREA standards.

Interviews revealed that polygraph tests are not used by AHS to determine whether a victim’s allegation is true by DCF RLSI, Howard Center, or Rutland Specialized Investigations Unit. In addition, the AHS RLSI does not terminate a sexual abuse investigation if a youth recants the allegation. This practice is supported by policy language in VT DCF Policy 241 which states, “...once a report has been accepted for a child safety intervention, the assessment or investigation must be commenced per Policy 52. The child safety intervention will not be terminated if the child or 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. Consistent with PREA expectations, the VT DCF Policy 241 directs, “Written reports of child safety interventions include descriptions of physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The division retains all written reports and documentation related to child safety interventions in FSDNet forever (which exceeds the requirements outlined in 28 CFR 115.371(j)).” 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. Although there have been no sexual abuse allegations at the Park Street program over the past 12 months, interviews with the RLSI investigator confirmed these practices are followed closely.

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.” The State of Vermont revised Policy 241 requires this specialized training for investigative staff. The auditor reviewed training completion certificates from the RLSI investigator assigned to the Park Street program. The auditor applauds RLSI for its commitment to ensuring its investigators are thoroughly trained.

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

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

Interviews with the RLSI investigator assigned to Park Street verified these components are a part of the investigative process.

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

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

Review of policies and investigation reports coupled with staff interviews allows the auditor to conclude the program is in compliance with provisions listed in this standard.

Although not required, during the corrective action period the agency updated its PREA policy to more clearly reflect provisions in this standard. More specifically the agency policy now clearly states: “*The Agency and the PREA facility will cooperate with any external investigation. The facility PREA Compliance Manager will periodically contact the external investigators for information about the progress of the investigation*” (page 8). Further support of this standard is provided by additional policy language which holds the Facility PREA Compliance Manager responsible for “*periodically contact the external investigators for information about the progress of the investigation*” (page 11). This revised policy language offers additional evidence for provision (m).

In addition, agency policy language was revised to support the expectation that “*the investigation will be prompt, thorough and objective. Upon request from external investigators, the Agency may delay its*

internal investigation and shall endeavor to remain informed of the progress of the external investigation.” This further supports PREA standard provision 115.371 (a).

During the corrective action period, the Howard Center also updated its investigation/incident report template to ensure all notifications are made consistent with DOJ standards. The report template now includes the following information:

- Offering youth to call DCF worker, their lawyer, their family member, and emotional support services (i.e., CAC or News Story)
- Clearly listing the witnesses and providing specific information and statements regarding what they observed/experienced
- Clearly listing the evidence used in the determination (interviews with victims, perpetrators, and staff members; review of video; etc.)
- More clearly stating the program’s response to keeping youth safe and preserving evidence (separating youth and instructing youth not to shower, use bathroom, etc.)
- Indicating the outcome of the investigation and the date the investigation was completed
- Indicating when youth was notified regarding the outcome of the investigation (date and time) and who made the notification
- Documenting the date, time, and who made notifications to the parent/guardian, lawyer, and Centralized Intake
- Indicating the detailed plan for retaliation (i.e., who will monitor, how often, what check-ins will look like, etc.)
- Describing in detail the areas required by standard 115.386 to be discussed during the sexual abuse committee. The program also added the date this discussion occurred to provide evidence of the 30-day timeframe required by provision 115.386 (b) as well as who attended the meeting to provide evidence for compliance with provision (c).

The auditor determines the program is in compliance on this standard.

Standard 115.372: Evidentiary standard for administrative investigations

115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?
☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- State of VT DCF Policy 241
- Agency Operations Manual Policies and Procedures Addressing the Prison Rape Elimination Act (PREA)
- Interview with DCF RLSI Investigator
- Interview with PREA Compliance Manager (who is also the Program Director)
- Review of investigation reports from youth-to-youth sexual harassment investigations

Interviews with RLSI investigative staff indicate that AHS DCF imposes a standard of preponderance of evidence for proof, or a lower standard, when determining whether allegations of sexual abuse or sexual harassment are substantiated. The State of Vermont DCF Policy 241 includes language to support this standard. More specifically, Policy 241 states, *“The substantiation standard described above is consistent with the “reasonable belief standard” or “reasonable suspicion standard”, which is lower than the “preponderance of evidence standard” and meets the requirements of 28 CFR 115.372.”* An interview with the RLSI Investigator, HR personnel, and the Park Street Program Director verified this standard is used when substantiating allegations of sexual abuse and sexual harassment.

Review of investigation reports also provided evidence that investigations are thoroughly conducted by RLSI and Park Street Program Director. Investigation reports also provides additional evidence that the burden of proof used by the program is lower than that required by federal PREA standards.

