



EFFECTIVE SYSTEM
INNOVATIONS

February 28, 2019

Laraway Youth and Family Services
Foote Book program
275 Route 15
West Johnson, VT 05656

RE: Prison Rape Elimination Act (PREA) - Final Audit Findings Report

To Mr. Dave McAllister,

I am pleased to inform you that the **Laraway Youth and Family Services (YFS) Foote Brook program has achieved 100% compliance with the Prison Rape Elimination Act (PREA)**. The Foote Brook and Laraway YFS leadership teams have clearly demonstrated their commitment and adherence to the federal PREA standards by implementing policies and procedures and most importantly, operationalizing these expectations into daily practice.

I want to express my sincere congratulations to you and your team on this tremendous accomplishment and on the many successes that led to this achievement.

On behalf of youth, families, and the Department of Justice (DOJ) I thank you for ensuring youth are safe while in your care.

Sincerely,

Sharon Pette, MSC, GBSS
Department of Justice Certified PREA Auditor
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**Prison Rape Elimination Act (PREA) Audit Report
Juvenile Facilities**

Interim Final

Date of Report February 28, 2019

Auditor Information

Name: Sharon Pette	Email: sharon@rapidesi.com
Company Name: Effective System Innovations (ESI), LLC	
Mailing Address: P.O. Box 3403	City, State, Zip: Guttenberg, NJ 07093
Telephone: 212-677-5093	Date of Program Visit: July 18th - 20th, 2018

Agency Information

Name of Agency Laraway Youth and Family Services		Governing Authority or Parent Agency: Laraway Youth and Family Services contracts with the State of VT Department for Children and Family Services (DCF)	
Physical Address: 275 Route 15		City, State, Zip: West Johnson, VT 05656	
Mailing Address: PO Box 621		City, State, Zip: West Johnson, VT 05656	
Telephone: 802-635-7266		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Laraway Agency Mission: Providing opportunities for children and families to recognize their individual strengths while supporting them to grow and contribute within our communities

Agency Website with PREA Information: <http://www.laraway.org>

Agency Chief Executive Officer

Name: Greg Stefanski	Title: Executive Director
Email: gstefanski@laraway.org	Telephone: 802-635-2805 X102

Agency-Wide PREA Coordinator

Name: Dave McAllister	Title: Substitute Care Program Director
Email: dmcallister@laraway.org	Telephone: 802-635-7266 X201
PREA Coordinator Reports to: Executive Director	Number of Compliance Managers who report to the PREA Coordinator: 1

Program Information

Name of Program: Foote Brook Therapeutic Residential Program

Physical Address: 463 Foote Brook Road, Johnson, VT 05656

Mailing Address (if different than above): P.O. Box 621 Johnson, VT 05656

Telephone Number: 802-635-3666

The Program 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

Program Type:	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake	<input checked="" type="checkbox"/> Other - Residential
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Foote Brook Program Mission: Our Mission is to provide opportunities for children and families to recognize their individual strengths while supporting them to grow and contribute within our communities

Program Website with PREA Information: laraway.org

Is this program accredited by any other organization? Yes No

Program Director/PREA Compliance Manager

Name: Kandi Marlow	Title: Substitute Care Program Manager
Email: kmarlow@laraway.org	Telephone: 802-798-2053

Program Health Service Administrator

Name: N/A	Title: N/A
Email: N/A	Telephone: N/A

Program Characteristics

Designated Program Capacity: 4	Current Population of Program: 3
Number of residents admitted to program during the past 12 months	7
Number of residents admitted to program during the past 12 months whose length of stay in the program was for 10 days or more:	7
Number of residents admitted to program during the past 12 months whose length of stay in the program was for 72 hours or more:	7
Number of residents on date of audit who were admitted to program prior to August 20, 2012:	0 youth during initial audit; 4 youth on return site visit
Age Range of Population:	12 – 19 years old
Average length of stay or time under supervision:	8 months
Program Security Level:	Staff secure residential
Resident Custody Levels:	DCF custody and DCF Probation and Family Custody
Number of staff currently employed by the program who may have contact with residents:	13

Number of staff hired by the program during the past 12 months who may have contact with residents:	4
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Physical Plant	
Number of Buildings: 1	Number of Single Cell Housing Units: 4 individual bedrooms
Number of Multiple Occupancy Cell Housing Units:	0
Number of Open Bay/Dorm Housing Units:	0
Number of Segregation Cells (Administrative and Disciplinary):	0
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): No video surveillance during initial visit in July 2018	
Medical	
Type of Medical Program:	N/A
Forensic sexual assault medical exams are conducted at:	University of Vermont Medical Center
Other	
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the program:	0
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	State of VT RLSI responsible for sexual abuse investigations; there is one RLSI investigator assigned to the Foote Brook program

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), LLC on April 1, 2018 to conduct the government mandated PREA audit of the Laraway Youth and Family Services (YFS) Foote Brook Residential Treatment Program. The purpose of this audit was to determine the degree of compliance with the federal Prison Rape Elimination Act (PREA) standards. This is the first PREA audit of the Foote Brook program. This audit report details information obtained from the pre-audit document review; the initial onsite visit (July 18th and 19th, 2018), the two-hour debriefing meeting (July 20th, 2018); and the follow-up site visit (February 19th, 2019). This final report also provides detailed information regarding the actions taken during the six-month corrective action period to achieve 100% compliance with federal PREA standards.

Six weeks in advance of the onsite audit, several posters were hung throughout the program 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, four notification fliers were posted in the following locations on the first floor of the program: 1) In the hallway entry way (on the information bulletin board); 2) Wall by the kitchen; and 3) Staff office door. In addition, a fourth audit announcement flier was posted at the Laraway Youth and Family Services main office building ("The Farm House") since many youth meet with their case managers in this main 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 Laraway Substitute Care Director (who also serves as the Agency PREA Coordinator) and the Foote Brook Program Manager (who also serves as the Foote Brook PREA Compliance Manager) to discuss expectations and to answer any questions they had.

A few weeks prior to the onsite review, the Program Manager/PREA Compliance Manager submitted the Pre-Audit Questionnaire (PAQ) and supporting documents to the auditor. A comprehensive evaluation of agency policies, program procedures, agency mission statement, tracking forms, and other relevant materials was conducted prior to the onsite visit. At the auditor's request and to better ensure confidentiality, no investigative reports, youth case files, or personnel records were sent prior to the onsite visit.

The initial onsite portion of the audit spanned a two-day period: July 18th and 19th, 2018 with a two-hour debriefing occurring on July 20th, 2018. During the onsite review the auditor conducted an extensive program tour which included visual inspection of the Foote Brook program (one main building) and the Laraway Youth and Family Services Main Administration building ("Farm House"). During the tour the auditor gathered relevant information about programming, supervision, treatment philosophy and approach, and daily operations through conversations with The Substitute Care Program Director (Laraway Agency PREA Coordinator), Mr. David McAllister and the Foote Brooke Program Manager (PREA Program Compliance Manager), Ms. Kandi Marlow. More information about the program and programming relevant to PREA standards is provided in the body of this report.

During the initial onsite visit, the auditor conducted interviews with managers, agency leadership, and staff. At that time, there were no youth residing in the program and consequently, the auditor was not able to interview program residents. Therefore, a second follow-up visit was planned for February 2019. During both visits the requisite staff interviews were conducted consistent with DOJ expectations in content and approach, as well as the method for selecting staff to be interviewed (i.e. Program Director, Program Director/PREA Compliance Manager, specialized staff, random staff, etc.). The auditor used a list of staff who have contact with residents (titles and by shifts), although because Foote Brook is a small program the auditor interviewed all direct care staff (Residential Support Staff).

Over the initial two-day program visit and through phone interviews occurring after the onsite visit, a total of 16 interviews were conducted. It is important to note that the program does not employ medical staff or currently have any contractors or volunteers. More specifically, the audit process included interviews with:

- The Laraway Executive Director
- The Laraway Substitute Care Director who is also the Laraway Agency PREA Coordinator
- The Foote Brook Program Manager who is also the PREA Program Compliance Manager
- The Laraway Human Resources Director
- One Foote Brook Mental Health Clinician
- Six Foote Brook direct care staff (part-time and full time Residential Support Staff)
- One Foote Brook Case Manager
- The State of Vermont Residential Licensing Special Investigations Unit (RLSI) Investigator assigned to the Foote Brook Program
- The Copley Hospital SANE Coordinator
- A representative from the local advocacy organization (post onsite audit)
- Specialized Investigation Unit Detective from Lamoille County Sherriff's Department

It is important to note that several attempts were made to contact the SANE Manager at the University of Vermont Medical Center (UVMC) for an interview but the auditor was unsuccessful in connecting voice-to-voice with her prior to the issuance of this final report.

As previously mentioned, a follow-up visit was conducted on February 19th, 2019 during the corrective action period to determine if new practices met PREA expectations. During the follow-up visit the auditor interviewed all youth currently in the program (N=3) and conducted interviews with the Program Manager/PREA Compliance Manager, the case manager, and three randomly selected direct care staff. In addition, documents were reviewed including but not limited to: Completed unannounced rounds forms; vulnerability assessments; staff training records; youth PREA completion attestation forms; updated job descriptions; and training summaries, to name a few. All evidence from the follow-up site visit supports the Laraway Foote Brook program is 100% compliant with federal PREA standards.

During the initial site visit the auditor reviewed training records and criminal background checks for all staff (N=11) working in the Foote Brook program as well as files for the five staff members who have left the program in the past 12 months. As previously mentioned, there were no contractors or volunteers working in the Foote Brook program at the time of the onsite audit or during the corrective action period.

There have been no allegations of sexual abuse or sexual harassment occurring in the Foote Brook program in the past years. Therefore, no investigation reports specific to the Foote Brook program could be reviewed as part of this initial audit.

Throughout the audit review process, as well as in the initial onsite 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 two hour-debriefing meeting was held on the final day of the site visit to summarize preliminary audit findings. Participants included the Laraway Executive Director, the Substitute Care Director (who is also the Laraway PREA Coordinator) and the Foote Brook Program Manager (who is also the PREA Compliance Manager). The auditor provided feedback regarding program strengths and areas identified as needing corrective action. The auditor explained the corrective action period, expectations, and how she will help support the program in achieving 100% compliance with PREA standards (i.e. assisting in developing a detailed corrective action plan, reviewing documents and providing feedback, etc.)

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 Laraway Youth and Family Services to provide residential treatment services to youth at the Foote Brook program, for the purposes of this audit the “agency” is considered Laraway YFS. This ensures consistency in the interpretation and application of the PREA standards.

Program Characteristics

The Foote Brook Therapeutic Residential Program is operated by Laraway Youth and Family Services (YFS) 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 Laraway YFS to provide residential treatment services to youth. Laraway Youth and Family Services’ mission is *“To provide opportunities for children and families to recognize their individual strengths while supporting them to grow and contribute within our 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 Laraway YFS was founded in 1972 by a group of local citizens and led by Rumsey Jesser who were “concerned about students being excluded from local public high schools due to their social, emotional and/or behavioral challenges” (laraway.org). Since then, the agency has expanded and opened residential treatment programs and therapeutic foster homes throughout the state of Vermont. The Foote Brook program opened in 8/01/2014 as a community residential program located in Johnson, Vermont. The program houses males between the ages of 12 and 19 years old who are referred for various reasons (i.e. often for sexualized behaviors) and who are in the custody of AHS DCF, on DCF probation, or remain in the custody of their parents with oversight of the Vermont Department of Mental Health (DMH). All program youth must have a substantiated charge and/or have been identified as needing intensive treatment services or more formal supervision. The program has the physical capacity to serve four youth. At the time of the onsite audit there were no youth in the program. Over the past 12 months from July 2017 through June 2018 the average number of youth served was between three and four youth (average was 3.4 youth). At the time of the follow-up visit on February 19, 2019, there were three youth residing in the Foote Brook program.

The Foote Brook program is a residential treatment program located in a rural community setting. The program is not enclosed by a perimeter fence and is adjacent to unoccupied land. The residential program has one main dwelling where youth and staff reside and a separate garage that is not attached to the main house. The garage is used as storage space but is also used as a wood shop and studio where youth can work on bicycles and/or small car engines.

The main two-story house has four bedrooms and one staff office which are all located on the main floor (where you enter the home). The downstairs space of the residence includes an open living room area which is connected to a kitchen, a small laundry room area, and a storage closet. There is a door leading to the front yard area (and main road) just off the living room. On the opposite side of the house the front door allows entry into the main floor. This main entrance also allows access youth and staff access to acres of forest that connect with the Foote Brook program’s backyard.

All Foote Brook youth sleep in individual bedrooms. All bedroom windows are alarmed with a sensor that lights up in the staff office when a window screen is tampered with. The bedroom doors are alarmed with a similar light sensor and are triggered when a closed bedroom door is opened. There are no sound alarms on the windows or doors nor does the program have chimes indicating youth are leaving and entering the bedrooms or bathrooms. At the time of the onsite visit, the program did not have any surveillance cameras.

Consistent with the Laraway YFS Mission Statement - *Providing opportunities for children and families to recognize their individual strengths while supporting them to grow and contribute within our communities*” (laraway.org) - the Foote Brook program aims to assist young men in becoming positive contributing members of society. They accomplish this through supported skill development and allowing youth to earn privileges as they successfully move through the program. Youth who actively participate in the program, demonstrate responsibility, have stable behavior, and are engaged in healthy community-based activities may be afforded privileges, including a decrease in staff supervision and an increase in the amount of free time a youth is permitted to have in the community. More information about youth supervision at Foote Brook program is provided in other areas of this report (i.e. Standard 115.313).

Foote Brook employs 10 full-time and three part-time staff including the Substitute Care Program Director, the Foote Brook Program Manager, one case manager, 10 Residential Support Staff (full time and part time direct care staff), and two Mental Health Clinicians.

Summary of Audit Findings

The initial audit provided significant evidence that the Laraway Foote Brook program has a solid infrastructure that supports effective program functioning. Numerous program policies and forms have been developed to support the agency’s commitment to closely aligning with federal PREA standards.

The success of any initiative depends on a variety of factors and requires support from executive level managers. Information gathered from program staff suggests there is exceptionally strong leadership at the Foote Brook program. The Substitute Care Director, Mr. McAllister has been employed by Laraway for 18 years and in his current position for approximately two years. All staff reported Mr. McAllister is friendly, intelligent, caring, and approachable. Similarly, the Program Manager, Ms. Kandi Marlow, MSW has worked at the program for approximately 18 months. She is professional, well respected by staff, and has a strong positive presence in the program. It was repeatedly demonstrated in both onsite visits that Ms. Marlow makes herself readily available to staff; that 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 interviews and observations that Ms. Marlow leads using a continuous improvement lens and regularly examines program operations and services to identify potential areas for improvement. Similarly, staff interviews verified that the both Mr. McAllister and Ms. Marlow are experienced, skilled, and possess a genuine passion for the work they do. This exceptional leadership throughout the program is a recipe for program success.

Interviews with Laraway agency and Foote Brook program leaders reveal they are fully committed to keeping youth safe and free from sexual abuse and harassment. Although at the time of the onsite review several practices had not been implemented, during the corrective action period Laraway leaders developed and implemented the program components and policies necessary to achieve 100% compliance with federal PREA standards. Evidence supports these practices have been institutionalized into routine program operations.

To better ensure the findings of the interim PREA report are correctly interpreted it is critical to note there are nearly 200 provisions within the 41 PREA standards. For a standard to be successfully met, the program must demonstrate compliance on all the provisions of that standard. In other words, if a PREA standard is comprised of 12 subcomponents/provisions and the program fails to meet one of these provisions, the auditor must issue a finding of “standard not met” for that standard. Therefore, it is crucial to interpret the number of standards “not in compliance” with care and caution. The number of standards not in compliance should in no way be interpreted as evidence suggesting Foote Brook is not aligned with PREA standards or not keeping youth and staff safe.

A summary of the degree of compliance with the federal standards is displayed in the following chart. An explanation of the findings related to each standard is provided in the body of this audit findings report.

Category	Initial Report	Final Report
Number of Standards Exceeded	0	1
Number of Standards Met	18	39
Number of Standards Not Met	22 (Standards: 313, 316, 322, 331, 332, 333, 341, 342, 352, 353, 354, 361, 363, 367, 378, 381, 382, 383, 386, 387, 388, and 389)	0
Number of Standards N/A	1	1

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

Following the initial onsite visit, an interim report was issued detailing the corrective actions needed to achieve compliance with PREA standards. Laraway YFS Foote Brook program entered the 180-day corrective action period in August 2018. Following the second site visit in February 2019 and as detailed in this final report, the Laraway Foote Brook program is now 100% compliant with federal PREA standards.

