PREA Facility Audit Report: Final

Name of Facility: Red Clover Treatment Center
Facility Type: Juvenile
Date Interim Report Submitted: 11/08/2025
Date Final Report Submitted: 04/02/2026

Auditor Certification	
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.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Sharon Pette	**Date of Signature:** 04/02/2026

AUDITOR INFORMATION	
Auditor name:	Pette, Sharon
Email:	sharon@rapidesi.com
Start Date of On-Site Audit:	09/17/2025
End Date of On-Site Audit:	09/18/2025

FACILITY INFORMATION	
Facility name:	Red Clover Treatment Center
Facility physical address:	1076 U.S. 2, Middlesex, Vermont - 05602
Facility mailing address:	

Primary Contact

Name:	David Morris
Email Address:	david.morris@sengroup.us
Telephone Number:	603-217-7205

Superintendent/Director/Administrator	
Name:	David Morris
Email Address:	david.morris@sengroup.us
Telephone Number:	603-217-7205

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Kimberly Giroux
Email Address:	kimberly.giroux@sengroup.us
Telephone Number:	802-867-5309

Facility Characteristics	
Designed facility capacity:	4
Current population of facility:	4
Average daily population for the past 12 months:	3
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

Age range of population:	13-17
Facility security levels/resident custody levels:	1:1 ratio Day/Evening Time, 3:4 ration Overnight
Number of staff currently employed at the facility who may have contact with residents:	24
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Sentinel Group
Governing authority or parent agency (if applicable):	
Physical Address:	P.O. Box 43, Plymouth, New Hampshire - 03264
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	David Morris	**Email Address:**	david.morris@sengroup.us

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	
1	• 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Number of standards met:	
42	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-09-17
2. End date of the onsite portion of the audit:	2025-09-18

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	I spoke with Mary Director of Community Advocates for Mosaic Vermont on 9/25/2026 to confirm their compliance with all PREA expectations.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	4
15. Average daily population for the past 12 months:	3
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes ( ) No (●) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	2
25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	There were only two youth residing at the facility during the onsite portion of the audit. Both youth were interviewed while onsite.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	12
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	Staff from all shifts (i.e., morning, day, and overnight) as well as the first half of the week shift and the second half of the week shifts were interviewed.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	2
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☑ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	During the onsite review, the program only had 2 residents, both whom were interviewed.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	○ Yes ◉ No

a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	There were only two youth in the facility, both of whom were interviewed.
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were only two residents in the facility at the time of the onsite review. The first day one of the youth refused to be interviewed, but on the second day I asked again and he agreed.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	There were only two youth in the facility, both of whom were interviewed.
48. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	N/A - there were only two youth in the facility, both of whom did not meet the definition of "targeted."
49. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	N/A - there were only two youth in the facility, both of whom did not meet the definition of "targeted."
50. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	There were only two youth in the facility, both of whom did not meet the definition of "targeted."
51. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	There were only two youth in the facility, both of whom did not meet the definition of "targeted."
52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	There were only two youth in the facility, both of whom did not meet the definition of "targeted."
53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	There were only two youth in the facility, both of whom did not meet the definition of "targeted."
54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	There were only two youth in the facility, both of whom denied ever making a report of sexual abuse. The facility reported there have been no PREA-related allegations since opening in October 2024. The State of VT DCF RLSI Investigator assigned to RCTC confirmed that no allegations of sexual abuse or sexual harassment have occurred at RCTC since the program opened.

55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	A review of the vulnerability scales for the two current youth verified that they did not disclose prior victimization at intake. During youth interviews, both youth denied having experienced sexual abuse or victimization of any kind while in the facility.
56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	There were only two youth in the facility, both of whom did not meet the "targeted" definition.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	Both youth interviewed stated they have never been isolated while in the program.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

58. Enter the total number of RANDOM STAFF who were interviewed:	15
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No

61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There are three shifts for direct care staff and shift supervisor. The auditor selected direct care staff and shift supervisors to ensure staff from all shifts (including graveyard shift) were interviewed. The auditor used a stratified random selection process. In addition, the auditor made sure the sample included new and veteran staff as well as representatives from a variety of job categories (i.e., Youth Counselor, Shift Supervisor, AON - Youth Counselor, etc.). The sample included 4 Shift Supervisors and 11 randomly selected Youth Counselors.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	8
63. Were you able to interview the Agency Head?	(●) Yes ( ) No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No

66. Were you able to interview the PREA Compliance Manager?	○ Yes ○ No ◉ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☑ Agency contract administrator ☑ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☑ Line staff who supervise youthful inmates (if applicable) ☑ Education and program staff who work with youthful inmates (if applicable) ☑ Medical staff ☑ Mental health staff ☑ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☑ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☑ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☐ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☑ First responders, both security and non-security staff ☑ Intake staff

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	Specialized interviews were conducted with the RCTC Executive Director, the Nurse, the Human Resources Coordinator, the DCF Investigator, and the Clinical Coordinator (Mental Health Clinician). In addition, four Shift Supervisors were interviewed. The program does not currently have any contractors or volunteers who have direct contact with residents.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

71. Did you have access to all areas of the facility?	◉ Yes ○ No

Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	( ) Yes (●) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No
76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	During the onsite visit, the auditor conducted a comprehensive facility tour to include all areas of the building including the youth residence side as well as the administrative wing (which is not accessible to youth unless accompanied by staff). During the tour the auditor noted the audit announcement signs, zero tolerance posters, and Centralized Intake Hotline Numbers posted in common areas. The auditor confirmed with staff and youth that these signs were posted shortly after the program opened in October 2024. The auditor tested the phone hotline from the facility, and it was confirmed to be working. The auditor also spoke with the Director of Community Advocates for Mosaic Vermont, the community rape crisis advocacy agency, and confirmed their services and existing protocols are consistent with PREA expectations.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The program provided a list of all youth released from the facility within the 12 months leading up to the onsite portion of the audit. Using the discharge youth list (N=23), the auditor sampled the first name and the last name on the list and every 3rd or 4th individual on the list of discharged youth. There were only two youth currently in the program and so the auditor reviewed both of these files.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

79. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

80. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

81. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

82. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

83. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

84. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	The program reported there have been no sexual abuse allegations or sexual harassment since the program opened in October 2024. An interview with the State of VT RLSI Investigator confirmed this was true.