Standard 115.373: Reporting to residents

115.373 (a)

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

115.373 (b)

- If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.373 (c)

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

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

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

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

The Howard Center PREA policy sets clear expectations that align with provisions of this PREA 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."*

Provision (e) of this PREA standard requires youth to be notified of the outcome of the sexual abuse investigation and that *"all such notifications or attempted notification shall be documented."* As part of the State of VT DCF process, the RLSI investigator sends a formal letter to the parent/legal guardian informing them of the outcome of the sexual abuse investigation. RLSI also sends a letter to the Park Street program. In addition, Howard Center's PREA directs, *"the notification may be done in person by the facility PREA Compliance Manager."* The Howard Center policy also speaks to notifying youth for investigations into allegations of sexual harassment. More specifically, the agency PREA policy states, *"following the investigation of an allegation of sexual harassment or retaliation the facility PREA Compliance Manager shall inform the resident of the outcome as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The resident's parents, their DCF worker and their attorney must also be notified. All such notifications must be within 60 days of the conclusion of the investigation and shall be documented."*

An interview with the RLSI Investigator staff confirmed in cases of sexual abuse, once an investigation is completed, the final report is stored in the electronic state system, FSDNet. A formal letter detailing the outcome of the investigation is sent to Program Director of the facility in which the youth currently resides. If the youth is a ward of the state, a formal letter is sent notifying the youth's DCF case worker. Victims are notified of the determination, regardless of the investigation outcome (i.e., whether the case was substantiated or unsubstantiated). Since the State of Vermont does not include an "unfounded" investigatory finding, notifying the victim regardless of the outcome is required to achieve compliance with this PREA standard.

Interviews and review of documentation onsite revealed a need to improve documentation that notification of investigation outcomes is made consistent with federal and agency expectations. The Park Street program will be required to establish a formal system for making the requisite notification to

youth. It is important to note that the Howard Center policy requires that the youth, their DCF worker, and their attorney be notified of the investigation outcome. As such, the program must determine who will be responsible for this notification and where this notification will be documented. For consistency and clarity, it is suggested that the Howard Center revised existing policy to reflect where these notifications will be documented. The agency should also consider revising the Post Incident Checklist to include the requisite notifications (i.e., the date and who made the notifications).

Corrective Actions

During the corrective action period, the Park Street program was required to:

- 1) Establish a formal system for the requisite notifications the are made, including the youth, their DCF worker, and their attorney. The program was directed to clearly determine who is responsible for this notification and where this notification will be documented.
- 2) The Howard Center was directed to revise existing policy and the Post Incident Checklist to reflect where these notifications will be documented, the date the notification was made, and by whom.

During the corrective action period the program enhanced the investigation report template to better ensure all items required by PREA are addressed. Some of the items added to the template included:

- Offering youth to call DCF worker, their lawyer, their family member, and emotional support services (i.e., CAC or News Story)
- Clearly listing the witnesses and providing specific information and statements regarding what they observed/experienced
- Clearly listing the evidence used in the determination (interviews with victims, perpetrators, and staff members; review of video; etc.)
- More clearly stating the program's response to keeping youth safe and preserving evidence (separating youth and instructing youth not to shower, use bathroom, etc.)
- Indicating the outcome of the investigation and the date the investigation was completed
- Indicating when youth was notified regarding the outcome of the investigation (date and time) and who made the notification
- Documenting the date, time, and who made notifications to the parent/guardian, lawyer, and Centralized Intake
- Indicating the detailed plan for retaliation (i.e., who will monitor, how often, what check-ins will look like, etc.)
- Describing in detail the areas required by standard 115.386 to be discussed during the sexual abuse committee. The program also added the date this discussion occurred to provide evidence of the 30-day timeframe required by provision 115.386 (b) as well as who attended the meeting to provide evidence for compliance with provision (c).

During the corrective action period, the agency also updated the Post Incident Checklist to clearly state, *"Date and summary of who gave notification of the outcome (of the investigation) to the victim and perpetrator....Dates of notifications to parents/guardians, attorney, and Centralized Intake."* The

auditor reviewed the document and confirmed with the Program Director that this checklist will be used moving forward. Park Street is now in compliance with PREA provisions in this standard.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

115.376 (a)

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

115.376 (b)

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

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- 3 Vermont Statue Annotated (V.S.A), 128 "Disciplinary action to be reported to the Office"
- State of VT RLSI regulations