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 program, has each program designated a Program Director/PREA Compliance Manager? (N/A if agency operates only one program.)
 Yes No NA
- Does the Program Director/PREA Compliance Manager have sufficient time and authority to coordinate the program’s efforts to comply with the PREA standards? (N/A if agency operates only one program.) 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:

- State of Vermont Department for Youth and Families: Licensing Regulations for Residential Treatment Programs in Vermont - Standards 402, 414
- Laraway Youth and Family Services Employee Policy Manual - "5.2 Workplace Violence/Sexual Harassment Prevention"
- Laraway Substitute Organizational Chart June 2018
- Laraway Agency policy Section 5, "Workplace Violence, Sexual Harassment, and Sexual Abuse Prevention"
- Laraway YFS Program Manager: PREA Compliance Manager and Residential Services job description
- Laraway YFS Program Director and Agency PREA Coordinator job description
- Laraway agency website where zero tolerance information is posted (<http://www.laraway.org/programs.html#sub>)
- Foote Brook Employee Handbook
- Foote Brook Youth Guide
- Interview with Laraway Executive Director
- Interview with Foote Brook Program Manager/PREA Compliance Manager
- Interview with Laraway Agency PREA Coordinator
- Interview with Human Resources Director
- Program Audit Tour

Laraway YFS has an agency policy that addresses zero tolerance for sexual abuse and sexual harassment. The agency's policy "5.2 Workplace Violence/Sexual Harassment Prevention" defines sexual harassment as unwanted sexual advances, or visual, verbal, or physical conduct of a sexual nature. The policy provides specific examples of sexual harassment including but not limited to unwanted sexual advances; making or threatening reprisals after a negative response to sexual advances; verbal sexual advances or propositions; and physical conduct such as touching or assaulting. In addition, the policy states that Laraway promotes a work environment that is free from all forms of discrimination including sexual harassment, intimidation, offensive behavior, coercion, and hostility/threats. This PREA policy also provides definitions for staff, contractor, and/or volunteer abuse and harassment to youth consistent with PREA standards. The policy upholds:

"Conduct that threatens, intimidates, or coerces another employee, a student, or a member of the public at any time, including off-duty periods, will not be tolerated. Threats or actual violence, both direct and indirect, should be reported as soon as possible to your immediate supervisor, a program director, the Business Manager, or the Executive Director. Laraway will promptly and thoroughly investigate all reports of threats or actual violence. The identity of the individual making a report will be protected as much as is practical. In order to maintain workplace safety and the integrity of its investigation, Laraway may suspend employees, either with or without pay, pending investigation."

During the corrective action period Laraway posted its zero policy on the agency website <http://www.laraway.org/programs.html#sub>. The website now explains:

“Safe Environment Standards: Laraway Youth & Family Services’ Substitute Care Program provides residential placement and treatment services under contract with the Vermont Department for Children and Families. As a result of this relationship, these programs must comply with the standards in accordance with the federal Prison Rape Elimination Act (PREA). To that end, Laraway has developed these safe environmental standards for those programs.

Zero Tolerance Policy: Laraway has a zero-tolerance policy regarding sexual abuse and sexual harassment of individuals. This prohibition is supported by the agency’s Ethics and Conduct Policy, the Policy Prohibiting Physical, Emotional, and Sexual Abuse of Clients and the Policies and Procedures addressing the Prison Rape Elimination Act in our Employee Handbook, as well as the Workplace Violence, Sexual Harassment and Sexual Abuse Policy in the Employee Handbook. All staff members, contractors, interns, or volunteers working with or having direct contact with residents of our residential facilities are required to sign a form stating they understand the zero-tolerance policy and their role as a mandatory reporter.”

During the corrective action period, Laraway also enhanced its agency policy to more clearly explain their commitment to preventing workplace violence, harassment, and abuse. The policy now states “Laraway will strive to educate, detect and prevent sexual abuse and sexual harassment of staff, those served by our agency and our partners....All staff of the Agency are considered legally Mandated Reporters and therefore must comply with the reporting requirements. Laraway will promptly and thoroughly investigate all reports of threats, violence, abuse or harassment.” Additionally, the agency has clarified that harassment is among the reasons warranting termination. The revised policy explains, “Anyone determined to be responsible for threats, actual violence, abuse, harassment or other conduct that is in violation of these guidelines will be subject to prompt disciplinary action up to and including termination of employment.” The policy also provides a definition of sexual abuse consistent with federal PREA expectations.

Additional evidence of zero tolerance can be found in the Foote Brook Employee policy manual which declares, “Foote Brook has a zero tolerance for any type of sexual harassment or sexual abuse of any kind. Allegations of sexual abuse or sexual harassment will be investigated...Intentionally false allegation made in an attempt at retaliation will not be tolerated.” In addition, the Foote Brook youth manual states, “We are committed to creating and maintaining an environment and community which: Is free from racism, sexism, and homophobia; Is free from the weight of hate, discrimination, and fear; Is free from sexual abuse and sexual harassment or retaliation...”

In addition to the policies referenced above, information obtained during the onsite review verified the zero tolerance “tone” which permeates the program. Supportive evidence gathered during the program tour includes posters that declare zero tolerance and a bulletin board at the entrance to the program/home that displays PREA and community advocacy information. Interviews with agency and program leaders and direct care staff while onsite verified the zero-tolerance policy is intrinsic to the program culture and agency principles.

The Laraway YFS philosophy and commitment to zero tolerance is further supported by state regulations. The State of Vermont AHS Residential Licensing and Special Investigations Unit (RLSIU) is responsible for licensing all community residential facilities in Vermont. State regulations prohibit residential programs from hiring or continuing to employ any person substantiated for child abuse or neglect (“State of Vermont Department for Youth and Families: Licensing Regulations for Residential Treatment Programs in

Vermont,” Standard 402). In addition, regulations require all residential treatment programs to have written policies and procedures for the orientation of new staff to the program and must include “...child/youth grievance process...policies regarding zero-tolerance for sexual abuse, procedures for reporting suspected incidents of child abuse and neglect, etc.” (“State of Vermont, DCF Licensing Regulations for Residential Treatment Programs,” Standard 414). The Foote Brook program is required to undergo the licensing process every two years.

The Laraway YFS agency has a designated Agency PREA Coordinator, Mr. Dave McAllister. 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.

Similarly, the Foote Brook Program has a designated Program Director/PREA Compliance Manager, Ms. Kandi Marlow, who is responsible for ensuring program compliance with these federal standards. Although Ms. Marlow is also the Foote Brook Program Director, interviews and observations indicate she has sufficient time to perform the PREA related job responsibilities. Several factors play into this determination including: Foote Brook is a small program (maximum capacity of four youth) making it less cumbersome to implement changes; Ms. Marlow is an outstanding leader who possesses a deep understanding of the PREA standards; and Ms. Marlow is fully committed to ensuring youth are safe and successful in the Foote Brook Program. In addition, Ms. Marlow is well respected by the Laraway YFS agency leadership and therefore, is given the authority and autonomy to make decisions that directly impact the Foote Brook Program.

Interviews with the Foote Brook Program Director/PREA Compliance Manager and Substitute Care Director/Laraway Agency PREA Coordinator support they have enough time and authority to perform PREA related duties. Additionally, the Laraway YFS Executive Director articulated during his interview that keeping youth safe while in the care of Laraway YFS is a top agency priority. Additionally, shortly after the onsite audit and prior to issuing the interim audit report Laraway YFS and the Foote Brook program updated their organizational charts to more clearly support provisions in this standard. The agency and program level charts now clearly display the job titles “Foote Brook Program Director/PREA Compliance Manager” and “Substitute Care Director/Laraway Agency PREA Coordinator.” The evidence described above allows the auditor to conclude that Foote Brook is in full compliance with this PREA standard.

Although the program had already met compliance on this standard, during the corrective action period the job description of the Laraway YFS Program Manager: PREA Compliance Manager was significantly revised to include specific job responsibilities related to PREA. The Program Manager/Facility PREA Compliance Manager job description now outlines job responsibilities to include:

- *Serves as the agency’s primary contact and point person on PREA and is a resource for management on PREA related inquires and procedural questions*
- *Creates, updates, trains, and oversees the implementation of PREA related policies and procedures to comply with all PREA standards and audit requirements*
- *Works with each facility and associated staff to ensure compliance standards are being met*
- *Creates corrective action plans as needed*
- *Participates in investigations of any sexual assault and Harassment instances while overseeing the submission of formal reports to the State and Federal governments*
- *Provides support and guidance to HR and PREA Coordinator to address sexual harassment allegations*

- *Along with the PREA Coordinator, works collaboratively with community partners and other stakeholders to ensure proper victim and offender care and treatment*
- *Oversees the training and the development of educational materials used to educate staff and clients about PREA and related issues*
- *Ensures proper PREA data collection around instances of Sexual Abuse and Harassment within any residential facility in order to comply with all PREA standards and audit requirements*
- *Monitors and oversees proper storage of PREA data*
- *PREA Compliance Manager and PREA Coordinator will ensure all residential data will be aggregated at least annually and displayed properly in alignment with PREA standards and audit requirements*
- *Actively participates in Sexual Abuse Incident Review Committee (SAIRC) and document findings on Foote Brook SAIRC form*

Similarly, during the corrective action period Laraway enhanced the job description for the Laraway YFS Program Director/Agency PREA Coordinator. The job description now denotes responsibilities as follows:

- *Ensuring all PREA Sexual assault and Harassment Data is collected according to the DOJ and PREA Standards and Requirements*
- *Ensure all residential data will be aggregated, at minimal annually, and posted appropriately on agency website*
- *Responsible to ensure proper PREA information is on our agency website*
- *Ensure the Annual PREA Report is completed and submitted by deadline, currently February 1st*
- *Ensure PREA Compliance Manager and Foote Brook are upholding all Federal PREA Policies*
- *Ensure interagency cooperation between HR, facilities, Police, CUSI, RLSI, Hospitals/ Medical Providers, etc. are responding and fulfilling PREA Standards during incidents of Sexual Abuse and Harassment*
- *Ensure proper response to any PREA Grievances including investigation, documentation and response according to outlined and approved program procedures*
- *Regularly review all PREA standards against agency performance, make necessary adjustments in response to standard changes, to improve efficiency, quality and response*
- *Lead Sexual Abuse Incident Review Committee (SAIRC) following all incidents of sexual abuse*

The auditor applauds Laraway for its commitment to PREA standard adherence and for setting clear expectations by detailing specific PREA related duties in formal position descriptions.

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 Laraway YFS does not contract with private entities for the confinement of youth. Although the State of Vermont Department for Children and Families contracts with the Laraway YFS to provide residential treatment services for Foote Brook youth, for the purposes of this report the Laraway YFS is considered the "agency." Therefore, this standard is N/A.

Standard 115.313: Supervision and monitoring

115.313 (a)

- Does the agency ensure that each program 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 program 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 program 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 program'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 program'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 program'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 program’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 program’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 program’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 program’s physical plant (including “blind-spots” or areas where staff or residents may be isolated)? Yes No
- Does the agency ensure that each program’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 program’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 program’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 program’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 program’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 program document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the program 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 program 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 program fully document any limited and discrete exigent circumstances during which the program did not maintain staff ratios? (N/A only until October 1, 2017.) Yes No NA
- Does the program ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) Yes No NA
- Is the program 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 program, 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 program, 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 program, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The program's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the program, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the program has available to commit to ensure adherence to the staffing plan? Yes No

115.313 (e)

- Has the program 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 program 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 program? (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:

- Program staffing schedules
- State of Vermont DCF “Residential Licensing Standards for Residential Treatment Programs in VT” - Standards 424, 601, 602, 603
- RLSI licensing report verifying Foote Brook exceeds State of VT youth to staff ratios of 1:6
- Laraway Agency policy Section 5, “Workplace Violence, Sexual Harassment, and Sexual Abuse Prevention
- Foote Brook Employee Handbook (policies) describing staffing pattern
- Foote Brook “PREA Inspection Checklist” used for unannounced rounds
- Foote Brook “Supervision and Monitoring” form used for the annual staffing plan review
- Program schematic/layout
- Interview with Program Director/PREA Compliance Manager
- Interview with Laraway Agency PREA Coordinator
- Interviews with intermediate and high-level staff who conduct unannounced rounds
- Interviews with Residential Support Staff (direct care staff)
- Observations during program tour
- Staff Training Overview (1/31/19 and 2/14/2019)

Currently, the Foote Brook 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 Foote Brook program has a practice of 1:1 youth to staff ratios. In some rare situations one staff member may supervise more than one youth but a single staff member is never left alone with more than four youth at a time (only during the sleeping hours). The Foote Brook Employee Manual states, “*Foote Brook is staffed at 1:1 staff-to-client ratio during day shifts and decrease to a 1:4 ratio for overnight shifts...the program’s staff to client ratio never falls below 1:4.*” Interviews with direct care staff while onsite verified that there is always staff with youth and often a staff-to-youth ratio of 1:1. The Foote Brook program also has an On-Call Support paging system, which all Foote Brook managers serve on a rotating schedule. These on-call “shift” are 24 hours a day, seven days a week, allowing the Foote Brook Residential Support Staff (direct care staff) to request support as needed at any time. Staff interviews confirmed that Foote Brook exceeds federal expectations for youth-to-staff ratios. In addition, during the follow-up visit all three youth verified staff are always present with youth. The State of Vermont DCF RLSI licensing requirements 601-603 dictate that residential treatment programs “*...provide adequate supervision appropriate to the treatment and developmental needs of children/youth...ensure that each child/youth has ready access to a responsible staff member throughout the night...provide adequate overnight supervision consistent with the needs of the children/youth.*”

Youth in the Foote Brook program earn increasingly more responsibility and independence as they progress through the program. It is important that the reader understand that accompanying this increased independence is a decrease in staff supervision of youth. To provide context for this PREA standard, the levels of supervision are provided below as shown in the Foote Brook Employee Handbook.

Regardless of the expected level of supervision, the handbook clearly states clients are never allowed to be unsupervised (in the house or while in the community) with each other. The types of supervision described in the Foote Brook Employee Handbook include:

- **Direct:** For new clients whom we do not have a rapport or good understanding of functioning. This means you are expected to be present in the same room, within earshot of the clients, and to maintain a clear line of sight. Staff are still able to provide immediate support in the moment, but clients also recognize that staff are still present and, thus, are less likely to engage in risky behavior.
- **Whereabouts in the House:** Clients can ask staff for unsupervised time within the house. Clients must let staff know where they will be and follow any direction offered to ensure for safety. Staff should be aware of where each client is in the house, thus ensuring that no client is in another clients' bedroom. This also includes the idea that if two clients are upstairs, their bedroom doors should be closed and they are not hanging out in the hallway or in each other's rooms.
- **Whereabouts in the Community:** Clients have permission to have unsupervised time in the community once they reach level expectations to obtain this privilege. Staff will always know their whereabouts by completing spot checks to ensure honest reporting. Unsupervised event forms are completed for ALL activities for staff to understand where a client is, who they are with, what they are doing, how they will get to/from the activity and what times they will check-in or return to the program. Signed Unsupervised event forms are the basis for providing supervision in the community.
- **Spot Checks** – Whenever a client is in the community unsupervised it is staff responsibility to check-in with the client to ensure that they are where they should be. This will be recorded in the Unsupervised Event Form. Depending on the client's level and recent risk presentation, spot checks should be happening frequently.

As previously described the Foote Brook program is a two-story house located in a semi-rural community. Youth attend a Laraway school which is located less than ten miles away next door to the Laraway administration building called the "Farm House". Staff are present with youth throughout the school day. It is important to note that Foote Brook program does not have a camera surveillance system. During the program tour the auditor and Program Director/PREA Compliance Manager identified nine potential areas in which video cameras might be installed to address blind spots. Additional cameras to consider installing include: One in the kitchen; One across from the washer/dryer area; One in the corner of living room; two cameras upstairs (one above the staff office to capture youth entering the bathroom and one in the corner where the mirror currently is); and three on the exterior (one capturing youth going up to the woods/fire pit; one showing activity by garage/work shed; and one capturing the front yard area where the picnic tables are set up). Although the auditor cannot require the program to install video surveillance cameras, the auditor encourages Laraway to determine whether this would assist in preventing and detecting incidents of sexual harassment and sexual assault/abuse.

As previously mentioned, all Foote Brook window screens and doors are alarmed with a lighting system which assists night staff in monitoring when youth leave their bedrooms. When a bedroom door is opened a light is illuminated in the staff office indicating which door has been opened. There are no sounds or chimes that are activated when doors are open. If a bedroom window screen is breached an alarm system would be activated (sound). The Foote Brook program requires all doors to youth bedrooms be closed at night. Interviews with direct care staff verified that if more than one youth is upstairs staff must be with

them. Staff reported they would usually sit in the staff office which allows staff to maintain eyes on supervision of all bedrooms and the bathroom. This practice could not be verified through interviews with youth during the initial onsite visit since the program did not have youth at that time.