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	The program reported there have been no sexual abuse allegations or sexual harassment since the program opened in October 2024. An interview with the State of VT RLSI Investigator confirmed this was true.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The program reported there have been no sexual abuse allegations or sexual harassment since the program opened in October 2024. An interview with the State of VT RLSI Investigator confirmed this was true.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?	◉ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ○ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Red Clover Treatment Center Prison Rape Elimination Act (PREA) Policies and Procedures (3/20/2025) • Agency and facility organizational charts showing the Agency PREA Coordinator • Sentinel Employee Handbook • Executive Director of RCTC Job Description • State of Vermont, DCF Licensing Regulations for Residential Treatment Programs (Standard 414) • "A Guide to Professional Boundaries and the Prevention and Reporting of Sexual Abuse For Interns, Contractors, Vendors, and Volunteers: Professional Boundaries & PREA: What you Need to Know" • PREA website info https://sengroup.us/prea-documents • RCTC Executive Director/Agency PREA Coordinator job description

- Agency PREA Coordinator is listed on the Safe Environment Standards webpage
- Interview with Agency PREA Coordinator (who also serves as the Red Clover Executive Director)
- Interview with Sentinel Director of Development
- Interview with RCTC HR Coordinator
- Interviews with program youth
- Facility audit tour observations

a) The Sentinel Group's Red Clover program has a PREA policy that sets forth clear expectations regarding zero tolerance for all forms of sexual abuse and sexual harassment. The PREA policy titled, "Red Clover Treatment Center Prison Rape Elimination Act (PREA) Policies and Procedures (3/20/2025)" declares, "Red Clover Treatment Center has a zero-tolerance policy for any sexual contact or sexual harassment, whether consensual or non-consensual, between residents, and between residents and staff members. Any behavior of a sexual nature, whether verbal, nonverbal, or physical, is strictly prohibited." This PREA policy also provides definitions of sexual abuse and sexual harassment for staff, contractors, and/or volunteers that are consistent with PREA standards.

In support of this provision, the Sentinel Employee Handbook also clearly states, "The Company has a zero-tolerance policy for any sexual contact or sexual harassment, whether consensual or non-consensual, between residents, and between residents and staff members. Any behavior of a sexual nature, whether verbal, nonverbal, or physical, is strictly prohibited." This handbook also describes an individual's right to report; the agency's obligation to ensure that timely investigations are completed; specific contact information and avenues for reporting suspicion or knowledge of abuse and neglect (i.e., State of VT Child Abuse Hotline, Mosaic Vermont, etc.); all staff role as mandatory reporters; offering support services to victims; and termination of employment if staff were substantiated for sexual abuse.

Similar zero-tolerance information is also described on the agency's website. More specifically, the website (https://sengroup.us/prea-documents/) states, "Red Clover Treatment Center has a zero-tolerance policy regarding sexual abuse and sexual harassment of individuals. This prohibition is supported by the agency's Code of Ethics, the Policy Prohibiting Physical, Emotional, and Sexual Abuse of Clients, and the Policies and Procedures Addressing the Prison Rape Elimination Act in our operations manual, as well as the Violence Prevention and Weapons-Free Workplace Policy in the Personnel Manual. All staff members, contractors, interns, or volunteers working at our facilities or having direct contact with residents of those facilities are required to sign a form stating they understand the zero-tolerance policy and their role as a mandatory reporter."

The Red Clover Treatment Center has a seven-page document that clearly outlines expectations regarding professional boundaries for interns, contractors, vendors, and volunteers. The document titled "A Guide to Professional Boundaries and the

	Prevention and Reporting of Sexual Abuse For Interns, Contractors, Vendors, and Volunteers: Professional Boundaries & PREA: What you Need to Know" provides detailed explanations and examples of inappropriate and appropriate interactions (e.g., gentle taps to the shoulder, fist bumps, etc.) with youth. Interns, Contractors, Vendors, and Volunteers (ICVVs) are directed to maintain their professional boundaries and to immediately report any youth who is singling out an ICVV to the Administrator of the Day (AOD). Although the program currently has no volunteers or contractors who have contact with youth, the program's existing documents will ensure that these individuals are informed of the RCTC zero-tolerance policy. "A Guide to Professional Boundaries and the Prevention and Reporting of Sexual Abuse For Interns, Contractors, Vendors, and Volunteers: Professional Boundaries & PREA: What you Need to Know" also clearly explains the power dynamic (imbalance of power) between adult staff and ICVV and youth enrolled in the program. The document clarifies, "It is not possible to have a relationship as equals because you have a responsibility to maintain custody, evaluate work performance, and/or provide input to issues that affect the privileges and possibly release dates, or other sanctions. Because of the imbalance of power between youth and staff, vendors, interns, contractors, and volunteers, there can never be a consensual relationship between staff and youth." The document also clearly describes 'red flags' that would signal that someone may be in danger of engaging in sexual misconduct with youth. Examples provided include: • "Spending a lot of time with a particular youth; • Change in appearance of a youth or staff member; • Deviating from agency policy for the benefit of a particular youth; • Sharing personal information with a youth; • Overlooking infractions of a particular youth; • Doing favors for a youth; • Consistently volunteering for a particular assignment or shift; • Coming to work early/staying at work late; • Flirting with a youth; • Standing too close to a youth; and • Getting into conflicts with co-workers over a youth." Additionally, this document, which will be used to train ICVVs in the future, provides specific guidance on maintaining appropriate boundaries. These include: • "Maintain professional distance; • Focus behavior on duties and assignments; • Do not become overly close with any particular youth; • Do not share your own or other staff person's personal information with or around youth; • When speaking to youth about other staff, refer to the staff by their title or as Ms. or Mr. • Do not accept gifts or favors from youth;