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Agency's Policy Prohibiting Physical, Emotional, and Sexual Abuse and Sexual Harassment of Clients in the Operations Manual
- Agency Personnel Policy 237 Violence Prevention and Weapon-Free Workplace Policy
- Agency Personnel Policy 212 Immediate Discharge
- Howard Center and the American Federation of State, County, and Municipal Employees AFL-CIO Howard Mental Health Chapter of Local #1674 collective bargaining agreement
- Interview with Howard Center Executive Director
- Interview with Director of Human Resources
- Interview with Human Resource Specialist
- Interview with Park Street Program Director

As previously described in this report, the Howard Center has several policies supporting zero tolerance. The agency disciplinary sanctions include termination if a staff member violates the agency's sexual abuse and harassment policies. One policy specifically states, *"Any sexual activity inappropriate touching between client and staff is an act of egregious misconduct that can result in harm to the client. The same is true of sexual harassment of clients. Under no circumstances will such behavior on the part of a staff member be tolerated. Allegations of abuse or harassment will be investigated, and any substantiated allegations will result in the immediate dismissal of that employee."* In addition, the HC Park Street program has policy consistent with agency expectations. Park Street Policy 212 Immediate Discharge" states, *"...discharge from employment with the Agency may be immediate for a probationary employee or for an employee who commits a serious infraction of Agency policy, which may include, but is not limited to.... unethical and destructive behavior; Inappropriate behavior with present or past clients...a breach of confidentiality; etc."* Interviews with the Howard Center Executive Director and the Park Street Program Director verified that the agency acts in accordance with its policies and federal regulations.

Agency policies and practice are also reinforced by the formal collective bargaining agreement between the Howard Center and the American Federation of State, County, and Municipal Employees AFL-CIO Howard Mental Health Chapter of Local #1674 (effective July 2018). 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 (Section 807). 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 the Howard Center Human Resources Director and the Human Resources Specialist 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 terminate likely their employment with the Howard Center. She also stated that if during a personnel investigation there was evidence that there

may be criminal charges, she would contact local law enforcement immediately. This information was verified through an interview with the Human Resources Specialist.

Vermont state statute, 3 (V.S.A), 128 “Disciplinary action to be reported to the Office” requires licensed agencies to report disciplinary actions related to staff. Specifically, the statute dictates, “*(1) Any hospital, clinic, community mental health center, or other health care institution in which a licensee performs professional services shall report to the Office, along with supporting information and evidence, any disciplinary action taken by it or its staff that limits or conditions the licensee's privilege to practice or leads to suspension or expulsion from the institution. (2) The report shall be made within 10 days of the date the disciplinary action was taken, regardless of whether the action is the subject of a pending appeal, and in the case of a licensee who is employed by, or under contract with, a community mental health center, a copy of the report shall also be sent to the Commissioners of Mental Health and of Disabilities, Aging, and Independent Living.*” The VSA clearly states that the misconduct or allegations of misconduct that resulted in “an unexpected adverse outcome in the care or treatment of a patient” must be reported “*(b) Within 30 days of any judgment or settlements involving a claim of professional negligence by a licensee, any insurer of the licensee shall report such information to the Office, regardless of whether the action is the subject of a pending appeal.*” As a licensed community residential care program, the Howard Center is governed by State of VT statute and is therefore, required to report terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated, to all licensing boards.

Further supporting the existing practice is the agency’s PREA policy which states, “*Any staff member, volunteer, or contractor terminated by Howard Center for criminal behavior related to an allegation of sexual abuse will be reported to law enforcement and, if applicable, to the appropriate licensing body. The Senior Director of Human Resources will contact the licensing body to report the alleged criminal behavior. An external consultant may be contacted for the purpose of performing an investigation, and agency legal council will be notified.*” The Howard Center agency PREA policy also employs this same practice in cases of sexual harassment that involve potentially criminal behavior.

In addition, the State of Vermont DCF Policy 241 requires RLSI to notify any licensing bodies of substantiated allegations of sexual abuse when staff are alleged perpetrators.

Interviews, state policy, and agency policies support current practice and therefore, Park Street is in compliance with this PREA standard.

During the corrective action period, although not required, the State of Vermont revised Policy 241 to hold the VT DCF responsible for ensuring this notification is made. The revised policy now states, “*In alignment with PREA regulation 28 CRF § 115.376, RTP directors or designees are responsible for employer mandatory reporting to the Office of Professional Regulation as required by 3 V.S.A. § 128. RTP directors are permitted to share RLSI’s letter/notice about the substantiation with the Office of Professional Regulation or the Vermont Board of Medical Practices*” (page 8).