The Foote Brook program has a formal staffing pattern that includes two shifts: First shift is 9 AM – 10 PM (1:1 staff-to-youth ratio) and a second shift from 9 PM to 9 AM (1:4 staff-to-youth ratio). There is no variation in the schedule on weekdays versus weekends. Program managers (i.e. Foote Brook Program Director, Clinicians, and the Case Manager) work Monday through Friday and are available to provide support on the weekends through the on-call support pager system. To further support provisions in this standard, during the corrective action period the Foote Brook Staff manual was enhanced to specifically state, *“Program Manager and Case Manager review appropriate staff ratios daily to ensure appropriate ratios. Annually staffing patterns are reviewed by Program Director and Program Manager to assess adequate staffing needs for Foote Brook...The program’s staff to client ratio never falls below 1:4.”*

During the follow-up onsite visit youth interviews revealed that the Foote Brook program does not deviate from its staffing pattern. Staff interviews also confirmed this finding. It is important to note that RLSI Licensing Regulation 424 prohibits interns and volunteers to be left alone with a youth (at least one Foote Brook employee must be present).

The program has policy language located in the Foote Brook Employee Handbook requiring the Program Director and/or Program Manager to conduct unannounced rounds a minimum of four times per year across all shifts. The policy also dictates, *“Program leadership should make every effort to ensure that staff are unaware of visits and staff members may not alert colleagues to unannounced visits.”* In support of this standard, the program has created a “PREA Unannounced Rounds” Checklist that is used by the program leaders to conduct unannounced rounds. The form requires the manager to document whether the locked grievance box was checked, whether staff were positioned properly, whether all doors were locked, and identifies specific issues to be addressed, to name a few. During the corrective action period the auditor reviewed a sample of completed unannounced rounds checklists (n=5) to verify the practice is now embedded in program operations. The review indicates these rounds are conducted intermittently across all shifts/days of the week and without warning to direct care staff. These completed forms are uploaded to a secure electronic folder to which only select program managers have access.

The Foote Brook program recently created a “Supervision and Monitoring” form to guide the annual staffing plan review process. The form lists each of the items required in provision (a) of this standard ensuring the program leaders discuss and consider each of the areas required by PREA. During the follow-up visit the auditor reviewed the completed form indicating staffing patterns are adequate. This annual review was conducted in early 2019 by the Agency PREA Coordinator and the Program Manager/Facility PREA Compliance Manager.

During the corrective action period, Laraway revised its agency Policy 5.2 “Workplace Violence, Sexual Harassment and Sexual Abuse Prevention” to more clearly state if a staff member abuses a youth in the program or demonstrates inappropriate boundaries (particularly those sexual in nature) it will automatically result in termination. Additionally, the policy now states, *“All of staff of the Agency are considered legally Mandated Reporters and therefore must comply with the reporting requirements.”*

During the initial onsite visit, a need was identified to provide refresher training on staff positioning. Following the onsite visit, the PREA Compliance Manager conducted a mandatory experiential-based training on this topic. The training took place in the youth residence and involved trainees identifying blind spots and responding to real-life scenarios involving where staff should position themselves throughout the house (based on where youth are located). The auditor applauds the program for ensuring staff

understand how to effectively supervise youth.

Interviews with youth and staff verified that all staff have adopted the practice of announcing themselves when they enter the residence. Youth also confirmed that staff always knock and announce themselves before entering a youth's bedroom.

Standard 115.315: Limits to cross-gender viewing and searches

The Foote Brook program prohibits pat-down searches and strip searches.

115.315 (a)

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

115.315 (c)

- Does the program document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
* **The Foote Brook program does not conduct pat-down searches or strip searches**
- Does the program document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the program 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 program 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 program 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 program 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 program 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 program/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 Foote Brook program does not conduct pat-down searches or strip searches**

- Does the program/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:

- State of Vermont DCF Residential Licensing Standard 648 and 727
- Foote Brook Employee Handbook
- Interviews with Residential Support Staff (direct care) across all shifts

The State of Vermont RLSI Standard 648 prohibits programs from conducting strip searches or body cavity searches. This regulation is supported by the Foote Brook Program policy manual which states:

“Foote Brook does not complete ANY physical searches (including strip searches, visual body cavity searches, and pat down searches) at any time for any reason, regardless of youth’s gender, race or orientation. If a staff person has reason to believe that a client has contraband upon returning to the program, staff should ask the client to wait in supervision until the staff person can call the support pager, to consult and plan. If there is a safety concern where a staff has reason to believe that a resident may have contraband hidden on their body which will pose a risk of harm to themselves or others, then the police may be contacted to conduct a physical search of the resident.”

The Foote Brook program is designed with a single bathroom equipped with a solo shower, sink, and toilet. Youth are required to change clothes in the bathroom or in their rooms with the door closed. They are not permitted to come out of their rooms unless they are fully clothed. The State of Vermont DCF Residential Licensing Standard 727 dictates, “...a residential treatment program shall provide toilets and baths or showers which allow for individual privacy unless a child/youth requires assistance.” The Foote Brook program Employee Handbook states that youth have a right to privacy in their bedrooms and the bathroom. Specifically, the manual directs staff to knock prior to entering a youth’s bedroom or bathroom and wait for a response prior to entering. In addition, the manual states that staff are only permitted to enter a youth’s bedroom or the bathroom only in exigent circumstances. In emergency situations, if a

staff member must enter a youth's bedroom or the bathroom, they are required to document this information in a shift note. Prior to the onsite review, the Foote Brook program implemented the practice of all staff announcing themselves, regardless of the staff's gender, when arriving on shift. This requirement is also detailed in the Foote Brook Employee Handbook. Staff interviews verified that youth have privacy when using the bathroom and that staff are required to announce themselves at the beginning of their shift.

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:

- Laraway Agency Policy Section 5, "Workplace Violence, Sexual Harassment, and Sexual Abuse Prevention"
- Laraway Program Handbook
- Interview with the Laraway YFS Executive Director
- Interview with the Foote Brook Program Director/PREA Compliance Manager
- Interview with Laraway Agency PREA Coordinator
- Interviews with Residential Support Staff (direct care) across all shifts

The current Foote Brook staff policy manual describes the referral and intake process for youth. The manual specifically states that the youth's developmental, physical, psychiatric, intellectual, language needs/barriers to treatment will be considered when determining whether the youth is a good fit for the

program. Staff interviews revealed that the Foote Brook program has not had a resident with a disability or limited English proficiency and therefore, has not had to access interpretive services. If a youth needed special accommodations, the DCF case worker would coordinate with Foote Book staff to ensure youth needs are adequately met. The program will be required to have a clear process for ensuring PREA education information is available for those youth who have a disability or are limited English proficient. This may involve using an interpretive hotline provided by DCF or contracting with a translation services agency for services on an as needed basis. Interviews indicate the Foote Brook program managers and Laraway YFS leaders are committed to ensuring all individual client needs are met.

During the corrective action period, Laraway revised its program manual to more clearly describe how it ensures 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) have an equal opportunity to participate in the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The program's practice is to assess youth when they first arrive to Laraway and then work with the Vermont Department for Children and Families to secure translation/interpretation services if needed. The Laraway Program Handbook explains this process and clearly states, "*Staff are prohibited from allowing residents to interpret for one another. Staff are instructed to contact the Main DCF reporting hotline (1-800-649-5285) to receive instruction on how to support a youth who needs support if they have alleged sexual abuse and has any of the above disabilities or language barriers.*"

To ensure all staff clearly understand how to effectively accommodate youth with disabilities, the Foote Brook PREA Compliance Manager trained all staff in December 2018 during an all staff meeting. Meeting minutes and training rosters were sent to the auditor to verify the training was completed. During the follow-up site visit, staff interviews verified that if an interpreter was needed, they would reach out to DCF to provide this service. In addition, all staff knew they should never allow residents to interpret for one another.

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 program, juvenile program, 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 program, juvenile program, 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:

- Laraway YFS Employee Policy Manual
- State of VT DCF RLSI Residential Licensing Standards 401, 402, 412, and 427
- Contract between Laraway YFS and State of Vermont requiring background checks and prohibiting use of anyone with substantiated abuse, neglect, or exploitation
- Laraway Employment Application
- Laraway Reference Form Checklist
- Laraway Code of Ethics and Business Conduct policy
- Interview with Human Resources staff (Director and Employee Relations Manager)
- Interview with Foote Brook Program Director/PREA Compliance Manager
- Personnel file reviews confirming all staff, volunteers, and contractors have criminal background checks (upon hire and a minimum of every five years, DCF RLSI requires every three years)

The Foote Brook Program does not hire or promote any individuals who have engaged in sexual abuse in a prison, jail, lockup, community confinement program, or juvenile program. The Foote Brook program also does not hire or promote any individuals who have been convicted of engaging or attempting to engage in sexual activity that was facilitated by force or coercion. While onsite the auditor reviewed all Foote Brook personnel files to review (all job classifications represented). A total of 16 personnel files were reviewed (11 current staff and 5 former staff). The files review revealed that all current Foote Brook staff have received criminal background checks prior to beginning work with youth and subsequently every three years (or sooner). This exceeds federal PREA expectations which require background checks

be conducted once every five years. The Foote Brook program does not currently have contractors or volunteers.

The State of Vermont DCF residential 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”* (standard 412). In addition, the RLSI standard 427 states, *“Volunteers and interns are subject to the same background, character and reference checks as employees.”* 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 (standard 413). The regulations also specify background checks must include consulting three distinct databases: 1) Vermont Criminal Information Center; 2) Vermont Child Protection Registry; and 3) Adult Abuse Registry. However, Laraway YFS employee policy manual states, *“interns and volunteers will follow all policies and procedures the same as paid staff.”*

The RLSI Residential Licensing Standards clearly direct residential providers *“...shall not hire, or continue to employ, any person whose health, behavior, actions or judgment might endanger the physical or emotional wellbeing of the children/youth served. A Residential Treatment Program shall not hire, or continue to employ, any person substantiated for child abuse or neglect.”* In further support of state regulations, the Laraway Employee Policy Manual explains that Laraway agency is an “At Will” employer. Laraway defines “At Will” as *“all employees are hired for an indefinite time and have no promise of continuing employment for any period of time, at any rate of pay, or any number of hours. LYFS can terminate the employment of an employee at any time, for any reason which, in the sole discretion of LYFS management, warrants that action.”* Laraway policies also clearly state that unethical behavior includes falsifying employment and unethical conduct (i.e. harassment, abuse, etc.).

Laraway YFS gathers important information related to this standard through the application and interview process. On the application potential employees are asked to attest that the information provided is true. More specifically, the application states, *“I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.”* As part of the screening process, the Laraway Human Resources Director conducts reference checks using a standardized form. The form asks references if they are aware of any problems with drugs, alcohol, anger control, physical abuse, and/or sexual abuse. Human Resources Director verified that incidents of substantiated sexual harassment are considered when deciding whether to hire or promote individuals.

In addition, interviews with the Human Resources Director verified Laraway YFS requires all employees to report any criminal activities and/or professional misconduct throughout the duration of their employment. Additionally, an interview with the HR Director revealed that the agency will provide information to future employees regarding substantiated cases of sexual harassment. Although the Foote Brook program has never had a report of staff sexual harassment, the Laraway YFS would provide information on substantiated allegations of sexual abuse and sexual harassment involving a former employee, if requested by a future institutional employer.

Although the program had already met compliance on this standard, during the corrective action period Laraway enhanced its agency policies “Section 2.2 - Employment Reference Checks” and “Section 2.3 - New Hires” to more clearly support expectations in this standard. The revised policies now state, *“Laraway will not hire or promote individuals who have had substantiated sexual harassment complaints against them. If a staff member, is found to have omitted information regarding previous or current misconduct or provides false information, the result will be immediate termination of employment.”*

According to federal, state and licensing requirements, Laraway will provide information regarding substantiated allegations of sexual abuse and sexual harassment involving former employees, if requested by a future employer that is serving a vulnerable population.” In addition, the policies now specifically list the screening requirements necessary to be considered an employee. Among these requirements include the Vermont Criminal Information Check, child and abuse registry check, and FBI fingerprint check, to name a few. The program also clarified in the manual that interns and volunteers are required to follow the same policies and procedures as paid staff, including the required background checks. The auditor applauds the program for ensuring hiring expectations are clear to employees, volunteers, interns, and contractors.

In addition, to further support provisions in this standard, Laraway revised its Substitute Care Interview Packet to include questions gathering information about formal allegations and substantiations of sexual abuse and harassment. The revised interview packet now includes questions:

- Have you ever had a substantiated sexual abuse complaint against you?
- Have you ever had a sexual harassment complaint against you? If so, did the investigation substantiate this complaint (i.e. stating that the incident did indeed occur)?
- Have you ever resigned during a pending investigation of alleged sexual abuse or sexual harassment?

During the corrective action period, Laraway also added questions to use when conducting reference checks on potential employees. The agency implemented this new reference check form in February 2019. The following questions were added to the Laraway Reference Form Checklist:

- Are you aware of any substantiated sexual abuse complaints against this individual?
- Are you aware of any sexual harassment complaints against this individual? If so, did the investigation substantiate this complaint (i.e. stating that the incident did indeed occur)?
- To the best of your knowledge, did this person resign during a pending investigation of alleged sexual abuse or sexual harassment?

Standard 115.318: Upgrades to facilities and technologies

115.318 (a)

- If the agency designed or acquired any new program 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/program has not acquired a new program 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/program 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:

- Interview with Agency Director
- Interview with the Substitute Care Director/Agency PREA Coordinator
- Interview with the Foote Brook Program Director
- Observations during program audit tour

Several years ago, the Foote Brook program remodeled the physical layout/structure of program significantly. Originally the staff office was on the first floor and the youth bedrooms were located on second floor. During agency and program leadership interviews it was explained that to increase safety and supervision, the staff office was moved to the second floor. The staff office is now positioned in a location which allows staff to have direct line of sight to three of the four bedrooms and the bathroom.

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/program 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/program 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/program 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 program, 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/program 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:

- Letter and email (dated July 18, 2018) to the local advocacy organization (Clarina Howard Nichols Center) requesting an MOU
- Draft MOU between Laraway Foote Brook program and Clarine Howard Center
- University of Vermont Medical Center Policy “Sexual Assault Nurse Examiner (SANE) Guidelines”
- Copley Health Systems “Sexual Assault Nurse Examiner” Policy 112613
- Copley Health Systems “Care of the Sexual Assault Patient” Policy 120194
- State of VT DCF Investigation Policy 241
- Interviews with Residential Support Staff (direct care) across all shifts
- Interview with Program Director/PREA Compliance Manager
- Interview with Laraway Agency PREA Coordinator
- Interview with the Copley Hospital SANE Emergency Room Manager
- Interview with Family and Advocacy Specialist (local rape crisis/advocacy organization)

The Laraway YFS 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.

At the time of the initial onsite review the Laraway Agency PREA Coordinator was in the process of securing a Memorandum of Understanding (MOU) with a local rape crisis and advocacy center, Clarina Howard Nichols Center. An email dated July 20, 2018 between the Laraway Agency PREA Coordinator and Lamoille County State’s Attorney’s Victim Advocate coupled with a letter to the Clarina Howard Nichols Center provides evidence of Foote Brook’s attempt to enter into an MOU with the local advocacy center. An interview with the Family and Advocacy Specialist from the Clarina Howards Nichols Center verified Foote Brook’s efforts to establish a formal relationship with these local entities.

The Foote Brook program does not employ a Registered Nurse on site. In the event of alleged sexual abuse, a youth would be taken to University of Vermont Medical Center for a forensic examination by a SANE. During the initial onsite, the program’s practice was to take youth to Copley Hospital if youth disclosed sexual abuse. The Copley Hospital “Care of the Sexual Assault Patient” protocol requires the

Emergency Department to notify the on-call advocate at Clarina Howard Nichols Center or AWARE when there is a victim of sexual assault. The policy states that male victims will be counseled by Lamoille County Mental Health. An interview with the Copley Hospital SANE Emergency Department Manager revealed that in the event a Foote Brook youth alleged sexual abuse and was under the age of 16, the victim would be transported to a hospital in Burlington (University of Vermont Medical Center) to be examined by a SANE who specializes in pediatric forensic examinations. Review of the Copley Health System "Care of the Sexual Assault Patient" protocol is consistent with the Department of Justice expectations. The protocol specifically directs the SANE to call the crisis worker and provide the victim with the option of having the crisis worker present during the examination.