- Be knowledgeable of New Hampshire and MPA policy and procedure, rules of conduct, and laws regarding sexual misconduct and sexual harassment."

An interview with the Executive Director and the RCTC HR Coordinator confirmed that this document will be included in the onboarding process for ICVVs. The document also clearly directs staff of their duty to report knowledge or suspicions of abuse or inappropriate behavior, stating, "Anyone with knowledge or suspicion of any inappropriate staff/youth behavior MUST report immediately. The presence of illegal and unethical behavior by staff compromises the agency's security and safety, and, worse, puts the youth at risk. Staff who fail to report such behavior will be held accountable and dismissed. All efforts will be made to ensure the confidentiality of the reporting staff member. You must file an incident report to the appropriate authority if you see or know of any staff, contract staff, intern, vendor, or volunteer sexually involved with or sexually harassing a youth. You must also report any suspicions of child abuse or neglect by calling DCYF Central Intake at 1-800-894-5533."

State regulations further support the Sentinel Group philosophy and commitment to zero tolerance. The State of Vermont AHS Residential Licensing and Special Investigations Unit (RLSIU) is responsible for licensing all community residential facilities serving children 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. They 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 Red Clover program requires a licensing process conducted by VT DCF every two years.

Information obtained during the on-site review verified the facility's zero-tolerance "tone." In addition to all staff and youth reporting that they feel safe, observations during the onsite review supported the finding that the facility strictly upholds the zero-tolerance expectation. Evidence of compliance includes PREA information (i.e., Mosaic VT and Zero Tolerance posters) posted on the bulletin board in the residential wing, the youth handbook, and youth testimonials.

b) The Sentinel Group has a designated Agency PREA Coordinator, Mr. David Morris, who is also Red Clover's Executive Director. This is the only program the Sentinel Group operates that serves adjudicated youth and, therefore, must be PREA-compliant. An interview with Mr. Morris verified that he has a clear understanding of his role regarding PREA and has sufficient time and authority to develop, implement, and oversee agency efforts to comply with federal PREA standards. The Agency PREA Coordinator position appears in the Sentinel organizational chart and is available on the agency's public website.

Additionally, a review of the RCTC Executive Director job description verified that PREA-related duties are part of the Executive Director role. More specifically, the job description details the following duties:

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

An interview with the Executive Director confirmed he is aware of his PREA-related job duties. It is important to note that the RCTC PREA policies and procedures clearly explain, "At this juncture, VT state PREA officials have concluded that Red Clover Treatment Center does not need a Facility PREA Compliance Manager (PCM)…Should the program expand, the RCTC has a designated Agency PREA Coordinator (Executive Director) with sufficient time and authority to develop, implement, and oversee agency-wide efforts to comply with PREA standards at its facilities. The Agency PREA Coordinator will develop and update PREA policies and procedures."

c) As previously mentioned, since the Red Clover program is the only program operated by the Sentinel Group that is legally required to be PREA compliant, this provision is N/A. However, it is essential to note that the Executive Director, Mr. David Morris, stated in his interview that he is responsible for the program's overall operation. Therefore, he is responsible for ensuring that facility staff are operating consistently with PREA standards. Mr. Morris reports he has enough time and authority to wear the three hats (i.e., Agency PREA Coordinator, Red Clover Executive Director, and Facility PCM). Interviews confirmed that Mr. Morris is committed to ensuring the safety of youth and staff and has the autonomy and authority to make operational decisions at the Red Clover program, including PREA-related decisions.

Additional evidence that the Sentinel Group and the Red Clover Treatment Center (RCTC) have the infrastructure to support PREA is found in the Sentinel Group's organization chart, which indicates the job title "Executive Director and Agency PREA Coordinator." Interviews with the Agency PREA Coordinator to support that he

	has enough time and authority to perform PREA-related responsibilities. Additionally, the Sentinel Director of Development articulated during his interview that keeping youth safe while in the care of Sentinel Group is a top agency priority. The fact that PREA-related duties are included in job descriptions, coupled with the previously described evidence, allows the auditor to conclude that the Red Clover program has exceeded this PREA standard.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The Sentinel Group does not contract with private entities to confine youth. Although the State of Vermont Department of Children and Families contracts with the Sentinel Group to provide residential treatment services for youth at RCTC, for this audit report, the Sentinel Group is considered the "agency." Therefore, the standard is N/A and defaults to a "Meets Standard" determination.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • RCTC PREA Policies and Procedures • Red Clover Treatment Center Staffing Plan (updated 6/14/2025) • Sentinel Employee Handbook • Unannounced rounds log • Facility schematic/layout • Documentation of Annual Staffing Plan review covering all areas required by PREA (June 2025) • Interview with Executive Director/Agency PREA Coordinator • Interviews with intermediate and high-level staff who conduct unannounced rounds • Interviews with Youth Counselors/direct care staff • Interview with Mental Health Clinical Coordinator • Interview with Education Coordinator • Interviews with program youth • Review of a sample of unannounced rounds forms verifying a minimum of once per month across all shifts and days (n=10)

- Observations during facility tour
- CAP: Formal staffing plan (enhanced)
- CAP: Staffing Plan Annual Review Form
- CAP: Unannounced Rounds forms for November 2024-March 2025

a) The Red Clover PREA policy directs “At a minimum, there is always one (1) staff member to every eight (8) youth during waking hours and one (1) to sixteen (16) at night while youth sleep. The Administrator on Duty (Executive Director, Assistant Director, or Community Leader) is responsible for maintaining this ratio by staying on shift to cover any staffing openings and/or by calling in additional faculty to support. The program complies with its staffing plan except during limited and discrete exigent circumstances, and, when it must deviate from the staffing plan, it fully documents deviations from the plan during such circumstances.”