During the corrective action period the Howard Center also made a practice change regarding who is responsible for reporting substantiated criminal allegations of sexual abuse to relevant licensing bodies for staff, contractors, and volunteers. The agency also clarified where these notifications would be

documented. To support this practice change, the agency revised its PREA policy to more clearly state: *“Any staff member, volunteer, intern, 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. The Chief Client Services Officer will contact the licensing body to report the alleged criminal behavior. An external consultant may be contacted for the purpose of performing an investigation, and agency legal council will be notified. Reports will be documented in the Agency’s compliance database, LaborSoft.”*

The auditor concludes the program is in compliance with this standard.

Standard 115.377: Corrective action for contractors and volunteers

115.377 (a)

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

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- 3 Vermont Statue Annotated (V.S.A), 128 Disciplinary action to be reported to the Office
- Agency’s Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Agency’s Policy Prohibiting Physical, Emotional, and Sexual Abuse and Sexual Harassment of Clients in the Operations Manual
- Agency Personnel Policy 240. Violence Prevention and Weapon-Free Workplace Policy

- Agency Personnel Policy 212 Immediate Discharge
- Interview with Program Director
- Interview with Howard Center Human Resources Director
- Interview with Howard Center Human Resources Specialist
- Interview with Howard Center Executive Director
- Review of contract attachments (“Compliance with PREA”)

All contractors and volunteers are subject to agency policies and protocols related to sexual abuse and harassment. All contractors and volunteers working at Park Street are required to sign an attachment to their contracts titled, “Compliance with the Prison Rape Elimination Act (PREA).” The requisite attachments state, *“The Provider understands that failure to comply with the PREA requirements is grounds for immediate termination of the contract.”* The auditor reviewed the two completed and signed PREA forms (there are currently two contractors at Park Street). Interviews with agency leaders and the Park Street Program Director verified that violations of the signed agreement by contractors and volunteers would automatically result in prohibiting these individuals from working with program youth.

Vermont state statute, 3 (V.S.A), 128 “Disciplinary action to be reported to the Office” requires licensed agencies to report disciplinary actions related to staff. Specifically, the statute dictates, *“(1) Any hospital, clinic, community mental health center, or other health care institution in which a licensee performs professional services shall report to the Office, along with supporting information and evidence, any disciplinary action taken by it or its staff that limits or conditions the licensee's privilege to practice or leads to suspension or expulsion from the institution. (2) The report shall be made within 10 days of the date the disciplinary action was taken, regardless of whether the action is the subject of a pending appeal, and in the case of a licensee who is employed by, or under contract with, a community mental health center, a copy of the report shall also be sent to the Commissioners of Mental Health and of Disabilities, Aging, and Independent Living.”* The VSA clearly states that the misconduct or allegations of misconduct that resulted in “an unexpected adverse outcome in the care or treatment of a patient” must be reported *“(b) Within 30 days of any judgment or settlements involving a claim of professional negligence by a licensee, any insurer of the licensee shall report such information to the Office, regardless of whether the action is the subject of a pending appeal.”* As a licensed community residential care program, the Howard Center is governed by State of VT statute and therefore, is required to report terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by contractor or volunteer who would have been terminated, to law enforcement and all licensing boards.

In addition, the State of Vermont DCF Policy 241 requires RLSI to notify any licensing bodies of substantiated allegations of sexual abuse when staff are alleged perpetrators.

Further supporting the existing practice is the agency’s PREA policy which states, *“Any staff member, volunteer, or contractor terminated by Howard Center for criminal behavior related to an allegation of sexual abuse will be reported to law enforcement and, if applicable, to the appropriate licensing body. The Senior Director of Human Resources will contact the licensing body to report the alleged criminal behavior. An external consultant may be contacted for the purpose of performing an investigation, and agency legal council will be notified.”* The Howard Center agency PREA policy also employs this same

practice in cases of sexual harassment that involve potentially criminal behavior. More specifically, the agency PREA policy also states, *“Any staff member, volunteer, intern or contractor terminated by Howard Center for criminal behavior related to an allegation of sexual harassment or retaliation will be reported to law enforcement and, if applicable, to the appropriate licensing body. The Senior Director of Human Resources will contact the licensing body to report the alleged criminal behavior. An external consultant may be contacted for the purpose of performing an investigation, and agency legal council will be notified.”* Interviews with HR staff, the Park Street Program Director, Howard Center agency leaders, and the DCF RLSI Investigator verified this practice is fully embedded in agency and program operations.

Information derived from interviews and additional evidence described in Standard 115.376 of this report, support compliance with this PREA standard. To date, there have been no volunteers, interns, or contractors working at the Park Street Program who have violated these policies.