However, during the corrective action period the program changed its practice to more effectively meet the needs of program youth. Since most youth residents are under the age of 16, the Foote Brook program will now transport youth who disclosed sexual abuse or sexual assault directly to University of Vermont Medical Center rather than transporting them to Copley Hospital first. It is important to note that several attempts were made to contact the SANE Manager at the University of Vermont Medical Center (UVMC) for an interview but the auditor was unsuccessful in connecting voice-to-voice with her prior to the issuance of this final report. However, the auditor reviewed the hospital's SANE policy and has determined it to be in compliance with federal DOJ PREA standards.

An interview with the Family and Advocacy Specialist from the Clarina Howard Nichols Center (CHNC) indicated that the center provides a wide array of advocacy and crisis services. The services include linking families in the shelter to important resources; educating youth on healthy relationships in several school settings; and providing victim advocacy and crisis services through the local Children's Advocacy Center (CAC). The CHNC provides services to all of Lamoille County. The interview verified advocacy services include providing emotional support to sexual assault/abuse victims; staying with the youth while the youth undergoes a SANE exam (if requested by the youth); and providing follow-up emotional support and advocacy as needed. The CHNC Family and Advocacy Specialist was aware of the efforts to establish an MOU with the Foote Brook program and expressed that she will follow-up with the necessary parties to ensure a formal MOU is established.

During the corrective action period, Laraway created a more detailed but succinct document outlining the specific first responder steps. This "quick reference guide" or First Responder Checklist now specifically directs staff to separate the victim from the alleged abuser; ensure physical evidence is properly preserved; do not allow the victim or alleged perpetrator to wash, brush their teeth, change clothes, urinate, defecate, drink or eat; offer the victim an opportunity to have a forensic medical examination by a SANE or a SAFE at the local hospital; SANE/SAFE exams will be provided at no cost to the victim; do not investigate the case but do provide emotional support to youth; and other key provisions set forth in this PREA standard. All staff were formally trained on this detailed protocol in December 2018 during an all staff meeting. During the follow-up site visit, interviews verified that staff understand how to appropriately respond to sexual abuse allegations. In addition, training records were reviewed by the auditor to verify compliance.

Following the initial onsite visit, copies of the First Responder duties were provided to staff and posters were hung in staff office. These postings include important contact information for the Laraway on-call pager, the DCF abuse hotline number, local police department, and other relevant numbers. Making this information readily available to staff better ensures first responders will respond effectively to a crisis.

During the corrective action period, Laraway also clarified the role of victim advocates. The Foote Brook Program Manual now explains, "*an advocate provides a safe person to talk with survivors at all stages of healing. Advocates can provide emotional support, safety planning, information and referrals.*" The

manual also directs staff to inform youth that these services are available and provides contact information for the local victim advocacy center, Clarina Howard Nichols Center, and the local mental health organization, Lamoille County Mental Health. To ensure all staff understand the role of the local advocacy center, the PREA Compliance Manager arranged for the regional Youth Advocate from the Clarina Howard Nichols Center to provide a short training to staff. This training was held in February 2019. A similar training for youth is scheduled to take place in March 2019. The auditor applauds the program for ensuring staff and youth are aware of the resources available to them in the event of a sexual abuse or assault incident.

At the time of the follow-up site visit, the Foote Brook program was in the process of entering a formal Memorandum of Understanding (MOU) with the Clarina Howard Center to provide rape crisis support and counseling services to youth if/when needed. The MOU clearly delineates the responsibilities of the involved parties regarding incidents of sexual abuse or assault. For example, the MOU requires the Laraway Foote Brook program to contact the advocacy center within 24 hours of learning about the allegation; allow youth access to advocacy services as often as needed throughout their stay in the program; provide a private space for advocates to meet with residents; and conduct background checks on advocates to ensure they comply with PREA, to name a few. Similarly, the MOU details specific expectations for the Clarina Howard Nichols Center. These expectations include: Clarina Howard advocates will provide crisis counseling to youth; will stay with the youth through the forensic evaluation process as requested by victim; accompany youth through the investigative process; provide follow-up counseling as needed; ensure advocacy workers are current on specialized training for providing crisis counseling to victims of sexual assault and abuse; and participate in annual PREA training provided by Laraway Foote Brook program to ensure they understand the agency's policy on zero tolerance, to name a few. The auditor applauds the program for developing a detailed MOU that sets forth clear expectations of the two parties.

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/program is responsible for criminal investigations. See 115.321(a).]
 Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- State of Vermont DCF Policies 50, 51, 52, 54, 56, 57, 60, 66, and 241
- Laraway Staff Policy 5.2 “Workplace Violence/Sexual Harassment Prevention”
- RLSI Residential Licensing Standards 118, 120, and 121
- Foote Brook Employee Handbook
- PREA training for staff
- Meeting on July 19, 2018 with Detective from local Sheriff’s Office Specialized Investigation Unit
- Interviews with RLSI investigator
- Interview with Laraway YFS Executive Director
- Interview with Program Director/PREA Compliance Manager

The State of Vermont and Laraway YFS have several policies ensuring that administrative and criminal investigations are completed for all allegations of sexual abuse and sexual harassment. The Foote Brook staff policy manual instructs staff that all sexual abuse and sexual harassment allegations must be called into Centralized Intake (DCF Child Abuse Reporting hotline). This information is also reinforced in the Foote Brook staff PREA training.

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.

Information from a meeting held on July 19, 2018 (during the onsite audit) verified the collaborative approach to investigating allegations of sexual abuse. Meeting participants included:

- A Detective from the local county Sheriff's Specialized Investigation Unit (SIU)
- The DCF RLSI Investigator assigned to the Foote Brook program,
- The Laraway YFS Executive Director
- The Laraway Agency PREA Coordinator
- The Foote Brook Program Director/PREA Compliance Manager
- The DOJ PREA Auditor

The purpose of the meeting was to clarify roles; clarify the coordinated response to a sexual abuse allegation from a Foote Brooke youth; and answer any PREA related questions. During the meeting the DCF RLSI Investigator and the SIU Detective agreed to interview youth together at the Children's Advocacy Center (CAC) to prevent re-traumatization by interviewing the victim on two separate occasions. In addition, the discussion included determining at which point local law enforcement will be contacted, how the Foote Brook program will stay informed of investigation progress of the investigation progress and collaborating on interviews.

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. RLSI Residential Licensing Standards require residential programs to report any suspected or alleged incident of child abuse, neglect, or sexual activity between residents within 24 hours. Interviews with Foote Brook staff verified they understand they are mandatory reporters and must report all suspicion and allegations of child sexual abuse and/or sexual harassment. This information is shared in the staff PREA training. In further support of this reporting practice, the Laraway agency Policy 5.2 "Workplace Violence/Sexual Harassment Prevention" upholds *"all allegations of sexual harassment will be quickly and discreetly investigated."*

Within the 18-month period from June 2017 through December 2018, there were no allegations of sexual abuse or sexual harassment in the Foote Brook. However, there were two allegations of youth-to-youth sexual harassment during the corrective action period. The auditor reviewed detailed PREA Serious Incident Reports (SIR) and determined the program's response protocol was followed and youth-to-youth investigations were conducted consistent with federal expectations.

During the corrective action period and as previously mentioned, the Foote Brook program created a Coordinated Response document that clearly details the steps a First Responder must take in response to a sexual abuse allegation. The document also clearly defines the responsibilities for the PREA Compliance Manager, Supervisor On Call, Human Resources, and DCF. As per protocol, DCF RLSI will work with local law enforcement to conduct joint investigations in incidents of sexual abuse.

In February 2019, the Laraway program posted the required information on its website as it relates to zero tolerance policy, investigations, third party reporting, and annual PREA report with aggregated sexual abuse and assault incident data. Specific to investigations, the website explains, *"Reports of sexual abuse will be reported to DCF for investigation. Laraway will conduct administrative investigations of all sexual abuse and sexual harassment allegations. If the administrative investigation identifies possible criminal behavior, Laraway will refer it to the local agency with legal authority to investigate the allegation and, if applicable, to the appropriate licensing body."* The website also includes a link to the DCF policy 241 which describes the state of Vermont's investigative process. The auditor tested the link and determined all links are in working order.

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 program?
 Yes No
- Have employees received additional training if reassigned from a program that houses only male residents to a program 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:

- RLSI Standard 414
- Laraway Foote Brook Handbook
- Staff PREA training Power Point presentation
- Staff signed PREA attestation forms
- Review of personnel files verifying PREA training completion (certificates)
- Interviews with direct care and specialized staff

The RLSI Standard 414 requires treatment programs to provide an orientation to all new staff within the first 30 days. The standard specifically states new staff must be trained on confidentiality, the youth grievance process, policies regarding zero-tolerance for sexual abuse, and procedures for reporting suspected incidents of child abuse and neglect, to name a few.

Review of personnel files for all staff currently employed at Foote Brook (N=11) program verified that all Foote Brook employees have completed the two-hour PREA training within the past six months. A certificate is issued verifying the staff has successfully completed the training. Review of the training Power Point and additional materials verified the training is extensive and covers each of the items listed in provision (a) of this PREA standard (i.e. zero-tolerance policy for sexual abuse and sexual harassment; first responder reporting duties; how to detect signs of sexual abuse and sexual harassment; how to

avoid inappropriate relationships with youth; how to communicate effectively with LGBTQI youth; etc.). The auditor applauds Foote Brook for providing comprehensive training related to detection, prevention, and responding to allegations of sexual abuse and sexual harassment.

During the corrective action period, Foote Brook enhanced its Program Handbook to clearly describe the mandatory PREA trainings for staff, contractors, and volunteers. The handbook now states, *“All new staff/volunteers/contractors are required to participate in the PREA Training module conducted by either the PREA Compliance Manager or PREA Coordinator. This training must be conducted during orientation to Foote Brook and before working independently with youth. This training will be a 2-hour long training describing PREA, staff responsibilities, policies and practices that must be adhered to. All current staff/volunteers/contractors will receive a full PREA training every 2 years, with annual ‘Refresher’ information that details up to date information on sexual abuse and sexual harassment. These trainings will be conducted by the PREA Compliance Manager or the PREA Coordinator.”*

Laraway now requires staff to sign a form indicating they have received the PREA training. The Foote Brook Handbook formally directs, *“All staff/volunteers/contractors must comply with PREA standards set forth by the agency and acknowledge with signature that they verify their attendance, acknowledge and agreeance to implement all policies and practices set forth within PREA. This signature will also indicate that the staff understand that Laraway and specifically Foote Brook has a zero-tolerance policy and the staff role as a mandatory reporter. These signed forms will be stored in the agency HR files for each staff.”* To accompany this new practice, the staff PREA attestation form was revised. The form now states, *My signature below attests to my attendance of the PREA training, I acknowledge I am a mandatory reporter; I know how to report sexual abuse and/or sexual harassment if a youth/staff disclose while in the Foote Brook Program; I know my responsibilities as it relates to ensuring youth safety around preventing/detecting and I agree to report all suspicions and knowledge of abuse.”* The auditor applauds the program for ensuring that staff clearly understand to what they are attesting when providing their signature. During the follow-up site visit, the auditor reviewed PREA training attestation forms signed by each staff member.

To ensure all staff understood the PREA response protocol the PREA Compliance Manager formally re-trained on 1/31/2019 and 2/14/2019. They were also trained on the program-specific PREA Serious Incident Report (SIR) as well as the revised practices related to PREA. Staff training rosters with signatures were reviewed during the follow-up visit for verification.

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
*** Foote Brook does not currently have volunteers or contractors**

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 *** Foote Brook does not currently have volunteers or contractors**

115.332 (c)

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

** Foote Brook does not currently have volunteers or contractors*

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:

- RLSI Residential Licensing Standards 428 and 429
- Laraway Foote Brook Handbook
- Interview with Program Manager/PREA Compliance Manager who is responsible for conducting staff, contractor, and volunteer PREA trainings

RLSI standards 428 and 429 dictate, “*Volunteers shall receive training relevant to the work they will be doing and issues of confidentiality.... Student Interns shall receive training relevant to the work they will be doing, including (but not limited to) the training provided employees within the first 30 days of hire.*” As previously mentioned, zero tolerance, mandatory reporting, and confidentiality are required for all volunteers and contractors within the first 30 days.

All volunteers, interns, and contractors are now required to complete the PREA training required for staff members as described in Standard 115.331 of this report. In addition, Foote Brook requires these individuals to sign the same signature form as staff members indicating they understand they are mandatory reporters; they understand their responsibilities and the process for reporting for youth in the Foote Brook program; and agree to report all suspicion and knowledge of abuse. As previously explained, the program does not currently have volunteers, interns, or contractors who work directly with youth. However, interviews revealed that the program will require all contractors, volunteers, and interns to participate in the full agency PREA training that is provided to all new Foote Brook employees.

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 program to the extent that the policies and procedures of the resident's new program differ from those of the previous program? 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:

- Pamphlet “A Resident and Family Guide to PREA”
- Foote Brook Youth Guide
- Foote Brook Youth Orientation Sign-Off sheet (part of youth manual)
- Foote Brook Youth Attendance Sheet acknowledgment form
- Review of Foote Brook youth PREA education video developed by Idaho State Police
- Interview with Program Director/PREA Compliance Manager who is responsible for reviewing PREA information and the Foote Brook Youth Guide upon arrival

At the time of the initial onsite review, the program had not yet implemented the process of educating youth on PREA. There were no youth at the program during the initial visit and therefore, in the absence of evidence to verify practice, many of the standard provisions required a “No” determination (even though Foote Brook had developed the appropriate PREA education materials). The Foote Brooke program began implementing the youth PREA education practice shortly after the initial onsite visit as soon as youth were referred to the program. During the corrective action period and follow-up visit, the auditor reviewed the youth training curriculum and video. In addition, the auditor reviewed youth signature forms indicating all youth had received the PREA training. Youth interviews confirmed all youth residents were trained upon arrival to the program, are aware of zero tolerance, and understand the various ways to report incidents of sexual abuse or assault.

The Foote Brook youth PREA education protocol includes the Program Director/PREA Compliance Manager or the Foote Brook Case Manager reviewing the “Resident and Family Guide to PREA” pamphlet with youth on the day the youth arrives. The pamphlet provides important information to youth including definitions of sexual abuse and sexual harassment; zero tolerance policy; various ways to report (i.e. confidential lock boxes, staff member, parent, DCF Centralized Intake, etc.); and what to do if you have been sexually abused. Youth are required to sign an attendance sheet that states, “*My signature below means I understand what PREA is. I agree that I have received all the information, everything has been clearly explained, and I know how to make a report.*” The program has a PREA information board at the home’s entrance which has copies of the PREA pamphlet and information about the local advocacy organization. Youth have access to this information at any time.

The Foote Brook Youth Guide includes language about harassment which further reinforces the zero-tolerance policy. Once these materials have been reviewed with youth, each youth is required to sign a statement acknowledging they have received the information in the handbook and understand. These acknowledgement sheets are uploaded into the youth’s electronic case file. More specifically, the “Orientation Sign-Off” page which is signed by all youth states:

"I <Youth Name> have read the Youth Guide and understand the rules and policies for the Foote Brook Program. I understand the following:

- *The expectations and my responsibilities as a participant in program.*
- *Laraway staff is available to answer my questions about these policies and that I may ask staff anytime if I am unclear about a rule or policy.*
- *Laraway staff are mandated reporters and I acknowledge that in a situation or event where I may present as a harm to myself or other people then Staff will contact the appropriate resources to keep me and others safe. This could include calling the police for a wellness check.*
- *I read and understand the Agency and Program Grievance process*
- *My case manager explained and I understand PREA practices within Laraway and Foote Brook.*
- *If I do not understand PREA practices or policies, I understand who to reach out to in order to get this information."*

To supplement the written youth handbook and to account for various learning styles, the Foote Brook 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. The Foote Brook program implemented this new practice of showing the video to youth shortly following the initial onsite visit.

To date, Foote Brook has not had any youth who needed translation services or had any need for other special accommodations. If there was a youth who had special needs, the Foote Brook Program Director would work with the DCF case manager to ensure translators are available on the day a youth arrives to the program (to translate PREA related materials).

During the corrective action period, the Foote Brook program enhanced its youth education PREA materials to ensure all areas required by PREA were covered. More specifically, the youth PREA pamphlet now specifically states that youth will be protected from retaliation. In addition, the pamphlet also explains that a report made in "good faith" will not result in consequences even if the investigation reveals there was not enough evidence to indicate the sexual abuse and/or sexual harassment occurred.

In addition, to better demonstrate compliance with PREA standards the program created a written training protocol to guide staff who deliver PREA training to youth (mainly the House Advocate). The training protocol requires the House Advocate to show and explain the locked reporting boxes and materials; review PREA pamphlet; and answer any questions youth may have. Foote Brook has also implemented the practice of providing ongoing training to youth. These training sessions are led by the program's Case Manager during Foote Brook house meetings every few months. Ongoing training includes youth viewing the PREA video, asking questions, and participating in a group discussion. Youth are required to sign a form acknowledging they have received this training and understand their rights and responsibilities as it relates to PREA. During the follow-up site visit, the auditor reviewed completed signature forms to verify youth had participated in this ongoing education session. Youth interviews also confirmed they participated in this education session.