The Red Clover facility also has a formal, detailed staffing plan that provides for adequate youth supervision. Currently, the RCTC exceeds PREA staffing ratios, which require a minimum staff-to-youth ratio of 1:4 at all times. Youth are never left unsupervised, and at least one staff member is always on shift. The RCTC Staffing Plan (updated 6/14/2025) details the staffing ratios. The current staffing model is:

- Shift 6:00 AM – 10:00 PM at 1:1 staff to youth ratio with six direct care staff on the unit
- Shift 10:00 PM – 6:00 AM at 3:4 staff to youth ratio with three awake overnight staff

Staff are assigned to either the “front end” shift (Sunday – Wednesday) or the “back end” shift (Wednesday-Saturday). The program requires staff to attend a two-hour training/ “all staff” meeting every Wednesday.

The auditor reviewed the staffing plan, which includes most of the required information under provision (a). Some of the key components the current plan addresses are:

- Staff to youth ratios
- There are 28 surveillance cameras, and the Executive Director is responsible for actively monitoring these cameras
- Deviations from the staffing plan must be reported to the ED and documented in the shift log (to include the reason for the deviation)
- Requiring an annual review of the staffing plan to consider – resident population and needs, incidents of sexual abuse and sexual harassment; upgrades to technology; and a review of supervision practices.

It is important to note that the staffing plan is minimal and does not include discussion of all of the key components outlined in this provision (i.e., findings of inadequacy from internal or external oversight bodies, RLSI staffing ratio regulations, where staff are to be positioned on residential unit or within the yard,

	etc. The Auditor is requiring the program to build out additional details and descriptions of the staffing plan, as prescribed in this provision. Additionally, the program is encouraged to include more managers in the discussion (i.e., Clinical Coordinator and Shift Supervisors), as they may offer a more detailed perspective on higher-risk areas related to staff positioning within the facility. Currently, there are signature and date lines for the Red Clover Executive Director, the HR Coordinator, and the Sentinel Director of Development. **Corrective Actions – 115.313 (a)** • Since the program is at the one-year mark and entering the corrective action period, RCTC is required to convene the core leadership team (consider also including a Shift Supervisor and Clinical Coordinator as appropriate) to review and build out the existing staffing plan. The plan should include the missing information for each of the areas outlined in this PREA provision. This revised plan will be submitted to the Auditor for review and feedback. The program should continue to require staff to sign and date the bottom of the finalized plan, providing evidence that they have participated in the annual staffing plan review. b) As mentioned above, the PREA policy clearly requires Red Clover to maintain a staff-to-youth ratio that exceeds the federal PREA requirements. A review of the staff schedule, staff and youth interviews, and observations during the onsite visit confirmed that the shift posts are mandatory and the program adheres to the agency-expected ratios. Furthermore, to set clear expectations for staff, the Red Clover PREA policy also clearly describes “exigent circumstances” consistent with PREA standards – i.e., “PREA defines Exigent Circumstances as any set of temporary and unforeseen circumstances that require immediate action to combat a threat to the security or institutional order of a facility.” Interviews with direct care staff and supervisors confirmed that they understand what constitutes an emergency that qualifies as “exigent circumstances.” Interviews with staff and youth confirmed that the program always has two staff on shift to supervise four youth (when the RCTC is at capacity). c) The Red Clover program does not deviate from its staffing pattern. In addition, the program always has a Director On Call, available 7 days a week. In the event of a staffing shortage due to emergency or staff illness, the Director on call is responsible for arranging coverage and/or responding to the program in person. This is stated explicitly in the Red Clover PREA policy. To further support evidence of compliance, staff and youth interviews confirmed that there is always one staff member on duty (on the overnight shift) to supervise the four youth residents. There are always at least two staff on during youth waking hours (staff-to-youth ratio 2:4). Staff interviewed were aware that their posts are mandated and that the Executive Director or Administrator on Duty (AOD) would

have to be contacted immediately if there was a need to break the staff-to-youth ratios.

As previously mentioned, the staff-to-youth ratio far exceeds the PREA staffing ratios. Night staff are expected to be in the hallway positioned between the four rooms (two rooms on either side). Night staff are required to remain alert and conduct bed checks of each youth every 15 minutes. As part of the RCTC protocol and to ensure the program maintains the necessary staff-to-youth ratios, if there is a crisis (i.e., transporting a youth to the hospital or one-on-one supervision for suicide watch), the Executive Director and/or on-call staff would be contacted. On-call staff are required to respond within one hour. The RCTC maintains a staff-to-youth ratio of at least 1:4 and has an extensive surveillance and monitoring system. In addition, the State of Vermont requires supervision ratios that exceed federal PREA expectations. Youth and staff interviews, along with auditor observations while on site, verified that youth-to-staff ratios are maintained.

d) Although the Red Clover program has only been open for about one year, the program has adopted a practice of formally reviewing the formal staffing plan annually. This is memorialized in the RCTC PREA policy and procedures document that states, "…the program's Agency PREA Coordinator shall meet with the state PREA Coordinator to assess, determine, and document whether adjustments are needed to the staffing plan for each facility run by the program. The funding agency must approve all staffing changes. The Agency PREA Coordinator (Executive Director) will document any changes and file them with the PREA master policy in the Executive Director's office. The auditor reviewed the existing staffing plan, updated in June 2025."