As previously stated, at the time of the onsite visit Howard Center policy identified the Senior HR Director as responsible for informing licensing entities (i.e., Board of Social Work Examiners, Medical board, etc.). if a staff, contractor, or volunteer engaged in sexual abuse. However, during the corrective action period the agency made a practice change regarding who is responsible for reporting substantiated criminal allegations of sexual abuse to relevant licensing bodies for staff, contractors, and volunteers. The agency also clarified where these notifications would be documented. To support this practice change, the agency revised its PREA policy to more clearly state: *“Any staff member, volunteer, intern, 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. The Chief Client Services Officer will contact the licensing body to report the alleged criminal behavior. An external consultant may be contacted for the purpose of performing an investigation, and agency legal council will be notified. Reports will be documented in the Agency’s compliance database, LaborSoft.”*

During the corrective action period, although not required, the State of Vermont revised Policy 241 to hold the VT DCF responsible for ensuring this notification is made. The revised policy now states, *“In alignment with PREA regulation 28 CRF § 115.376, RTP directors or designees are responsible for employer mandatory reporting to the Office of Professional Regulation as required by 3 V.S.A. § 128. RTP directors are permitted to share RLSI’s letter/notice about the substantiation with the Office of Professional Regulation or the Vermont Board of Medical Practices”* (page 8).

The auditor applauds the program for setting clear expectations in policy.

Standard 115.378: Interventions and disciplinary sanctions for residents

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? ☒ Yes ☐ No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? ☒ Yes ☐ No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?
☒ Yes ☐ No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Agency's Consumer Complaint, Grievance and Appeal Policy and Procedures in the Operations Manual
- Park Street Youth Resident Handbook
- Park Street Policy 103 Inappropriate Touching
- Park Street Protocol for Risk to Harm Others, Self, or Run
- Interview with Program Director
- Interview with mental health clinicians
- Interview with youth who perpetrated sexual abuse and/or sexual harassment

The Park Street Program prohibits all contact between residents. This information is provided in the youth resident handbook and supported in several agency policies. Within the 12-month period from March 2020 through March 2021, there were four substantiated allegations of youth-to-youth sexual harassment and one substantiated incident of inappropriate sexual contact. Park Street staff interviews revealed that these incidents were treated as lapses in treatment. Safety plans were developed and the perpetrator and victim were kept separate until the investigation was completed. Upon completion of the investigation, the program developed additional treatment strategies to assist youth in working on the sexually acting out behaviors. Examples included: Increasing the frequency of individual clinical sessions; assigning additional treatment homework to youth; and having the perpetrator watch the youth PREA education video again and discussing its contents with staff, to name a few.

This practice of using a treatment approach to responding to youth who have sexually acting out behaviors is supported by the program's "Inappropriate Touching" policy (#103) which describes the program's clinical approach/response to all behavioral incidents. 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."*

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. Incidents of sexual harassment and/or sexual abuse would be viewed as a lapse in treatment and would be addressed by re-assessing youth needs and delivering interventions to address youth-specific issues (i.e., increased frequency of individual counseling sessions). In support of this practice the agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) Operations Manual clearly states, *"Facility staff shall not discipline or otherwise retaliate against youth for filing a good faith grievance."*

Agency policies, staff interviews, and review 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.

MEDICAL AND MENTAL CARE

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

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
☒ Yes ☐ No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Agency's Policy on Individual Plans of Care and Individual Support Agreements in the Operations Manual
- Completed Park Street Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Violent Behavior
- JSOAP-II
- Park Street Policy 302 Treatment Plan Development/Review Policy
- Park Street Policy 201 Admission /Intake Policy
- Park Street Policy 511 Allegations of Abuse Policy
- Park Street Medical intake form (includes sexual history questions and offers STD testing)
- HC Intake Screening Tool
- Review of clinical notes in youth files verifying all youth with history of victimization and perpetration were seen within 14 days of intake
- Interview with part-time Park Street nurse
- Interview with Clinicians
- Interview with PREA Compliance Manager/Program Director who conducts vulnerability risk assessments
- Job descriptions for Park Street Mental Health Clinicians

All youth who are accepted for residential treatment services to the Park Street Program are assessed for risk the day they arrive. Numerous 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 Management Plan (ICMP) specific to the youth which includes level of risk to harm self or others which includes the results from the Park Street Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Violent Behavior. Within 60 days, a comprehensive clinical assessment report is generated that includes information from the 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 and a medical screening that includes questioning youth about any previous sexual experiences. Interviews with the program nurse and clinicians confirmed this practice is closely followed. While onsite, the auditor reviewed all current youth and all youth discharged in the past 12 months (N=14; 7 current and 7 discharged youth), verified that vulnerability assessments are completed on all youth and within the 72-hour timeframe.