Standard 115.334: Specialized training: Investigations

115.334 (a)

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

115.334 (b)

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

115.334 (c)

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

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- State of Vermont DCF Policy 241
- Certificate of completion for the RLSI investigators responsible for investigations at Foote Brook (NIC Specialized Investigations course)
- Review of the NIC online Specialized Investigations curriculum
- Review of training records verifying additional training was completed by the assigned RLSI Investigator (through DCF and VT state police)
- Interview with DCF RLSI investigator

As previously mentioned, Laraway YFS is not responsible for conducting sexual abuse investigations. The State of Vermont Residential Licensing and Special Investigation (RLSI) unit are responsible for conducting these investigations and for ensuring investigators complete the required specialized training. A face-to-face interview with the DCF RLSI investigator assigned to Foote Brook, 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." This training coupled with the previously mentioned trainings allows Foote Brook to adequately meet provisions put forth in this standard. Copies of training completion certificates were sent to the auditor for verification. Training records are maintained by the State of Vermont RLSI in an electronic training record.

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

Standard 115.335: Specialized training: Medical and mental health care

115.335 (a)

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

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

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the program 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:

- Training records/certificate verifying Clinicians received the PREA training
- Interview with program Clinicians
- Interview with SANE Coordinator from Copley Hospital

All clinicians who are employed by the Foote Brook Program are licensed/certified 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 Foote Brook program does not employ any medical professionals (i.e. nurses or physicians). Interviews revealed the two Mental Health Clinicians employed by Foote Brook 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. social work, counseling, psychology, etc.). In addition, both Mental Health Clinicians have completed the PREA training required by the Laraway YFS.

The program does not conduct any forensic evaluations. In the event a youth alleges sexual abuse, the victim would be taken to University of Vermont Medical Center to be examined by a SANE. During the corrective action period, several attempts were made to contact the SANE Manager at the University of Vermont Medical Center (UVMC) for an interview but the auditor was unsuccessful in connecting voice-to-voice with her prior to the issuance of this final report. However, the auditor reviewed the hospital's SANE policy and has determined it to be in compliance with federal PREA standards.

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 program, 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, program 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 program 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:

- RLSI Licensing Standard 503
- Laraway "Policy 1.7 Non-Disclosure"
- Vulnerability Assessment Instrument developed by Florida Department of Juvenile Justice
- Completed vulnerability assessments
- Foote Brook Employee Handbook describing the intake process

- Interview with Laraway Agency PREA Coordinator
- Interview with Program Manager/PREA Compliance who is responsible for conducting vulnerability risk assessments

At the time of the onsite review, the Foote Brook program had adopted the Florida Department of Juvenile Justice vulnerability risk instrument (adapted from the New Zealand “Prison Youth Vulnerability Scale”). The instrument measures a youth’s risk to be victimized or to perpetrate sexual assault. This tool measures all areas outlined in provision (c) of this standard (i.e. prior victimization, physical size and stature, youth’s own perception of vulnerability, etc.) and therefore qualifies as a formal objective vulnerability risk screening instrument. These assessments are conducted by the Foote Brook program Director/PREA Compliance Manager and the Foote Brook Case Manager on the day a youth arrives. At the time of the initial site visit the program had not yet implemented this new assessment practice. However, during the follow-up site visit, youth interviews and documentation revealed this practice is embedded in program operations.

All Foote Brook youth are assessed using a battery of instruments on the day they arrive to the program. Numerous sources of information are reviewed by the Program Director and Clinical 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. Foote Brook conducts the vulnerability risk screening instrument (for sexual victimization and/or perpetration) as well as the Child and Adolescent Needs and Strengths (CANS) instrument. The CANS provides the program with information about mental health issues, suicidal thoughts/behaviors, and sexually problematic/harmful behaviors. The Foote Brook staff policy manual upholds these assessments are conducted with the first few days of a youth’s arrival to the program (through the intake process). Once this information is gathered, the Foote Brook clinical team develops an Individual Crisis Management Plan (ICMP) highlighting a youth’s level of risk to harm self or others. Within 60 days, an Individual Plan of Care (IPC) is developed which details the youth’s treatment goals.

To further support the provisions in this standard, following the initial site visit the Foote Brook program memorialized the intake practice by adding additional language to the Program Manual. The manual now specifically describes that the vulnerability risk tool will be conducted on all youth within 72 hours of arriving to the program; explains risk information will be used to inform room assignments and individual programming; where completed assessments will be securely stored (youth program files); and how often the formal reassessment will be conducted. During the follow-up visit, the auditor reviewed completed vulnerability assessments for all program youth to verify the practice has been embedded in program operations.

Laraway YFS uses an electronic health record system. Completed risk vulnerability tools are stored in the youth’s online case file. All staff do not have access to these files – access is restricted to specific Foote Brook program managers (including mental health clinicians). It is important to note, RLSI standard 503 requires “*Residential Treatment Programs to have written policies and procedures for protection of the confidentiality of all children/youth’s records.*” In support of the state licensing regulations the Laraway agency “Policy 1.7 Non-Disclosure” explains the expectations around protecting sensitive information. More specifically, the policy states:

“LYFS staff have a responsibility to safeguard all medical and/or personal information about our clients. Staff should be aware of the following: 1) Access to client information should be on a “need to know” & “right to know” basis for completing your job; 2) Client information must never be discussed in public areas; 3) Client information should never be left unattended where it might

be viewed by unauthorized persons; 4) Sanctions will be imposed for violations of the privacy policies; 5) You are responsible for knowing what our policies are and/or where they can be referenced. Treat all client information as you would want your personal health information treated. Employees who improperly disclose information will be subject to disciplinary action, up to and including termination of employment.”

Standard 115.342: Use of screening information

115.342 (a)

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

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? Yes No * **Program does not isolate youth**
- 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 program 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 program 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 program 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 program clearly document: The basis for the program’s concern for the resident’s safety? (N/A for h and i if program doesn’t use isolation?) Yes No NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the program clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if program 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 program afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Vulnerability Risk Assessment developed by Florida Department of Juvenile Justice
- RLSI Residential Licensing Standards 658, 659, 660, and 661
- Foote Brook Individualized Crisis Management Plan (ICMP)
- Foote Brook Program Handbook
- Completed vulnerability assessments for program residents
- Interview with individuals responsible for conducting vulnerability risk assessment and making placement decisions based on assessment information (Program Director/PREA Compliance Manager and Foote Brook Case Manager)
- Interview with the Laraway Agency PREA Coordinator
- Interview with Residential Support Staff (direct care)

The State of Vermont RLSI Residential Licensing Standards 658 and 661 prohibit residential programs from using isolation or seclusion without prior approval from RLSI. The standards clearly direct, “*Seclusion shall be used only to ensure that immediate safety of the child/youth or others when no less restrictive intervention has been, or is likely to be, effective in averting danger...Children/youth in seclusion will be provided constant, uninterrupted supervision by qualified staff, employed by the program and familiar to the child/youth...Seclusion lasting more than 10 minutes requires supervisory approval and oversight.*” Staff interviews verified the program does not use isolation. A youth may be prohibited to interact with another youth in the house for safety reasons but neither youth would be isolated (i.e. they would continue their daily routine of school, groups, daily exercise, etc.).

Review of documentation and interviews with the Foote Brook Program Director/PREA Compliance Manager and other program leadership indicate that the program 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 information received as part of the referral process and through a clinical interview with the youth. Interviews with the Program Director/PREA Compliance Manager and the Case Manager during the follow-up onsite visit verified how the program uses this information to place youth in specific bedrooms. For example, the program would not place a youth who scored 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 staff office. Review of completed vulnerability assessments indicate the specific placement and rationale for the placement are noted at the bottom of each assessment form. The auditor applauds the program for strategically placing youth in the program to ensure youth and staff safety and for documenting these placement decisions.

Regarding transgendered and intersex youth, the physical layout of the program prevents youth from being placed on a particular housing unit because of their sexual orientation. The residence is a two-story house with four bedrooms and a staff office on the second floor. There is a single bathroom and residents are prohibited from being in the bathroom together at any time. Therefore, transgender and intersex residents are never required to shower with other residents.

PREA standards require specific practices when working with transgendered and intersex youth. Standard 115.342 (e) requires *“placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by resident.”* In addition, the standard requires a transgender or intersex resident’s own views with respect to his own safety be given serious consideration (Standard 115.342 (f)). The Foote Brook Program Handbook requires youth to be reassessed regularly on risk to reoffend and vulnerability to be victimized and/or perpetrate. An interview with the Program Director/PREA Compliance Manager revealed that a formal reassessment using the CANS and the risk vulnerability tool is required every six months for all youth. The program will continue its existing practice of reviewing all youth monthly and adjusting the youth’s treatment plan based on surfacing needs. In support of this practice, the Foote Brook staff policy manual states, *“...information will be used monthly to assess changes in supervision, risk to relapse on high risk behaviors, vulnerability to be a victim of sexual abuse/harassment, risk to be a perpetrator of sexual abuse/harassment. Additionally, this information will be used to identify any changes in supervision, bedroom, bathroom and other placement needs. Attention will be paid to the impact of highly vulnerable youth (for example, residents who identify as LGBTQI and those who’ve experienced sexual trauma previously).”* The auditor applauds Foote Brook for establishing policy to support a practice that aligns with federal PREA standards.

To further support the provisions in this standard, during the corrective action phase Foote Brook updated its manual to clearly state the program does not isolate youth. More specifically, the manual states, *“...if a youth must be separated from the group for safety reasons (i.e. not allowed to interact with other youth) they will continue to receive daily large-muscle exercise and educational programming daily. In addition, they will have continued access to regular programming and will have frequent contact with Mental Health Clinicians (daily is preferred).”* Youth interviews conducted during the follow-up visit confirmed the program does not isolate youth or deny the previously mentioned services to youth.

During the corrective action period, the program also updated the Foote Brook Youth Guide to clearly establish expectations regarding physical interactions with youth. The Youth Guide clearly states there is no physical touching between residents and between staff and residents. In addition, the written expectations also prohibit youth from being in one another’s bedrooms and forbid more than one youth in the bathroom and laundry room at a time. The auditor applauds the program for clearly defining expectations for youth. Clear expectations can help prevent physical violations such as sexual harassment and/or assault.

To further demonstrate that the program uses the information from the vulnerability tool to determine bedroom assignments, shortly after the initial site review Foote Brook expanded the vulnerability assessment. The revised assessment now includes questions to document whether victims and/or perpetrators of sexual abuse were offered a meeting with a mental health professional within 14 days; who made the referral and when; and where youth will be placed (bedroom). The auditor applauds the program for ensuring these critical decisions are regularly documented. As previously mentioned, during the follow-up visit the auditor reviewed vulnerability assessment instruments and confirmed these tools were completed consistent with program and PREA expectations.

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 program 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:

- RLSI Residential Licensing Standards 202 and 511
- Foote Brook booklet “A Resident and Family Guide to PREA”
- Foote Brook Youth Guide
- Foote Brook Employee Handbook
- Foote Brook grievance box
- Foote Brook PREA Reporting and Program Grievance Form
- PREA staff training Power Point
- Interviews with Residential Support Staff (direct care)
- Interview with Program Director/PREA Compliance Manager
- Program audit tour observations

The State of Vermont RLSI licensing standard 202 requires programs to inform families and custodians that they have the right to file complaints and grievances without fear of retaliation. In addition, RLSI standard 503 states, “A Residential Treatment Program shall provide children, youth, families and custodians upon placement a clear and simple written statement that includes: The procedure used to report complaints or grievances, including timelines and accessible reporting formats; Assurance that the complaint may be submitted to someone other than the individual named in the complaint; Assurance that retaliation will not be tolerated; An opportunity for the child, youth, family member, custodian or staff member to present his or her version of events and to present witnesses; A process for informing the complainant of the results; A process for appeal; Contact information for the licensing authority; and contact information for the State-designated protection and advocacy system.”

The Foote Brook program has multiple avenues by which residents can privately report sexual abuse, sexual harassment, or retaliation by other residents or staff. The Foote Brook booklet, “A Resident and Family Guide to PREA,” that is provided as part of the youth PREA education describes the eight ways a youth can report abuse. These include: Staff member, confidential lock boxes, an advocate, parent/guardian, an attorney or DCF Centralized Intake (phone number is provided in the booklet). In addition, Laraway YFS complaint and grievance process is outlined in the Foote Brook Youth Guide. Grievance forms are accessible to youth – i.e. located by the confidential grievance box at the entrance to the home. In addition, a grievance form is given to each youth on the day they arrive.

As part of the corrective action phase the program was required to develop a practice for ensuring the locked boxes are checked on the weekends. Shortly after the onsite visit, the program implemented a practice that requires an identified staff member to check the plexiglass peep hole on the locked boxes to determine if there is a written report in the box (i.e. during after hours, weekends and holidays). If there is a note/grievance seen in the box, staff are instructed to call the on-call pager. The on-call manager is required to come to the program to access the locked box. If it is PREA related, the established Coordinated Response plan. These expectations are detailed in the Foote Brook Program Handbook. The PREA Reporting and Program Grievance form has been updated to ensure youth understand that all reports will be investigated and how often the locked boxes are checked. The form now states, *“These forms will be used in a confidential manner. Anonymous reports will be investigated the same as all other reports. All reports made in good faith will be investigated. These reports are checked each day. Monday-Friday a member of the leadership team will respond. During ‘non-work’ days and hours, these boxes will be monitored by staff. If a form is put in the box, staff members will inform an On-Call supervisor to respond to form.”*

Onsite interviews with staff and youth revealed that staff understand their responsibilities as mandated reporters and that they could file a report on behalf of a youth. All staff also understood they are required to report all anonymous and third-party reports of abuse to their supervisor and the DCF Centralized Intake Unit.

During the corrective action period, the program revised the Foote Brook Youth Guide to more clearly explain how the reporting and grievance process works. The guide now states:

- *“Emergency Grievances such as Sexual abuse will be responded to within 48 hours and a written solution will be provided to youth within 5 calendar days. Specifically, in the case of sexual abuse and/or sexual harassment you can report anonymously about another youth’s and/or a parent or teacher can report for you if you are uncomfortable reporting for yourself.*
- *All youth in Foote Brook will be provided confidential spaces to talk with Lawyers and/or making a report to the DCF hotline as well as when writing letters to these two entities.*
- *If you feel that your rights have been violated for any reason, you may contact DCF, Human Services Board, Agency Director, or any of the following resources for additional support.*
- *Staff are not allowed to give consequences to youth for making a report in ‘good faith’ even if evidence from the investigation reveals the sexual abuse and/or harassment did not occur.”*

In addition, the Youth Guide also provides phone numbers and a mailing address for DCF Centralized Intake used for reporting allegations of sexual abuse and/or assault. The guide also provides additional phone numbers for Health Care Ombudsman and the Vermont Protection and Advocacy agency. The auditor applauds the program for making this information readily accessible to youth and for ensuring youth rights are clearly explained.

During the corrective action period, the Foote Brook also revised its staff program manual to state, *“Staff are not permitted to read any incoming or outgoing mail to Clarina Howard Nichols Center, Lawyers, and/or the State of Vermont Abuse and Support Center. Youth are afforded confidentiality when making phone calls to Lawyers, Advocates or VT DCF reporting hotlines. This privacy is afforded through allowing youth to make this phone calls within their rooms and/or at the Farm House. Staff shall dial the phone number and ensure youth is making call to confidential contact only.”* All staff were formally trained on these expectations in trainings held in early 2019. The auditor applauds the program for providing clear direction to staff and better ensuring all staff adhere to PREA expectations related to youth rights.

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 program 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.) 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:

- RLSI Licensing Standard 511
- Laraway Employee Policy “Grievance and Appeals Process”
- Foote Brook Employee Handbook
- Foote Brook Youth Guide – Complaints and Grievance section
- Foote Brook staff interviews

RLSI Licensing Standard 511 requires programs to inform youth and families in written format of the grievance and complaints procedure; that the complaint may be submitted to someone other than the individual named in the complaint; and the appeal process, to name a few. In support of the state expectations, the Foote Brook Employee Handbook explains that youth may complete a verbal or written grievance about a staff member or another resident in the house. The policy states the youth does not have to submit the grievance to the staff member who may be the subject of the grievance. The Laraway Grievance and Appeals Process states that youth will be notified in writing of the outcome of the grievance within 90 days.