The Red Clover program has 28 cameras strategically placed throughout the one-floor facility. There are also several cameras on the residential wing (that allow youth appropriate privacy as directed by other PREA standards) and in the fenced yard where the basketball court is. The residential side of the building is secured by locked doors, which only staff can access with keys. Youth cannot access the "administrative" wing of the facility. The residential wing includes four bedrooms, two bathrooms, and two common room areas (used for meetings and/or to watch movies/play video games). Youth are never unsupervised. Staff and youth interviews confirmed that staff are expected to have constant "eyes on, ears on" supervision.

(e) The Red Clover PREA policy also directs upper-level supervisors to conduct unannounced rounds"… a minimum of once per month at random times throughout all shifts (AM/PM and weekdays and weekends). Staff are prohibited from alerting other staff that these rounds are occurring." These rounds are recorded on the "Unannounced Supervisor's Walk-through Checklist." This unannounced round checklist asks the rounding supervisor to document their observations. These include:

- Number of faculty on schedule and number of staff present
- Number of youth on census and number of youth present

- Whether youth were being supervised
- Whether the unit was clean
- Whether all staff were in view of the camera and if any staff were off camera with youth
- Whether staff were awake and attentive
- Whether staff were engaged with students
- Comments

The form is required to be dated, with a timestamp, and the supervisor's signature. The auditor applauds the program for being specific and guiding staff on what to look for during these critical rounds.

During the pre-audit phase, the auditor reviewed a sample of uploaded "Unannounced Supervisors Walkthrough Checklist" from October 2024 through September 2025. The review revealed the Executive Director conducts rounds on weekdays as well as weekends. Over the past 12 months, the requisite minimum of one unannounced round was performed each month by designated managers. The average number of rounds was one per month. Rounds occurred throughout the week and on the weekends between the hours of 6:30 AM and 12 AM. There was no clear pattern to these rounds, and staff interviewed were able to verify that their manager and the Executive Director are often on the unit. Youth Counselors interviewed also confirmed that they did not know precisely when the Executive Director conducts these rounds. Shift Supervisors also confirmed that they perform a walkthrough at the end of every shift, including the perimeter/fence line, to ensure no security breaches.

A FAQ from DOJ has clarified that PREA standards require that more than one documented unannounced round occur per month (by upper-level managers). While the auditor is confident that the Shift Supervisors conduct these rounds at the end of each shift, these scheduled rounds occurring daily at the same time do not qualify as "unannounced," as there is a distinct pattern to these facility checks (at the end of every shift). The program will be required to increase the number of unannounced rounds occurring each month (minimum of two rounds per month). To meet this expectation, the program should consider expanding the number of individuals responsible for conducting and documenting these required unannounced rounds to align with the current facility expectations (i.e., the PREA policy lists the following people as conducting these rounds: Executive Director, Assistant Executive Director, Clinical Coordinator, Community Leaders).

Corrective Actions – 115.313 (e)

The program is required to increase the number of rounds per month (minimum of two per month) across all days and shifts (i.e., third shift and weekends). The program is required to submit a minimum of three months of unannounced rounds forms to demonstrate the program has fully institutionalized this practice of a minimum of two unannounced rounds a month (consistent with the current RCTC PREA Policy).

	CAP Update a) During the corrective action period, the program made significant enhancements to its existing staffing plan. The current plan is comprehensive and "tells the story" as it relates to the program's staffing ratio and patterns. A review of the revised staffing plan indicates there are clear explanations of each of the key areas outlined in provision 115.313 (a). The current plan (March 2026) includes detailed information to include, but not limited to, 28 camera coverage; restricted areas for staff; how staff are trained to supervise youth; facility physical plant; staff-to-youth ratios; mitigation strategies; quality assurance measures; etc. To ensure that the revised staffing plan is reviewed by RCTC leaders and managers, the program created a Staffing Plan Annual Review form that reflects the required areas outlined in this PREA provision. This form is at the end of the 19-page staffing plan. During the corrective action period, RCTC and Sentinel leaders conducted a review of the new, more robust staffing plan. A signature form with dates was submitted to the auditor for verification. The RC Director and the HR Coordinator confirmed that the program will conduct the annual staffing plan review in the spring of each year, moving forward. Follow-up interviews with facility leaders and additional documentation reviewed allow the auditor to conclude that this new practice is now in place. e) During the corrective action period, the program submitted documentation to verify a minimum of two unannounced rounds were conducted and documented from November 2025 through March 2026. The auditor confirmed that these rounds were random. It is important to remind readers that the RCTC requires supervisors to conduct rounds several times throughout their shift and that the corrective actions were related to consistently documenting these rounds. A review of the completed unannounced rounds forms submitted during the CAP (n= 11) has allowed the auditor to determine that the RCTC is now in compliance with this provision. Additionally, the auditor interviewed the Red Clover Executive Director, a Shift Supervisor, and the HR Coordinator during the CAP to verify they are aware of this practice and that it has been fully implemented. The program is now in full compliance with this standard.