Further supporting the program's practice, Park Street Policy 201 "Admission/Intake Policy" explains how the program uses information from the Park Street Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Violent Behavior and requires 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, to ensure that information regarding sexual victimization or abusiveness occurring in an institutional setting is protected, Park Street retains completed vulnerability assessment information in locked filing cabinet in the administration building. Although these completed assessments are uploaded to the youth's electronic case record, all Howard Center staff are required to sign an Agreement to Protect the Privacy, Confidentiality and Security of Protected Health Information and Education Records upon hire, providing an extra layer of protection of sensitive information (as described in other sections of this report). Staff interviews supported that client information is protected and staff adhere to privacy information policies and expectations. Park Street policy "Allegations of Abuse Policy" also directs, *"staff are prohibited from disclosing information related to the report made to anyone else."* 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, a review of youth records (N=15; seven current youth and seven discharged youth) indicate all youth are seen by a mental health clinician within ten days of intake. This Park Street practice exceeds the PREA requirement which mandates youth who disclose prior sexual abuse victimization or perpetration be referred to a mental health clinician within 14 days. The fact that all youth see a mental health clinician within ten days of admission to the facility (not only those youth who disclose sexual abuse), allows the auditor to determine Park Street has exceeded this PREA standard.

Standard 115.382: Access to emergency medical and mental health services

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? ☒ Yes ☐ No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? ☒ Yes ☐ No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.382 (d)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- MOU with CFAC RUSI (executed July 2020)
- Park Street MOU with NewStory Center (draft)
- Park Street MOU with Planned Parenthood (executed)
- Rutland Regional Medical Center (RRMC) Pediatric SANE
- Review of incident reports
- Interviews with first responders
- Interviews with Clinicians
- Interview with Park Street part-time nurse
- Interview with RRMC SANE Coordinator

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

The Howard Center policy includes sexual abuse victims receiving forensic examinations from an off-site Sexual Assault Nurse Examiner (SANE). 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 sexual assault these services would be provided at Rutland Medical Center. The Rutland Regional Medical Center (RRMC) SANE-Pediatric policy maintains Sexually Transmitted Infections (STI) prophylaxis and emergency contraception at no cost are offered as part of their response to sexual assault victim. Interviews with Park Street staff verified staff understand part of the response protocol includes offering the victim a medical examination and counseling services.

Review of the Rutland Regional Medical Center (RRMC) policy supports provisions in this standard. More specifically, the policy states, *"The Rutland Regional Medical Center (RRMC) handles all cases of sexual assault promptly and empathetically with consideration, efficiency and confidentiality. We will provide examination and treatment, emotional and psychological support for the patient, proper*

collection of forensic samples, security of evidence, and witness testimony in court when necessary. A Sexual Assault Nurse Examiner (SANE) will be assigned to each case of pediatric or adolescent sexual assault, as available.” In addition, the RRMCC policy also states, “Child First Advocacy Center will be contacted on all sexual assault patients that present to the ED.”

As previously mentioned, Park Street also has MOUs with the Children First Advocacy Center (CFAC) and Planned Parenthood. These MOUs state they will provide emotional support services to Park Street youth as needed. Although the RRMCC policy does not clearly state they will offer emergency contraception or sexually transmitted infections prophylaxis, the policy does explain that the hospital’s protocol follows the US Department of Justice National Protocol for Sexual Assault Medical Forensic Exams. More specifically, the policy declares, *“Registered Nurse credentialed as a SANE and meeting the requirements set forth by the Vermont SANE Program may perform a medical/forensic examination in cases of adult sexual assault/abuse in accordance with the US Department of Justice National Protocol for Sexual Assault Medical Forensic exams.”* An interview with the RRMCC SANE Coordinator and review of the Rutland Medical Center’s SANE policy provides sufficient evidence with provisions of this standard.

The Park Street Registered Nurse (RN) has also established a formal MOU with the local Planned Parenthood organization to ensure youth needs are regularly met. The 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.”*

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

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.383 (c)

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

115.383 (d)

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

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.383 (f)

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

115.383 (g)

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

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Evidenced Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Interviews with first responders
- Interviews with Clinicians
- Interviews with Park Street part-time nurse

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 Vermont Center for Crime Services Sexual Assault Program also pays for certain medical follow-up care related to the sexual assault and can also consider payment of up to 20 sessions of mental health counseling with a licensed mental health provider of the resident's choice for treatment related to the sexual assault." The policy also 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. Although there have been no sexual abuse allegations that involved penetration, review of youth case files indicated that youth who alleged sexual abuse or sexual harassment are seen by a mental health clinician immediately following the event. Additionally, as part of treatment at Park Street all youth meet with a clinician individually a minimum of twice a month. Staff interviews and review of clinical notes verified regular mental health services are provided to all youth several times per month.