During the corrective action phase, the program developed written expectations to support provisions in this standard (i.e. filing emergency grievances; no time limit to file a grievance involving an allegation of sexual abuse; required timelines for responding to emergency grievances; etc.). More specifically, the program revised PREA pamphlet to clearly state residents, staff members, family members, attorneys, and outside advocates are permitted to assist youth in filing a grievance on behalf of a youth and/or any documents regarding the appeals process.

To further support the provisions in this standard, shortly following the initial onsite review, the Foote Brook program created a PREA specific Serious Incident Report (SIR). This SIR states, “Any serious incident must be reported to the Program Director by 9 am the next day...Any emergency which require police, EMS, or mental health screener involvement the parent/guardian needs to be notified as soon as

reasonably possible. PREA: Emergency Grievances MUST receive verbal response within 48 hours and final decisions within 5 calendar days. Youth appeals will be documented as an additional PREA SIR.”

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

115.353 (a)

- Does the program provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable 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 program 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 program enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the program 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 program provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the program 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:

- RLSI Residential Licensing Standards 613, 614, and 615
- Foote Brook “A Resident and Family Guide to PREA”
- Observations during program tour – i.e. posters with abuse hotline number, PREA and youth information board, etc.
- Foote Brook Youth Guide
- Staff interviews
- Letter and email (dated July 9, 2018) to Copley Hospital from Foote Brook requesting MOU
- Letter and email (dated July 18, 2018) to the local advocacy organization (Clarina Howard Nichols Center) requesting an MOU
- Copley Health Systems “Sexual Assault Nurse Examiner” Policy 112613
- Copley Health Systems “Care of the Sexual Assault Patient” Policy 120194
- University of Vermont Medical Center Sexual Assault Nurse Examiner (SANE) Guidelines

The RLSI Residential Licensing Standards support several provisions in this PREA standard. RLSI states:

- *613 - Program staff shall read a child/youth’s mail and e-mail or listen in on telephone conversations only with the child/ youth’s full knowledge and understanding of the reasons for this action, consistent with the Plan of Care.*
- *614 - A Residential Treatment Program shall not bar contact between a child/youth and their parent(s), custodian, attorney, guardian ad litem, clergy and State-designated protection and advocacy system.*
- *615 - When the right of a child/youth to communicate in any manner with any person outside the program must be curtailed, or monitored a residential program shall: • Document the decision, including who was involved in the decision making process, reasons for limitations of his/her right to communicate with the specified individual(s); • Inform the child/youth of the decision making process; • Review this decision minimally at each review of the Plan of Care.*

Prior to the initial onsite audit, the Laraway Substitute Care Director reached out to the local advocacy center. The auditor reviewed emails and formal letters verifying the intent to establish MOUs with the Foote Brook program. In addition, an interview with the Family and Advocacy Specialist from the Clarina Howard Nichols Center (local advocacy agency) verified these efforts have been made and that CHNC have every intention of entering into a formal agreement with the Laraway Foote Brooke program. As described earlier, during the corrective action period the Foote Brook program was in the process of entering a formal MOU with the Clarina Howard Nichols Center to provide rape crisis and advocacy services.

During the onsite program tour the auditor observed the PREA bulletin board included a poster with the DCF child abuse hotline number (Centralized Intake) and pamphlets from the local advocacy agency. The University of Vermont Medical Center (UVMC) SANE Guidelines require the triage area to call Hope Works (an advocacy organization in the Burlington, VT area) as part of the initial response when an individual discloses they have been sexually assaulted or abused. The Guidelines also states the triage nurse or SANE is responsible for introducing the advocate to the patient when s/he arrives. However, the Laraway Foote Brook response protocol involves the program calling the local advocacy agency (Clarina Howard Center) immediately when a youth discloses. Therefore, the Clarina Howard advocate would respond immediately to youth (talk with youth on the phone) and come to meet the youth at the program. The youth advocate will also accompany the youth during the transport to UVMC and provide support to

youth while at the hospital. The recent MOU clearly outlines the role and responsibilities of the local advocacy center.

The Foote Brook Youth Guide describes how privacy is offered to youth in specific situations. The Foote Brook policy states, *“Youth are able to receive and make phone calls to prior approved contacts.... Youth have access to family (as approved by guardian), team members, guardian, and legal representation. Youth are to let staff know whom they wish to call before making the phone call. Youth are expected to remain near the “phone booth” area in the hallway to make phone calls. Case Manager can allow youth to extend phone area to youth’s room, but only on the 3rd level or higher.”* The program will be required to develop a practice and policies to ensure that youth are afforded confidential access to their lawyers and when reporting allegations of sexual abuse (particularly when reporting on the telephone).

During the corrective action period, to better demonstrate compliance with this standard the Foote Brook program added the phone number for the DCF Hotline, the Clarina Howard Center (advocates), and PREA Hotline to each resident’s approved call list. Additionally, the Foote Brook Youth Guide and the Foote Brook staff manual describe how phone calls are monitored and how youth are afforded privacy when reporting abuse and/or talking with lawyers. New telephones were installed, and a new practice was recently adopted to allow youth more privacy when talking to these identified parties. The new practice includes staff dialing the phone number for the youth; confirming the person on the line is the lawyer or the abuse reporting hotline representative; staff handing the phone to the youth; and youth taking the phone into their bedroom to talk in private. Staff monitor to ensure youth do not hang up the phone and dial another number by monitoring the telephone’s LCD panel which displays the current number from the staff office. All staff were formally trained on this new practice in early 2019.

To ensure staff were aware of advocacy services, a representative from the Clarina Howard Nichols Center provided a short presentation and discussion about the services offered. This presentation was provided on February 14, 2019. Advocates are scheduled to come talk with youth in March 2019 to make them aware of the advocacy resources available to them.

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:

- Foote Brook Program Handbook
- Laraway website providing third party reporting information (<http://www.laraway.org/programs.html#sub>)
- Program Director/PREA Compliance Manager
- Interviews with Residential Support Staff (direct care)

Onsite interviews revealed staff are aware that they are required to report third-party and anonymous reports alleging sexual abuse or sexual harassment. At the time of the initial site visit Foote Brook did not have a formal mechanism for taking third-party reports. The PREA standards require the agency to “*distribute publicly information on how to report sexual abuse and sexual harassment on behalf of resident.*” During the corrective action period and as previously described, the program developed a detailed coordinated response protocol. The protocol specifically outlines responsibilities of first responders, the PREA Compliance Manager, DCF, and other relevant parties. All staff have been formally trained on this information. This information is also found in the Foote Brook Program Handbook and residents are trained on this information (see standard 115.333). Recently, the agency added third-party reporting information to their website (<http://www.laraway.org/programs.html#sub>) including how to report incident of sexual abuse or assault. The website also includes several organizations to contact to report these incidents. This information is also displayed in the staff offices and on the bulletin boards in the youth residence and the administrative building (“Farm House”).

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 program, 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 program 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 program head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the program 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 program 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 program 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 program report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the program'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:

- RLSI Residential Licensing Standards 118, 119, 120, 122, and 125
- Laraway YFS Serious Incident Report
- Foote Brook Employee Handbook
- PREA staff training Power Point
- Training records confirming staff have completed the mandatory PREA training
- Compliance Manager Flow Chart
- Interviews with Residential Support Staff (direct care)
- Interview with Program Director/PREA Compliance Manager
- Interview with Laraway Agency PREA Coordinator
- Interview with Mental Health Clinician

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). RLSI licensing regulations require a verbal report (calling the Centralize Intake hotline number) be made *"as soon as reasonable"* and a written report be submitted within 24 hours. In support of the mandated reporter expectation set by the State of VT, the Foote Brook Employee Handbook reminds staff that as a mandated reporter, allegations of sexual and sexual harassment must be reported to DCF and/or the police. Mandated reporter information is included in the staff PREA training which all Foote Brook staff have completed. Staff are instructed to report all suspicion or knowledge of sexual harassment, sexual abuse, and/or retaliation immediately. In addition, the Foote Brook Employee Handbook directs staff to report abuse to their immediate supervisor, Program Manager, and/or support pager supervisor. Following this step, the policy directs staff to draft a written incident report.

The Foote Brook Employee Handbook addresses confidentiality and protecting sensitive information. The staff policy states, *"Apart from those who need to know about the report of abuse, staff are prohibited from disclosing information related to the report made to anyone else. This is true for any allegation of abuse outlined in this policy."* The Laraway YFS Serious Incident Report (SIR) directs staff, *"Any serious incident must be reported to the Program Director by 9 AM the next day...Any emergency which require police, EMS, or mental health screener involvement the parent/guardian needs to be notified as soon as reasonably possible."* The Laraway SIR has a specific PREA section that requires staff to identify the victim's name; witness names; if youth needed medical treatment; if victim was offered a victim advocate; etc. The auditor applauds the program for enhancing the existing incident form to provide clear guidance to staff and ensure all critical PREA information is formally documented.

Interviews with direct care staff and the Mental Health Clinician revealed that these individuals are aware of their responsibilities as mandated reporters including reporting third-party information and that they understand the process for responding to reports of sexual abuse and/or harassment.

As previously stated, during the corrective action period Foote Brook develop a comprehensive coordinated response plan that meets the provisions of this standard. The coordinated response protocol is clearly explained in the Program Handbook as well as displayed in key places in the administrative building and the youth residence. This provides easy reference for staff members. The response protocol also specifies that first responders will report to DCF within 24 hours and the PREA Compliance Manager will be responsible for contacting family members or legal guardians within 24 hours.

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:

- State of Vermont DCF Policy 241
- Laraway Employee Policy “5.2 Workplace Violence/Sexual Harassment Prevention”
- Foote Brook staff PREA training Power Point
- Interview with Laraway Human Resources Director
- Interview with the Laraway Agency PREA Coordinator
- Interview with Foote Brook Program Director/PREA Compliance Manager
- Interview with Laraway YFS Executive Director

All Foote Brook staff interviewed verified they are formally trained how to keep youth safe in the event they are at imminent risk for sexual abuse. This process involves taking immediate action to separate the alleged perpetrator and victim and contacting their immediate supervisor (followed by DCF Centralized Intake). Interviews with the Program Director/PREA Compliance Manager, Laraway Agency PREA Coordinator, and Director of Human Resources 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 program and placed on administrative leave. In further support of this PREA standard the Laraway policy states, “*In order to maintain workplace safety and the integrity of its investigation, Laraway may suspend employees, either with or without pay, pending investigation.*” In addition, agency policy upholds, “*Anyone engaging in sexual or other unlawful harassment will be subject to disciplinary action, up to and including termination of employment.*”

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 program, does the head of the program that received the allegation notify the head of the program or appropriate office of the agency where the alleged abuse occurred? Yes No
- Does the head of the program 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)

- Does the program 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:

- State of Vermont DCF Policy 241
- Interview with Laraway YFS Executive Director
- Interview with Laraway Agency PREA Coordinator
- Interview with Program Director/PREA Compliance Manager

The Foote Brook program has not had an incident in which a youth disclosed they were sexually abused while in a prior placement/program. However, interview with Foote Brook and agency leaders revealed 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.

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." There is a need to clarify the notification process within Laraway agency (DCF is responsible for reporting the allegation to the program in which the abuse allegedly occurred).

As previously described, during the corrective action period the Foote Brook program clarified its response protocol. Response protocol flip books have been created (2x4 inch laminated and spiral bound books) that detail the required response actions for each involved party (i.e. First Responder, PREA Compliance Manager, DCF, etc.). The program response protocol clearly states the PREA Compliance Manager is responsible for contacting the parents or legal guardian in the event a youth discloses sexual abuse or assault. The protocol also indicates that the State of VT RLSI unit assumes the responsibility

for notifying the prior placement in the event a youth discloses sexual abuse had occurred at another program (this is supported by the State of Vermont DCF Policy 241 "Licensing Residential Treatment Programs and Regulatory Interventions).

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:

- Foote Brook Employee Handbook
- Foote Brook PREA training curriculum for staff
- First Responder Flow Chart
- Interviews with Residential Support Staff (direct care)

The Foote Brook Employee Handbook provides information on how first responders should respond when a youth alleges sexual abuse. It will be important for Foote Brook to enhance the current language to more clearly direct first responders to: Separate the alleged victim and abuser and ensure 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). That said, all staff 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 Foote Brook program.

As previously mentioned, during the corrective action phase Foote Brook created a comprehensive but succinct First Responder Checklist that details the responsibilities of involved parties. This information is also explained in the Program Handbook and includes protecting physical evidence; separating the victim and the alleged abuser; prohibiting youth from washing, brushing teeth, changing clothes, urinating, defeating, drinking or eating; offering to take youth for a medical examination; offering emotional support services; and other pieces critical to effectively responding to sexual abuse or assault allegations. During the follow-up site visit, the auditor reviewed training records to verify all staff were trained on the revised coordinated response protocol. All staff have been trained and signed a form attesting to their understanding of how to respond including securing the scene and preserving the evidence

Standard 115.365: Coordinated response

115.365 (a)

- Has the program developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and program 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:

- Foote Brook First Responder Flow Chart
- Foote Brook Employee Handbook
- Foote Brook PREA training curriculum for staff
- Interviews with Residential Support Staff (direct care)
- Foote Brook Program Director/PREA Compliance Manager interview

Foote Brook has a written coordinated response plan (“First Responder Flow Chart”) for responding to incidents of sexual abuse and incidents of sexual harassment. The program is encouraged to expand this flowchart or develop a First Responder Checklist to provide additional details and guidance to program staff.

Similarly, the Foote Brook Employee Handbook provides information on how first responders should respond if a youth alleges sexual abuse. During the corrective action period, the program enhanced the staff handbook language to more clearly direct first responders to separate the alleged victim and abuser and ensure 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). Staff interviews conducted during the follow-up site visit revealed staff are knowledgeable of their first responder duties, including how best to preserve physical evidence.

All staff are formally trained on their responsibilities during the required annual staff PREA training. Interviews revealed staff know how to immediately respond to allegations of sexual abuse and sexual harassment.

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:

- Laraway Employee Policy "1.2 – Status of Employment"
- Interview with Laraway PREA Coordinator
- Interview with Director of Human Resources

Laraway YFS has not entered into a collective bargaining agreement that would prevent the removal of staff who have been alleged to have sexually abused a resident and are awaiting the outcome of an investigation or while waiting for a determination of the extent of the discipline. As stated earlier, the Laraway Employee Policy Manual clearly states that the agency reserves the right to terminate an employee at any time, foregoing the usual progressive discipline process. Therefore, Laraway Foote Brook is in compliance with this PREA standard.

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:

- Laraway Policy “5.2 Workplace Violence/Sexual Harassment Prevention”
- Foote Brooke Employee Handbook
- Foote Brook Retaliation Monitoring Checklist
- Interview with Program Director/PREA Compliance Manager (responsible for ensuring documentation of monitoring for retaliation)
- Interview with the Mental Health Clinician

The Laraway Policy “5.2 Workplace Violence/Sexual Harassment Prevention” provides clear direction to staff regarding the agency’s response to retaliation. The policy states that individuals responsible for threats or violence “*will be subject to prompt disciplinary action up to and including termination of employment*” and reassures staff stating, “*You can raise concerns and reports without fear of reprisal or retaliation.*” In addition, the Foote Brook Employee Handbook states, “*...there will be zero tolerance for retaliation toward any person making a report of abuse or harassment. Such behavior will be closely monitored by Program supervisors and leadership.*” During an interview with the Program Director/PREA Compliance Manager she stated that she would be the primary person responsible for monitoring retaliation, although all direct care staff are responsible for ensuring youth safety and therefore, they would also be responsible for checking-in with the youth. Interviews revealed staff understand what to look for regarding retaliation and that they are required to report suspicion and/or incidents of retaliation.

The Program Director/PREA Compliance Manager stated in situations of sexual abuse and sexual harassment, retaliation would be monitored for at least 90 days but likely for the duration of the youth's stay at Foote Brook. If retaliation is suspected or founded, the program would take immediate action to end the retaliation. In addition, interviews with the Mental Health Clinician and the Foote Brook Program Director/PREA Compliance Manager revealed the treatment team would also monitor retaliation at weekly team meetings, during individual counseling sessions, and periodic check-ins by the Program Director/PREA Compliance Manager.

To assist in monitoring retaliation and to document these periodic checks, the Foote Brook program developed the PREA Retaliation Checklist as part of the PREA Serious Incident Report (SIR). This Retaliation Checklist is completed by the PREA Compliance Manager. Information gathered through this checklist include but are not limited to: Date monitoring began; if retaliation was monitored for 90 days; a description of how the retaliation was monitored; dates of check-ins with perpetrator and victim; notes from check-ins; and whether retaliation needs to be extended beyond the 90-day requirement, to name a few. Youth are required to sign and date the tracking form as well as the PREA Compliance Manager, Agency PREA Coordinator, and Executive Director. During the follow-up site visit, the auditor reviewed the two completed PREA SIR forms and confirmed the program monitored retaliation for the two recent incidents of youth-to-youth sexual harassment.