115.315	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Red Clover Physical Searches Policy and Procedure • Red Clover Physical Searches acknowledgement form

- Red Clover PREA Policy and Procedures
- Sentinel Employee Handbook
- State of Vermont DCF Residential Licensing Standard 727
- Interview with RCTC Executive Director
- Interview with Shift Supervisors
- Interviews with Youth Counselors (direct care staff) across all shifts
- Interview with HR Coordinator
- Interview with RCTC Nurse/RN
- Interviews with random sample of youth
- Observations during onsite visit
- CAP: Updated Physical Searches policy
- CAP: Revised vulnerability assessment tool
- CAP: Policy Training Description for all staff
- CAP: Training records of training completion (on all revised policies)

a) The Red Clover program does not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening). The RCTC Physical Searches Policy and Procedure directs staff to use physical searches only when necessary. More specifically, the document explains:

“The purpose of the Student Physical Search Policy and Procedure at Red Clover Treatment Center is to maintain a safe and secure environment for all students, faculty, and visitors. Physical searches may be necessary when there is reasonable suspicion that a student may be in possession of contraband, prohibited items, or substances that could jeopardize the safety and well-being of the individual or the therapeutic community. The primary goal is to prevent harm and ensure the physical and emotional safety of everyone on campus while upholding the dignity and rights of each student. To ensure accountability and appropriate oversight, physical searches should only be conducted with prior approval from the designated administrative personnel. However, in situations where there is an imminent risk of harm to self or others, staff may initiate a search immediately to address the threat. All searches must be conducted respectfully, professionally, and in accordance with trauma-informed practices to minimize distress and support the therapeutic mission of Red Clover Treatment Center.”

The RCTC PREA policy also clearly explains what to do in the event of an emergency that qualifies as “exigent circumstances” as per federal PREA definitions. The RCTC policy directs staff that if there are no other options available (to avoid cross-gender searches), then “…a staff member of the opposite sex may have to have their foot in the bathroom door to ensure the safety of the resident. RCTC has cameras that show the outside of the bathroom door so we can see what the staff is doing. A staff member of the opposite sex would never watch a student change clothing. Other exigent circumstances and situations that might warrant a person of the opposite sex having to search a youth – i.e., if a student has contraband and/or youth says they are going to harm themselves and staff of the same sex are not on duty. These occurrences will be documented through an Incident Report on Extended Reach (electronic records system). “

	Upon completing the physical searches training, staff are required to print their name on a form, attesting that they understood the material presented in the training. They are required to sign and date the form. The auditor reviewed a sample of employee completed forms to confirm that all staff received formal training on physical searches. Staff and youth interviews confirmed that staff do not conduct strip searches or cross gender visual body cavity searches. The RCTC Nurse/RN verified that if there was a need for a strip search the program would only allow same-sex searches but that most likely, the police would be called to conduct the search (if youth suspected to have contraband). b) The RCTC PREA policy declares that staff are formally trained on conducting strip searches (to under garments only) and pat down searches, and that these searches are only conducted by same sex staff. The policy also clearly explains that transgender and intersex youth are an exception and will be given their preference of the gender of staff by whom they feel most comfortable being searched. An interview with the Agency PREA Coordinator/Red Clover Executive Director revealed that he is responsible for training staff on the Searches Policy. This training is guided by the detailed Physical Searches procedures, in which the Executive Director demonstrates each of the types of physical searches (i.e., visual inspection, metal detector, limited searches, pat down searches, and complete searches. He then has the new staff conduct each type of non-invasive search. The RCTC policy explains, “Transgender and intersex youth will be granted their preference regarding by whom they are most comfortable being searched (i.e., which gender of faculty, not the actual faculty member). Students will be asked each time a search is required and documented in Extended Reach following the conclusion of the search as a milieu note. All faculty have access to student milieu notes in Extended Reach. This information (if a youth identifies as transgender or intersex) will be gathered at intake, documented in the intake packet, and the transgender or intersex youth’s preference be communicated to staff and documented on the Vulnerability Scale Questionnaire. Intake packets shall be filed and locked in the Clinical Coordinator’s office.” Interviews with both male and female Shift Supervisors and Youth Counselors verified that they have received formal training on conducting pat searches. Interviews also confirmed that if in exigent circumstances an opposite-sex search is needed, an incident report would have to be created (i.e., documented in the electronic record system, Extended Reach). c) The RCTC Searches policy describes a “limited search” that is similar to a strip search as defined by PREA. The RCTC limited search involves a student removing their clothing down to their undergarments. The policy clearly states, “This search can only be performed by faculty of the same sex. In the case where the search is necessary but there are not two same sexed as the student faculty available. The lead faculty (Same Sex) will stand at a vantage point where they can observe the student removing articles of clothes. The opposite gender will…”clothing Other

exigent circumstances and situations that might warrant a person of the opposite sex having to search a youth – i.e., if a student has contraband and/or youth says they are going to harm themselves and staff of the same sex are not on duty. These occurrences will be documented through an Incident Report on Extended Reach (electronic records system)."

Youth and staff interviews revealed that this policy is closely followed – the program does not conduct any cross-gender pat frisk or strip searches. Several facility leaders and Shift Supervisors recalled having one female youth in the program within the past 12 months. When the youth arrived, a same sex staff member conducted the search

Youth and staff interviews verified there is no physical contact between staff and youth or between youth.

d) The RCTC has two individual bathrooms on the residential living unit. Both of these bathrooms have a single toilet, sink, and a shower stall with a curtain. The doors lock once closed and can only be opened by staff with a key. Program residents are not allowed in the bathroom at the same time, even to brush their teeth.

This practice is supported by youth and staff interviews as well as policy language. The RCTC PREA policy declares, "All residents, regardless of gender identity, are permitted to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental to routine bedroom checks. All faculty are required to announce their presence prior to entering an area where residents are likely to be showering, performing bodily functions, or changing clothing." In further support of this provision, the State of Vermont DCF Residential Licensing requirements part (d) dictate, "…a residential treatment program shall provide toilets and baths or showers which allow for individual privacy unless a child/youth requires assistance" (Standard 727). Youth and staff interviews confirmed that youth have privacy when showering, toileting, and changing clothes.