As previously mentioned, victims of sexual assault would be offered STI testing through Rutland Regional Medical Center. 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 STI testing. Since Park Street is an all-male facility several of the provisions in this standard do not apply (i.e., offering pregnancy testing). An interview with the Park Street Nurse verified she uses a medical screening tools to evaluate incidents of sexual abuse for all intakes and offers STI education and prophylaxis as needed.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.386 (b)

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

115.386 (c)

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

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.386 (e)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Completed HC Checklist for Reviewing Incidents of Sexual Abuse
- State of VT DCF Policy 241
- Interview with Program Director
- Interview with PREA Compliance Manager
- Interview with DCF Investigator
- Interviews with members of the Park Street Incident Review Committee

Interviews conducted onsite 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. In addition, Park Street has a formal Sexual Abuse Incident Review Committee that meets within 30 days of conclusion of a sexual abuse investigation. The team is comprised of the Park Street PREA Compliance Manager, the supervisor of the PREA Compliance Manager, the PREA Coordinator, the facility staff assigned to the victim or perpetrator, facility medical or mental health practitioners, and the DCF RLSI investigators. The Howard Center's PREA policy supports this practice and the provisions in this standard. In addition, the State of Vermont Policy 241 dictates RLSI investigators participate in the Sexual Abuse Incident Review Committee. Review of investigation files verified this committee has met in accordance with agency policy and PREA expectations.

The Howard Center's PREA policy specifically directs the topics to be addressed during the Incident Review Committee. For example, the policy states the committee must consider: If the incident or allegation was motivated by race; ethnicity; gender identity: lesbian, gay, bisexual, transgender, intersex identification, status or perceived status; or, gang affiliation; or resulting from other group dynamics at the facility; whether the staff levels where the incident occurred are adequate; whether monitoring technology should be considered or augmented to supplement staff supervision; and other areas required by the provisions set forth in these standards. The policy also requires a formal summary report be generated to capture the discussion and decisions during this committee meeting. To ensure all of the required topics are discussed during the Sexual Abuse Incident Committee, the Program Director uses the Checklist for Reviewing Incidents of Sexual Abuse template. The template includes each of the topics previously mentioned; date of the meeting; the required participants (including upper-level managers, investigators, clinicians, etc.); to whom the PCM should submit the completed form; etc. The auditor applauds the program for its attention to detail and creating a quality assurance mechanism to ensure critical information is captured. Although PREA provisions only require this formal committee to meet for incidents of sexual abuse, the Park Street program also conducts these formal reviews on incidents of sexual harassment. This practice exceeds federal DOJ expectations. The auditor reviewed documents related to the five incidents (four sexual harassment and one incident of inappropriate sexual contact) and confirmed that these discussions are in depth and cover all topics listed in provision (d) of this PREA standard.

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 must be formally reviewed by the incident review committee. This expectation is supported in the Howard Center and State of Vermont DCF policies.

Standard 115.387: Data collection

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.387 (b)

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

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.387 (e)

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

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Evidence Used in Determining Compliance:

- State of Vermont contract with Howard Center Park Street
- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- HC data collection forms for sexual incidents (one for staff-to-youth and another for youth-to-youth)
- Data reports displaying aggregated data from HC sexual incident forms
- Review of HC 2020 annual report providing data and discussing recommendations implemented (posted on agency website)

The State of Vermont has included language in its contract with the Howard Center requiring collection of PREA related data. The contract specifically states, *"Prison Rape Elimination Act (PREA). In accordance with State Licensing Regulations and §115.387 of the PREA National Standards, and as applicable to the Contractor, Contractor will collect accurate and uniform data for every allegation of sexual abuse. 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. Additionally, Contractor will provide the number of youth served in the calendar year, and the number of those youth that were adjudicated delinquent (unduplicated count)."* The auditor reviewed copies of completed DOJ surveys that are submitted to the State of Vermont DCF in the event these data are requested by DOJ. As stated above, the Howard Center has memorialized the practice of annual data collection in its PREA policy. The policy sets forth clear expectations about annual document submission to DCF, using the information from the DOJ survey to make program improvements, and developing an annual report detailing sexual abuse data and related PREA information

The Howard Center PREA policy supports provisions in this standard by stating:

- *Collect accurate and uniform data for every allegation of sexual abuse at the Park Street and the Transition House programs;*
- *Use a Howard Center tool based upon the current Survey of Victimization Incident Form to collect data;*
- *Review and collect data from relevant available incident reports, investigation files and reports, and sexual abuse incident reviews;*
- *Aggregate the incident-based sexual abuse data at least annually;*
- *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 Vermont's State Licensing Authority and Juvenile Justice Director*