During the corrective action phase, the Foote Brook program revised its employee manual to more clearly describe the program's practices regarding monitoring retaliation. The revisions also provide additional directives to staff regarding their role in this process. The Foote Brook employee handbook now clearly states:

“there will be zero tolerance for retaliation toward any person making a report of abuse or harassment. Such behavior will be closely monitored by Program supervisors and leadership up to 90 days following a report. Retaliation for any acts of sexual abuse and harassment will be monitored by the Program PREA Compliance Manager and Case Manager will monitor retaliation by random unannounced visits to the home, interviews of both the victim, perpetrator and staff. These retaliation monitoring measures will be documented and stored within a youths file. If the Program leadership recognizes retaliation, it will take swift action to respond. Youth who engage in retaliative behavior can expect to receive consequences deemed appropriate for behavior but can include discharge from programming. Staff who are found to be retaliating against youth or staff within the home can expect an immediate response from program leadership and human resources that could include termination. Victims of retaliation are offered emotional support services who fear any retaliation for reporting sexual abuse or sexual harassment for cooperating with investigation.”

To ensure that all staff understand what to look for if a youth is being retaliated against (signs), all staff were formally trained on retaliation in January 2019. The training also included how retaliation will be monitored at Foote Brook and the role of direct care staff in this process.

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:

- RLSI Residential Licensing Standards
- Interview with Program Director/PREA Compliance Manager
- Interview with Residential Support Staff (direct care)
- Interview with Mental Health Clinician

The State of VT RLSI Residential Licensing Standards limit the use of segregation. For youth safety reasons in the event of sexual assault between Foote Brook youth, the program would keep youth separate (i.e. one-on-one supervision) but all youth would continue to receive education, large-muscle exercise, and daily visits from a Foote Brook mental health clinician. Staff 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 involving Foote Brook youth would be viewed as a lapse in treatment and addressed immediately. Foote Brook 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/program 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/program 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 program 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:

- State of Vermont DCF Policies 50, 51, 52, 54, 56, 57, 60, 66, and 241
- RLSI Residential Licensing Regulations 118, 119, 120, and 121
- Certificate of Training Completion for RLSI investigator – NIC Specialized Investigation Training
- Foote Brook staff PREA training requiring all suspicion and knowledge of sexual abuse and sexual harassment to be reported to State of VT DCF
- Foote Brook Coordinated Response Plan
- Foote Brook PREA Serious Incident Report (SIR)
- Laraway Employee Policy “5.1 Ethics and Conduct”
- Meeting on July 19, 2018 with Detective from County Sheriff’s Specialized Investigation Unit
- Interview with DCF RLSI investigation staff (staff to youth sexual abuse)
- Interview with Laraway HR Director (staff to youth sexual harassment allegations and retaliation)
- Interview with Substitute Care Director/Agency PREA Coordinator (responsible for ensuring compliance with State RLSI licensing regulations)
- Interview with Program Director/PREA Compliance Manager (who would assist with youth to youth sexual harassment allegations)

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. Sexual harassment in which the alleged perpetrator is a staff member would be investigated by the State of Vermont AHS. If sexual harassment occurred between two Foote Brook youth, depending on the severity of the situation, this would be handled as a regulatory issue. DCF would work with Foote Brook leadership to investigate and develop a plan to prevent additional incidents of sexual harassment.

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 does not accept the report for investigation and the “second read” supervisor disagrees, the report is accepted, assigned to an investigator, and an investigation is formally launched by an RLSI investigator.

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

When a report has been accepted for investigation of child sexual abuse the RLSI Investigator contacts the local County Sheriff’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). Information gathered from a meeting held during the onsite audit (July 19, 2018) verified the collaborative approach to investigating allegations of sexual abuse. Meeting participants included a Detective from the local Specialized Investigation Unit (SIU), the DCF RLSI Investigator assigned to the Foote Brook program, the Laraway Executive Director, the Laraway Agency PREA Coordinator, the Foote Brook Program Director/PREA Compliance Manager, and the PREA Auditor. The purpose of the meeting was to clarify roles and the process in the event of a sexual abuse allegation from a Foote Brooke youth. During the meeting the DCF RLSI Investigator and the SIU Detective agreed to interview youth together at the CAC to avoid having the victim be interviewed on two separate occasions (preventing re-traumatization). In addition, the discussion included determining at which point the local authorities will be contacted and how the Foote Brook program will stay informed of the progress of the investigation progress.

Interviews with the DCF RLSI investigator assigned to the Foote Brook program verified 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 Foote Brook program residents. The State of Vermont Policy 54 “Investigating Reports of Child Abuse or Neglect in Regulated Facilities” states, *“When the alleged perpetrator has continued access to alleged victim, or if other children may be at risk, the investigation will commence*

within 24 hours. In other cases, the investigation will commence within 72 hours. The operations manager must approve any waiver of this requirement.” Interviews with the Foote Brook Program Director/PREA Compliance Manager and RLSI Investigator verified investigations begin consistent with the policy expectations outlined above.

Since the program has not had any incidents of sexual abuse involving Foote Brook youth, the auditor was not able to verify whether some of these provision by examining investigation records specific to the Foote Brook program. However, the auditor has reviewed investigation reports and supporting documents authored by the DCF Investigator assigned to Foote Brook that occurred in other programs (during those program’s PREA audit). The investigation reports are thorough and include physical, testimonial, and documentary evidence from the victim, alleged perpetrator, and witnesses. These final reports are stored in the electronic system, FSDNet. At the conclusion of sexual abuse investigations, a formal letter detailing the outcome of the investigation is sent to the program in which the youth resides, indicating whether the report was substantiated or unsubstantiated. RLIS investigation file reviews (from PREA audits other than Foote Brook) indicate these notifications are made consistent with PREA requirements. There is sufficient evidence to allow the auditor to confidently conclude that the DCF RLSI Investigator would conduct investigations for the Foote Brook program similarly and therefore, comply with provisions in this PREA standard.

State of VT DCF RLSI Residential Licensing Standard 121 requires residential treatment programs to *“cooperate fully in investigations of any complaint or allegation associated with the program. This may include but is not limited to the Department for Children and Families Special Investigations Unit, and the Licensing Authority.”* This directive is further supported by Laraway YFS Policy “5.1 Ethics and Conduct” which categorizes *“refusing to cooperate in any investigation conducted by Laraway”* as inappropriate behavior and reminds employees that Laraway is an “At Will” employer.

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 to report back to RLSI on progress made in addressing the issue. As previously mentioned, there have been no cases of sexual harassment involving a staff member and a youth.

As previously stated, the Foote Brook program has created a PREA-specific incident report to document the incident, the investigative process, and monitoring of retaliation. This PREA Serious Incident Report (SIR) is reviewed by the PREA Compliance Manager and the Agency PREA Coordinator and stored in the youth file. If there was a sexual harassment allegation between Foote Brook residents, the Program Director/PREA Compliance Manager and Agency PREA Coordinator would be responsible for conducting the investigation. Interviews with the Agency PREA Coordinator and the Program Manager/PREA Compliance Manager verified the way in which sexual harassment investigations are conducted is consistent with federal guidelines. More specifically, investigations would occur immediately; involve interviews with the perpetrator, victim, and witnesses; and include formally documenting the investigation process and outcome in a formal report. Following the initial onsite visit, the program had two incidents of sexual harassment between youth. Review of the two PREA incident reports revealed the investigations conducted by the PREA Compliance Manager were thorough and conducted consistent with PREA expectations. The reports included information gathered from several witnesses and the victim and alleged perpetrator. The documentation on the PREA SIR also included the investigation conclusion (i.e. substantiated) and the follow-up needed regarding informing the youth of the investigation outcome.

Interviews revealed that polygraph tests are not used by AHS to determine whether a victim's allegation is true by DCF RLSI, Laraway YFS, or local Sheriff's Office Specialized Investigations Unit. In addition, the AHS RLSI does not terminate a sexual abuse investigation if a youth recants the allegation. Interviews with the Agency PREA Coordinator, Laraway HR Director, and Laraway PREA Compliance Manager all verified that an investigation would continue even if the victim recants or is no longer in the program. Also, the credibility of an alleged victim, suspect or witness is not determined by the youth's or staff's status of that person.

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

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 Foote Brook verified these components are a part of the investigative process.

The Laraway YFS Complaints and Grievances Policy states the agency will write a letter explaining how the grievance was addressed to the individual who filed the grievance.

In order to further support this standard, the Foote Brook program enhanced its Coordinated Response plan to specifically state the PREA Compliance Manager is responsible for checking in periodically with RLSI and/or local law enforcement to keep abreast of progress of investigations and for informing the victim and family of this progress. In addition, the response plan states the PREA Compliance Manager will ensure the Incident Review Committee meets within 30 days of investigation completion (sexual abuse cases). For incidents of youth-on-youth harassment, the Foote Brook Program Supervisor and the PREA Compliance Manager are responsible for leading the internal investigation to include interviews, collection of evidence, and outcomes. The Coordinated Response Plan indicates that youth-on-youth sexual harassment investigations will be completed within 14 days of the incident being reported. The plan clearly states that you are prohibited from taking polygraph tests as part of the investigative process.

During the corrective action period, Laraway updated the PREA Coordinated Response plan to further clarify the responsibilities of Human Resources staff. The response plan now directs HR staff to coordinate with DCF and the police in the event of an allegation of sexual abuse by a staff member. In addition, if there was an incident of staff-to-youth sexual harassment, HR staff will follow the directives from DCF Central Intake and RLSI regarding whether they should complete an internal investigation or whether DCF will conduct the administrative investigation. The revised Coordinated Response Plan also explains that the HR and Program Supervisor are responsible for interviewing staff and youth, collecting relevant evidence, and assessing whether a staff's actions or failures to act contributed to the abuse and/or harassment of a youth. The plan clearly states that Laraway will not terminate the investigation because the alleged abuser or victim has terminated employment, left the facility, or solely because the source of the allegation recants the allegation. The auditor applauds the program for memorializing these practices in agency procedures.

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
- Laraway Foote Brook Coordinated Response Plan
- Interview with DCF RLSI Investigator
- Interview with Laraway Agency PREA Coordinator
- Interview with Program Director/PREA Compliance Manager (who is also the Program Director)
- Interview with Laraway HR Director

Interviews with the RLSI Investigator indicate that AHS DCF imposes a standard of preponderance of evidence for proof, or a lower standard, when determining whether allegations of sexual abuse or sexual harassment are substantiated. The State of Vermont DCF Policy 241 includes language to support this standard. Review of investigation reports (not Foote Brook but investigations conducted by the same RLSI Investigator) also provided additional evidence that investigations are thoroughly conducted by RLSI and that this definition is used when determining the outcome of an investigation. Similarly, interviews with Laraway YFS Human Resource Director, Agency PREA Coordinator, and PREA Compliance Manager indicate that "preponderance of evidence" is also used when investigating Laraway YFS personnel matters.

During the corrective action period, the Foote Brook program enhanced its Coordinated Response Plan to clearly state, “HR and program supervisor will uphold a standard no higher than a preponderance of the evidence in determining whether allegations of abuse or harassment are substantiated.” Follow-up interviews with the HR Director verified this practice is in place.

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 program, 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 program, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/program 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 program? 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 program? 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 program? 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 program?
 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 program?
 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
- Foote Brook Youth Guide
- Review of formal letters to families, social workers, and victim as part of DCF sexual abuse investigations (from other residential PREA audits conducted by this auditor)
- Review of incident reports verifying youth and social workers were notified as part of youth to youth sexual harassment cases (from other residential providers)
- Review of investigation summary reports verifying required notifications for youth to youth sexual harassment cases (from other residential providers)
- Interview with Foote Brook Program Director/PREA Compliance Manager

The State of Vermont DCF Policy 54 "Investigating Reports of Child Abuse or Neglect in Regulated Facilities" states, "*The SIU Chief will notify the district office and the appropriate licensing and program units of the following: whether or not the referral has been accepted as a report; if the report is not accepted, what further actions the SIU will take, if any; and, if the report was accepted, the case determination, including any necessary follow-up by the district.*" Interviews with the RLSI Investigator confirmed current practice is consistent with policy expectations. Once an investigation is completed, the final report is stored in the electronic state system, FSDNet. A formal letter detailing the outcome of the investigation is sent to the Program Director of the program 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. RLSI investigation files from other programs (on past PREA audits) provided substantial evidence that all notification letters are sent. Foote Brook is in compliance with agency and federal PREA expectations.

The Foote Brook Youth Guide describes the grievance process and specific timelines associated with the various steps. The Laraway practice includes talking with the youth’s case manager or the Grievance and Appeals Coordinator; filing a formal grievance (written or spoken); and the agency writing the youth a letter within 90 days explaining how the grievance was addressed.

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:

- State of VT DCF RLSI Licensing Standards 401-402
- Laraway YFS Policy “5.2 Workplace Violence/Sexual Harassment Prevention”
- Interview with Laraway YFS Executive Director
- Interview with Laraway Director of Human Resources
- Interview with Foote Brook Program Director/PREA Compliance Manager

The State of VT DCF RLSI Licensing Standard 402 specifically directs residential treatment programs may not continue to employ any person who has been substantiated for child abuse or neglect. In addition, Laraway “Policy 5.2 Workplace Violence/Sexual Harassment Prevention” clearly states, *“Anyone engaging in sexual or other unlawful harassment will be subject to disciplinary action, up to and including termination of employment.”* The Laraway YFS Executive Director and Foote Brook Program Director/PREA Compliance Manager verified that the agency acts in accordance with its policies and federal regulations.

To date, the Foote Brook program has not had any staff members alleged to have sexually abused or sexually harassed youth in the program. Interviews with the Laraway HR Director 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 Laraway Human Resources Director reported that the agency’s response would be to prohibit the staff member from working directly with any youth and likely terminate their employment with Laraway YFS. She also verified that if during a personnel investigation there was evidence that there may be criminal charges, she would contact local law enforcement immediately.

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

Standard 115.377: Corrective action for contractors and volunteers

115.377 (a)

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

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the program 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:

- RLSI Residential Licensing Standards 118-120
- State of VT DCF Policy 241
- Laraway YFS Policy “2.4 Interns and Volunteers”
- Interview with Laraway YFS Executive Director
- Interview with Laraway YFS Director of Human Resources
- Interview with Foote Brook Program Director/PREA Compliance Manager

The Foot Brook program does not have any contractors, interns, or volunteers. However, all contractors and volunteers are subject to agency policies and protocols including sexual abuse and sexual harassment. This is supported in Laraway “Policy 2.4 Interns and Volunteers” and was verified through staff interviews. The State of VT DCF is responsible for reporting any substantiated allegations to relevant licensing bodies. This language is reflected in DCF Policy 241.

To date, there have been no volunteers, interns, or contractors working at the Foote Brook program who have violated state regulations or Laraway policies.

Information derived from interviews and additional evidence described in Standard 115.376 of this report, support compliance with this PREA standard.

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 program offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the program 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:

- Foote Brook Employee Handbook
- Interview with Program Director/PREA Compliance Manager
- Interview with Foote Brook Mental Health Clinician

The Foote Brook program prohibits contact between residents. The Foote Brook Employee Handbook states, *“the nature of Foote Brook residential programming, clients are expressly prohibited from any type of sexual behavior or activity with other residents. Any report of sexual contact, abuse or harassment must be reported to the program supervisor and/or director on call for investigation.”* Since the Foote Brook program serves all types of youth, including those who have sexually acting out behaviors, the Foote Brook program would not discipline youth in the event of resident-on-resident sexual abuse. More specifically, the Foote Brook policy manual upholds:

“Sexual abuse and harassment behavior will be viewed as “treatment lapse” and the client, their team and support people/family will convene to review recommendations for treatment and discuss appropriate placement of our community-based programming. All disciplinary actions will be the result of legally initiated consequences. Foote Brook will address this behavior through increased support, treatment, education or referral to a high level of care/specialized program for youth with sexually harmful behaviors.”

As stated earlier, the program does not use isolation. However, if for safety reasons youth had to be separated from another youth, all youth would continue their daily routines including attending school, participating in treatment groups, and having structured recreation/exercise time.

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).