Interviews with Executive Director, Shift Supervisors, and Youth Counselors verified that the program does not currently have a knock-and-announce policy for staff of the opposite gender, as required by PREA standards. The program will be necessary to establish a practice of requiring female staff to announce themselves when coming on shift. As such, youth at the RCTC program have privacy when using the bathroom and when changing their clothes.

Corrective Actions – 115.315 (d)

- The program will be required to educate staff of the opposite gender, announcing themselves when entering the residential side of the building.

The RCTC is required to submit meeting minutes/training records to the auditors as evidence that staff understand the opposite gender announcement requirement.

e) The RCTC PREA policy sets clear expectations regarding searching transgender and intersex youth. This policy states, “The facility does not search or physically examine a transgender or intersex resident for the sole purpose of determining their genital status. Suppose a resident’s genital status is unknown. In that case, it may be determined 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.”

Staff interviews verified that the program has not had a known transgender or intersex youth in the program since it opened in October 20204. That said, the auditor is confident that with the policies in place and additional information, RCTC will not examine transgender or intersex youth for the sole purpose of learning about their genitalia.

f) The RCTC PREA policy upholds that all staff are trained on how to conduct pat searches consistent with the RCTC’s established policy and procedures. A review of the physical searches policy revealed a need to incorporate formal training on pat-searches of transgender and intersex youth.

Corrective Actions – 115.315 (f)

- The program is required to update any policy, procedures, or forms impacted by this corrective action (i.e., Search policy, PREA policy, etc.) and submit them to the auditor for verification.
- The program is required to conduct formal training of all staff (i.e., facility managers, Shift Supervisors, Youth Counselors, etc.) on how to conduct proper cross-gender pat-down searches of transgender and intersex residents. The program must submit a detailed training description and materials to the auditor for feedback and approval before conducting training.
- The program is required to submit signed and dated training rosters or other proof of training completion for all RCTC staff who may be responsible for searching residents.

CAP Update

During the corrective action period, the program revised the RCTC Physical Searches policy to more clearly address searches of transgender and intersex youth. The revised policy now states, “Students shall be searched by the same sex faculty member unless a student has identified themselves as Transgender and/or Intersex. In the cases where students have identified themselves as Transgender and/or Intersex, faculty shall ask the student which sex faculty they prefer to conduct the search, each time a search is deemed necessary.”

	Additionally, it is important to note that the vulnerability assessment tool conducted by the Clinical Coordinator has been revised to include a question specific to transgender and intersex youth about their search preference. The auditor applauds the program for ensuring this important information is formally documented. During the CAP, the auditor reviewed the training description and staff training records for all RCTC staff to confirm that they have been formally trained on the revised search policy of transgender and intersex youth. The auditor also reviewed the revised training materials (i.e., slide deck, detailed training description, etc.) to confirm that the annual PREA training now includes information about transgender and intersex youth search preferences. Follow-up interviews with the Executive Director, select supervisors, and other managerial staff confirmed they have received this training. The program is now fully compliant with this PREA standard.

115.316	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • RCTC Translation Services Interpretation Services Procedure (Nov 2024) • RCTC PREA Policy and Procedure • RCTC Translation/Interpretation Services • Zero Tolerance posters in Spanish • Interview with Sentinel Director of Development • Interview with RCTC Executive Director/Agency PREA Coordinator • Interview with Human Resources Coordinator • Interview with Mental Health Clinical Coordinator • Interviews with Shift Supervisors • Interviews with Youth Counselors (direct care staff) across all shifts a) The Red Clover program takes appropriate steps to ensure that residents with disabilities (i.e., residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) or are limited English proficient have an equal opportunity to participate in the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency has two policies that address this standard: The RCTC PREA Policy and Procedures and the RCTC Translation Services Interpretation Services Procedure (Nov 2024). The RCTC PREA policy explains that the program is typically made aware of a

youth's disabilities prior to the youth coming to the program. When this occurs, the policy states that "…the Executive Director, Clinical Coordinator, and/or Program Nurse will ensure that at intake youth will be provided access to the program's required PREA information (within 10 days when youth must complete the comprehensive PREA education). The Agency PREA Coordinator/Executive Director will ensure these services are set up prior to youth arriving at the program so youth gets the PREA info during the intake process. Due to the nature of the program intakes may be unforeseen and in the middle of the night. When unplanned intakes occur, RCTC leadership shall make every effort to make needed services available as soon as possible, working with DCF and DOJ as the primary responsible parties."

The RCTC PREA policy also clearly states that the RCTC will use the Learning Bank (https://www.language-bank.com) on demand when interpretation services are needed, and that these services can be provided 24/7. Staff needing to access these interpretation services are directed to contact that the Administrator on Duty immediately to assist with that process. The RCTC Executive Director confirmed that the program would use the Language bank to ensure youth receive services (including PREA education) in a format they understand.

Observations during the site review the auditor noted Zero Tolerance signs with contact information (State of VT DCYF) to report sexual abuse and sexual harassment on the residential wing.