The Howard Center uses an electronic survey form/database to capture the data elements set forth by the BJA in the DOJ Survey of Sexual Victimization Juvenile Incident (FORM SSV-II). Following an allegation sexual abuse, assault, and/or harassment, the Program Director/PREA Compliance Manager enters data into the Howard Center PREA survey form/database. From this, Park Street Program Director runs a data report detailing incidents – i.e., time incidents most frequently occur, area in which

incident occurred, number of victims, outcome of the investigation outcome, etc. These reports allow Park Street to complete the Survey of Sexual Victimization Summary Form for Locally or Privately-Operated Juvenile Facilities (FORM SSV-6). This form is completed and sent to the Agency PREA Coordinator, who then sends it onto the State of Vermont as required per contract. These completed forms are also posted on the agency's website ([Safe Environment Standards – Howard Center](#)).

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

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."* Park Street's current practice complies with provisions in this PREA standard.

Standard 115.388: Data review for corrective action

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?
☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.388 (d)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Park Street Policy 1201 Program Evaluation
- HC annual PREA report on website
- Interview with Agency PREA Coordinator
- Interview with PREA Compliance Manager
- Interview with HC Executive Director

The Howard Center has an annual agency PREA report that highlights progress and compliance with federal PREA standards. The report is titled, "Eliminating Sexual Abuse and Sexual Harassment in Howard Center's Park Street and Transition House Programs" and is posted on the Safe Environmental Standards website (<https://howardcenter.org/safe-environment-standards/>). The webpage includes reports from 2015-2020. Each individual report includes comparison data for sexual abuse incidents from the prior year. Just prior to the onsite review, the auditor checked the website, and all report links are in working order.

The practice of creating an annual progress report is supported by the Howard Center PREA policy which states the agency will, "*Complete annual reports for each facility as well as the Howard Center as a whole and include a comparison of the current year's data and corrective actions to prior years*

and evaluate the agency's progress in addressing sexual abuse; redact from the report any resident identifiable information as well as any information Howard Center believes poses a clear and specific threat to the safety and security of either of the facilities; have these reports approved by Howard Center's CEO." During interviews with the Howard Center CEO and the Director of Home and Community Services, the auditor confirmed the Agency PREA Coordinator drafts the annual PREA report and that they review and approve the report prior it being posted to the agency's 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."* The Agency PREA Coordinator meets with Park Street and Transition House Program Directors and PREA Compliance Managers throughout the year to review PREA data and discuss challenges. The Park Street Program Director also reported that the Agency PREA Coordinator makes himself available for consultation at any time and is readily available during/following allegations of sexual abuse and/or sexual harassment.

Standard 115.389: Data storage, publication, and destruction

115.389 (a)

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

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.389 (c)

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

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?
☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Completed Department of Justice Surveys of Sexual Violence posted on the HC website
- Agency's Policy on Records Retention, Disclosure and Disposition in the Operations Manual
- Interview with Agency PREA Coordinator

The Howard Center's record retention schedule states, "*PREA administrative and criminal investigations of sexual abuse and sexual harassment*" will be retained "*as long as the alleged abuser is still employed by the agency or as long as they are incarcerated, plus 5 years.*" In addition, the agency retention schedule states that PREA sexual abuse data will be retained for "*10 years after the date of initial collection.*" This information is also part of the agency's PREA policy. All completed data from the Department of Justice Surveys of Sexual Violence are posted on the HC website (years 2015-2020). The auditor checked the links, and all are in working order.

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.

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
 - ☒ Yes ☐ No ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? ☒ Yes ☐ No

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

This audit represents the third PREA audit for the Howard Center Park Street Program. Since the first audit was conducted in July 2015 and a second audit was conducted in 2017 (completed in 2018), the Howard Center agency is in compliance with Standard 115.401 (a) and (b) which requires agencies to ensure one-third of its facilities undergo an audit during each audit cycle.

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 hospital's SANE Coordinator and community advocate. To the best of her knowledge, the auditor adhered to the expectations outlined in

the PREA Auditor Handbook (revised 2021) – i.e., sampling methods; not receiving financial compensation from Howard Center; and other provisions.

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

The auditor has confirmed that the Park Street final PREA audit reports (2015 and 2018) have been posted to the agency's Safe Environmental Standards website: <http://www.howardcenter.org/Safe-Environment-Standards>.

AUDITOR CERTIFICATION

I certify that:

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

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

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

A handwritten signature in black ink, appearing to read "Sharon Pette". The signature is fluid and cursive, with the first name "Sharon" and the last name "Pette" clearly distinguishable.

Sharon Pette, Certified DOJ PREA Auditor

August 10, 2021

Auditor Signature

Date