During the corrective action period, the program updated youth education materials to better ensure provisions of this standard are clearly communicated to youth and families. The Youth Guide now states, *“Staff are not allowed to give consequences to youth for making a report in ‘good Faith’ even if evidence from the investigation reveals the sexual abuse and/or harassment did not occur.”* In addition, the PREA pamphlet has been updated to more clearly state that all reports will be investigated and may include criminal charges. In addition, the PREA pamphlet clarifies, *“False reporters could face programmatic consequences that could include but are not limited to loss of privileges, increased supervision and/or criminal charges.”*

Policies and staff interviews provide enough evidence to determine Foote Brook 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:

- Laraway "Policy 1.7 Non-Disclosure"
- PREA Serious Incident Report (SIR)
- Completed vulnerability tools
- Interview with Mental Health Clinician
- Interview with Program Director/PREA Compliance Manager who conducts vulnerability risk assessments
- Interview with Case Manager who conducts vulnerability risk assessments

All youth who are accepted for residential treatment services to the Foote Brook program are assessed for risk the day they arrive. Numerous referral documents are reviewed by the Foote Brook Program Director/PREA Compliance Manager. 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 Foote Brook clinical team develops an Individual Crisis Plan (ICP) specific to the youth. The ICP includes level of risk to harm self or others and is based on the CANS instrument and the Foote Brook Vulnerability Risk Assessment (adapted from State of Florida Juvenile Justice and implemented following the initial site visit).

Foote Brook policy supports provisions in this PREA standard. The Foote Brook Employee Handbook Intake Process section explains:

A Crisis Plan is written (including any specific considerations regarding level of risk or vulnerability to perpetrate or be victim of sexual abuse or harassment), and available for staff to implement. Clients for whom risk to offend or be victimized will actively review this plan with the Program Manager or Case Manager at the time of intake. This information should be part of the crisis plan and recorded appropriately via Laraway systems. Clients that disclose any past abuse will be offered a follow up with medical and mental health providers to occur no later than 14 days in the future. Any past abuse disclosed should be reported to the Program Manager or Case Manager, if the intake occurred after hours this information should be immediately reported to the "Support Pager."

At the time of the initial site visit, the program had not yet implemented the Vulnerability Risk Tool. Interviews with the Program Director/PREA Compliance Manager and Foote Brook Mental Health Clinician indicate this practice will be implemented in the coming months. The referral will be documented on the Vulnerability Risk Tool and as required, the Mental Health Clinician will document in his clinical notes when the individual counseling session occurred. The program will be required to implement this practice to achieve compliance with all provisions in this standard.

As previously mentioned, the Laraway Policy "1.7 Non-Disclosure" clearly sets expectations around protecting sensitive client information. The policy states:

"LYFS staff have a responsibility to safeguard all medical and/or personal information about our clients. Staff should be aware of the following: 1. Access to client information should be on a "need to know" & "right to know" basis for completing your job; 2. Client information must never be discussed in public areas; 3. Client information should never be left unattended where it might be viewed by unauthorized persons; 4. Sanctions will be imposed for violations of the privacy policies; 5. You are responsible for knowing what our policies are and/or where they can be referenced....Employees who improperly disclose information will be subject to disciplinary action, up to and including termination of employment."

The Vulnerability Risk Assessment is housed in the youth's electronic record to which, only select Foote Brook managers have access. The auditor determines that the program is sufficiently protecting this sensitive information consistent with federal PREA expectations.

The Foote Brook program did not have any youth disclose being abused at a prior placement or within the Foote Brook program, during the twelve-month period prior to the onsite audit.

As previously explained, the Foote Brook program has a coordinated response protocol that directs staff when a youth discloses past sexual victimization or perpetration, whether it occurred in an institutional setting or in the community, that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. This referral is documented directly on the vulnerability assessment. This practice is also described in the Foote Brook employee handbook. During the follow-up site visit, the auditor verified the program's practice by reviewing completed vulnerability tools. Completed vulnerability tools are electronically stored in files that are restricted to clinicians, the PREA Compliance Manager, and the Case Manager.

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

- Foote Brook PREA SIR
- University of Vermont Medical Center Policy SANE Guidelines
- Letter and email (dated July 18, 2018) to the local advocacy organization (Clarina Howard Nichols Center) requesting an MOU
- Copley Health Systems “Sexual Assault Nurse Examiner” Policy 112613
- Copley Health Systems “Care of the Sexual Assault Patient” Policy 120194
- State of VT DCF Investigation Policy 241
- Foote Brook staff PREA training Power Point
- Interview with Copley Hospital SANE Emergency Room Manager
- Interview with Family and Advocacy Specialist from the Clarina Howard Nichols Center (local rape crisis/advocacy organization)
- Interviews with Residential Support Staff (direct care) across all shifts
- Interview with Program Director/PREA Compliance Manager
- Interview with Agency PREA Coordinator
- Interview with Mental Health Clinician

The Laraway YFS has a policy that ensures victims of sexual abuse receive timely, unimpeded access to emergency medical treatment. The Foote Brook staff PREA training directs staff as part of the first responder process to *“inform the victim, there are victim advocates available to provide support through the examination process and the investigative interviews; they will also provide emotional support, crisis intervention, information and referral.”* As part of the corrective action period Foote Brook will be required to secure their relationship with the local advocacy organization to ensure a seamless process is in place for providing crisis intervention services.

As previously described, an interview with the Family and Advocacy Specialist from the Clarina Howard Nichols Center (CHNC) indicated that the center provides a wide array of advocacy and crisis services. Among these services are crisis support and victim advocacy services for victims of sexual assault and/or abuse. The CHNC Family and Advocacy Specialist verified that her role is to meet the youth at the hospital, sit with the youth through the SANE exam, and provide emotional follow-up services for as long as needed.

During the corrective action period, the program enhanced its coordinated response protocol to more clearly state that victims will be provided medical and crisis intervention services without cost to the victim. The protocol directs the first responder to provide youth emotional support and offer to transport youth to the hospital for a SANE exam.

As part of the coordinated response, Foote Brook would offer sexual abuse victims forensic examinations performed by a Sexual Assault Nurse Examiner (SANE) through the University of Vermont Medical Center. As per the hospital’s policy, youth are offered access to an advocate upon arrival as well as sexually transmitted infections prophylaxis during the exam process. The hospital’s policy is determined to be consistent with professionally accepted standards of care and DOJ expectations. Additionally, interviews with staff revealed they understand the steps to take when a youth alleges sexual abuse, including offering the victim a medical examination and counseling services. During the corrective action phase, several attempts were made to contact the SANE Manager at the University of Vermont Medical Center (UVMC) for an interview but the auditor was unsuccessful in connecting voice-to-voice with her prior to the issuance of this final report. However, the auditor reviewed the hospital’s SANE policy and has determined it to be in compliance with federal PREA standards.

As previously mentioned, the program created a PREA SIR which captures referral information in the event of an incident of sexual abuse or assault. The new PREA SIR captures valuable victim and perpetrator information including gender, ethnicity, and LGBTQI identification. The form also asks questions to ensure victims receive the services they need. The PREA SIR asks:

- Was medical treatment offered to the youth? Did they accept the support?
- What was the outcome from the medical treatment?
- Were they offered a victim advocate? Did they accept the support?
- Was victim/staff offered mental health support? Did they accept the support?
- Date referral sent and date referral received?
- MH clinician name? Date service rendered?

All evidence allows the auditor to determine Foote Brook is in compliance with all provisions of this standard.

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

115.383 (a)

- Does the program 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 program? 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 program 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 program.) 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 program.) 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 program 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:

- Foote Brook Employee Handbook
- University of Vermont Medical Center SANE Policy Guidelines
- Foote Brook PREA SIR
- Copley Health Systems “Sexual Assault Nurse Examiner” Policy 112613
- Copley Health Systems “Care of the Sexual Assault Patient” Policy 120194
- Foote Brook staff PREA training Power Point
- Interview with Copley Hospital SANE Emergency Room Manager
- Interview with local rape crisis/advocacy organization
- Interviews with direct care staff across all shifts
- Interview with the Laraway PREA Coordinator
- Interview with Program Director/PREA Compliance Manager

As previously stated, the UVMC’s SANE policy requires the SANE to treat sexually transmitted infections and pregnancy, in accordance with professionally accepted standards of care. Policies also require the SANE to *“counsel the patient regarding follow-up care and treatment.”* The Foote Brook staff policy manual explains that *“All incidents, regardless of type and intensity will be reviewed by the program’s leadership team to explore support deemed necessary, client outcomes, and quality of care and to improve on program practice, policy and procedure.”* Several attempts were made to contact the SANE Manager at the University of Vermont Medical Center (UVMC) for an interview but the auditor was unsuccessful in connecting voice-to-voice with her prior to the issuance of this final report. However, the auditor reviewed the hospital’s SANE policy and has determined it to be in compliance with federal PREA standards.

Interviews with Foote Brook and agency leaders 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 program. Although there have been no sexual abuse allegations that involved penetration, interviews with the Laraway PREA Coordinator and the Foote Brook PREA Compliance Manager verified that services provided as a

result of sexual abuse would be provided at no cost to the youth or family. In addition, youth would be seen by the program's Mental Health Clinician immediately following the event.

Since Foote Brook is an all-male program several of the provisions in this standard do not apply (i.e. offering pregnancy testing).

During the corrective action period, the Foote Brook program revised program policies to ensure mental health assessments are conducted on known resident-on-resident abusers. The staff handbook now clearly states all resident-on-resident abusers will be required to undergo a mental health evaluation within 60 days of learning of such abuse history and all therapeutic recommendations from the assessment will be supported within youth treatment. In addition, the program's new practice is to conduct a new vulnerability assessment if it is made known that there has been an incident of sexual abuse or assault.

As previously mentioned, the need for ongoing medical and mental health counseling is monitored and tracked in the PREA SIR. The form gathers data regarding whether the youth was offered and accepted the medical treatment; the outcome of the treatment; whether youth was offered a victim advocate and whether they accepted the offer; whether the victim was offered mental health support and if they accepted; and when and to whom the referral was made.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

115.386 (a)

- Does the program 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 program? Yes No

- Does the review team: Examine the area in the program 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 program head and Program Director/PREA Compliance Manager? Yes No

115.386 (e)

- Does the program 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:

- State of VT DCF Policy 241
- Laraway “Incident Reviews” form
- Interview with Program Director/PREA Compliance Manager
- Interview with Laraway Agency PREA Coordinator
- Interview with DCF Investigator
- Interviews with Residential Support Staff (direct care)

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, although the Foote Brook program has not had any incidents of sexual abuse, the program has a formal Sexual Abuse Incident Review Committee that would meet within 30 days of the conclusion of a sexual abuse investigation. The team is comprised of the Foote Brook Program Director/PREA Compliance Manager, the supervisor of the Program Director/PREA Compliance Manager, the PREA Coordinator, the Director of Human Services, the program staff assigned to the victim or perpetrator, program medical or mental health practitioner who works with the victim or perpetrator, and DCF investigators. The Laraway YFS’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. Interviews revealed that there is a need to

determine which upper level managers will serve on this committee and how the committee will gather information from direct care supervisors, investigators and mental health staff.

Foote Brook staff interviews revealed that in the event of a sexual abuse allegation, the Laraway “Incident Review” form would be used to guide the discussion during the Sexual Abuse Incident Committee. The form specifically asks the committee members to 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 program; whether the staff levels where the incident occurred are adequate; whether monitoring technology should be considered or augmented to supplement staff supervision; identify recommendations or improvement (and/or document reasons for not doing so); and other areas required by the provisions set forth in these standards. The auditor applauds the program for adopting a formal mechanism to ensure each of the critical topics is addressed.

The State of Vermont and the Laraway YFS use two categories for investigation outcomes: 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, be 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 Laraway YFS and State of Vermont DCF policies.

During the corrective action phase, the program updated the job descriptions for the PREA Compliance Manager and Agency PREA Coordinator to include participating in and leading the Sexual Abuse Incident Committee (respectively).

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 program 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:

- Foote Brook Excel sexual abuse/sexual harassment Excel tracking sheet
- Interview with Laraway Agency PREA Coordinator
- Interview with Program Director/PREA Compliance Manager

The State of Vermont has included language in its Fiscal Year 2016 contract with specific residential program providers requiring collection of PREA related data. The contract specifically states, “*In accordance with State Licensing Regulations and §115.387 of the PREA National Standards, contractor will collect accurate and uniform data for every allegation of sexual abuse at <program name>. Contractor will aggregate the incident-based sexual abuse data at least annually. Contractor will provide sexual abuse and sexual harassment data, admission and adjudication data, and the most recent version of the Survey of Sexual Violence conducted by the Department of Justice to the State Licensing Authority and Juvenile Justice Director no later than **January 30** each calendar year.*” Although Foote Brook does not have a formal contract with State of Vermont DCF (even though they provide services to DCF youth), the State of VT Agency PREA Coordinator has informed the Laraway PREA Coordinator that these data are required to be submitted to DCF on an annual basis. An interview with the Laraway PREA Coordinator confirmed he is aware of this requirement and is prepared to comply. The Foote Brook PREA Compliance Manager has created an Excel tracking sheet to house specific information about sexual abuse and sexual harassment incidents. The program will be required to expand this spreadsheet to ensure all data elements set forth by the BJA in the DOJ Survey of Sexual Violence are addressed.

The Foote Brook program has revised the electronic incident form to include questions to gather specific PREA information (i.e. victim and alleged perpetrator names). The information from the incident report will be used to populate the Excel tracking sheet throughout the year.

During the corrective action period, the Foote Brook program created a comprehensive spreadsheet to track incident data. The Excel spreadsheet includes the type of incident, date of incident, date investigation began, outcome of the investigation, date youth was informed of the investigation outcome, and other important variables required by the Department of Justice. During the follow-up onsite visit the auditor reviewed the completed spreadsheet and confirmed this practice is in place.

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 program, 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 program? 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:

- Laraway Foote Brook Annual PREA Progress Report
- Interview with the Laraway Executive Director
- Interview with Laraway Agency PREA Coordinator
- Interview with Program Director/PREA Compliance Manager

At the time of the initial onsite audit, Laraway had not yet begun to formally collect sexual abuse and sexual harassment data. Similarly, the agency had not yet created an agency report that includes comparison data (from previous years) and describes progress in preventing, detecting, and responding to incidents of sexual abuse. However, during the corrective action period the Foote Brooke drafted an annual PREA progress report and submitted the report to the State of VT DCF as required. The auditor reviewed the report and while the report met federal PREA compliance, the auditor provided suggestions to include in future reports (i.e. a more detailed description of the changes that were made and improvements implemented during the PREA corrective action period). This report is written by the PREA Compliance Manager and approved by the Agency PREA Coordinator and Laraway Executive Director. All unique identifiers were removed from the report prior to posting it as required on the Laraway website.

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:

- Interview with Laraway Agency PREA Coordinator
- Interview with Foote Brook Program Director/PREA Compliance Manager

The State of Vermont's Family Services Division (FSD) Policy 305 (effective May 2015) requires sexual abuse incident data be collected from all facilities under its control and that these data be retained for at least ten years. This retention period applies to investigative reports for incidents of sexual abuse (housed in the electronic database, FSDNet). 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. However, Laraway does not have a formal policy dictating the length of time these data must be retained.

As previously mentioned, the Foote Brook program collects sexual abuse and sexual harassment incident data through the PREA SIR. This information is also tracked on an Excel spreadsheet and aggregated at the end of the calendar year. This aggregated information is provided in the annual report posted on the Laraway website. Sexual incident data and reports are stored electronically in secure folders that are restricted to the Agency PREA Coordinator and the Foote Brook PREA Compliance Manager. To better support data collection and retention requirements, these PREA specific duties were added to the Foote Brook PREA Compliance Manager and Agency PREA Coordinator position descriptions.

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 program 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

*** Laraway did not have 51% juvenile offenders until 2016 and therefore, this is their first audit**

115.401 (b)

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

*** Foote Brook is the only program in Laraway YFS serving a juvenile justice population**

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited program?
 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 first PREA audit for the Laraway YFS Foote Brook program. Currently, the Foote Brook is the only program operated by Laraway is required to be PREA compliant. The program serves both child welfare and juvenile justice youth. Using 2016 data it was determined that Foote Brook served more than 50% juvenile justice youth. Prior to this time, the population at Foote Brook was predominately child welfare youth and therefore, was not required to be PREA compliant. The auditor concludes that the Laraway YFS is in compliance with Standard 115.401 (a) and (b) which requires facilities that house juvenile justice youth to undergo a PREA audit by August 2016.

The audit was conducted consistent with Department of Justice PREA expectations. Some of the highlights demonstrating compliance in this area include conducting extensive review of program materials, protocols, agency policies, forms, staff training records, youth files, personnel files, various internal/external reports, and conducting a program tour. The process also included interviews with agency and program leadership, direct care staff, the local hospital's SANE Nurse Manager, and the local advocacy representative.

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 program agencies, the auditor shall ensure that the program'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 program agencies that there has never been a Final Audit Report issued.) Yes No NA

****This is the first PREA audit for the Foote Brook program and therefore does not have an earlier PREA audit report.***

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*)

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 Laraway YFS Foote Brook program.

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



Sharon Pette, Certified PREA Auditor

February 28, 2019

Auditor Signature

Date