Interviews with staff confirmed they understand the importance of providing interpretation services to youth who have disabilities and/or are English as a Second Language learners. Shift Supervisors knew about the Learning Bank and explained how they might access these services. All staff interviewed confirmed that they have not had any ESL youths or youths with disabilities since the program opened in October 2024.

b) As previously mentioned, RCTC has two policies that support compliance with this provision (in addition to other sources of verification). The RCTC Translation Services Interpretation Services Procedure (Nov 2024) upholds that when English is not a client's primary language or when a youth has a disability, translation services will be provided. This detailed policy also includes specific information regarding how to access interpreters for youth in need. More specifically, the RCTC Translation Services Interpretation Services Procedure (Nov 2024) describes the process for contacting the Language Bank. The policy explains that the Language Bank services cover 240 different languages and are available 24 hours a day, 7 days a week. The policy also requires staff to document their access to the Language Bank in the Red Clover database, called Extended Reach, as a collateral contact. All staff interviewed verified that this policy exists and that staff would contact the Language Bank if needed.

In further support of this provision, RCTC has a formal procedure titled "Translation Services/Interpretation Services" that provides additional details regarding who to contact in the event interpretive services are needed. The procedure describes in detail the services provided by the Language Bank, as well as contact information

	and a step-by-step process for accessing language services, including ASL services. An interview with the RCTC Executive Director and facility managers verified that these services would be accessed as needed. Although the program complies with this provision, the auditor strongly recommends that the program formally communicate to all staff how to access Language Line, as some individuals did not know how to obtain the contact number. The program should consider hanging this number in staff offices, in a staff resource binder, or in youth telephone rosters, along with the DCF Centralized Intake hotline number. c) As stated earlier, staff and youth interviews revealed that although the RCTC has not had a resident with a disability or who is limited English proficient to date, and therefore, has not had to access these services. However, interviews with program leaders confirmed that they are aware of the process for obtaining translation services if needed. Interviews with program managers, direct care staff, and facility leaders all verified that they would not allow residents to interpret for other youth, except in emergencies. The auditor confidently concludes that RCTC leadership ensures that all clinical and physical needs of youth are met while in the program, including the provision of necessary special accommodations. Further supporting compliance with this provision, the RCTC PREA policy states, “The program does not allow youth in the program to interpret for staff or other youth, unless in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety and/or the performance of first response duties.” Direct care staff and Shift Supervisors interviewed reported that they do not allow youth to translate for staff or for other youth. The Sentinel agency and the RCTC program are committed to ensuring all individual client needs are met. Interviews with the Sentinel Director of Development and the RCTC Executive Director confirmed that the program ensures that all youth (i.e., those with limited English proficiency, cognitive functioning, cultural backgrounds, etc.) are afforded the same rights and protections as other individuals. Through the Language Bank, youth and staff have 24/7 access to interpretive services. The evidence allows the auditor to confidently conclude that RCTC complies with the provisions of this PREA standard.

115.317	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Sentinel Group, LLC dba Red Clover Treatment Center – Employee Handbook

- RCTC PREA Policy and Procedure
- RCTC New Hire Checklist
- Affidavit attesting that there have been no allegations of sexual abuse or sexual harassment (signed by Executive Director David Morris, 8/22/25)
- Affidavit attesting that there have been no contractors, volunteers, or interns who have provided services, programming, or support to program youth (signed by Executive Director David Morris, 8/22/25)
- State of Vermont AHS DCF Licensing Regulations on background checks
- Interview with Human Resources Coordinator
- Interview with Red Clover Executive Director/Agency PREA Coordinator
- Interview with Shift Supervisors
- Review of 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)
- CAP: Revised RCTC Reference Check Form
- CAP: Revised RCTC Employment Application
- CAP: Revised Faculty Data Sheet

a) The RCTC does not hire any individuals who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or juvenile facility. The RCTC also does not hire any individuals who have been convicted of engaging or attempting to engage in sexual activity that was facilitated by force, coercion, or if the victim did not or could not consent. The State of Vermont AHS DCF licensing regulations dictate background checks must be conducted “upon hire and every three years thereafter, on all employees, board members/trustees, volunteers, student interns, and others who may have unsupervised contact with children/youth in the program.” These state licensing regulations specify that these checks must be completed before having any unsupervised contact with youth and that documentation must be maintained. The rules also stipulate that background checks must include consulting three distinct databases: 1) Vermont Criminal Information Center; 2) Vermont Child Protection Registry; and 3) Adult Abuse Registry. Interviews with the Human Resources Coordinator and the Agency PREA Coordinator verified that all staff receive checks before hiring and then every other year while employed at the agency.

The RCTC PREA policy and procedures clearly state: “ RCTC shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with a resident who:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

- Has been civilly or administratively adjudicated to have engaged in the activity described above.
- RCTC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.
- RCTC has a detailed contractor policy that is incorporated by reference in HR policy VLR 401-404, 407-410."

Interviews with the RCTC HR Coordinator and the Executive Director both confirmed that this practice is closely adhered to.

(b) The RCTC PREA policy and procedures document describes the program's standards for hiring. The RCTC considers incidents of sexual harassment when hiring or promoting anyone and enlisting the services of a contractor who may have contact with residents. More specifically, the document clearly describes, "If a candidate applies for employment or contract with a known history and/or conviction of sexual harassment, alternative candidates shall be sought to protect the welfare of the students and faculty. If a current employee is found in violation of RCTC Sexual Harassment policies laid out in the employee handbook, disciplinary action, up to and including effect on potential promotion or termination, may be taken." The document explains that the Human Resource Coordinator and the Executive Director are responsible for vetting and making final hiring decisions. Interviews with facility leaders verified that the program considers incidents of sexual harassment when deciding to hire or promote someone.

The State of VT RLSI regulations provide additional evidence. The rules require programs to conduct criminal background checks and abuse registry checks before hiring a new employee. The regulations also uphold that employees who provide false or misleading information on their application will be subject to disciplinary action, up to and including termination.

(c) The State of Vermont AHS DCF licensing regulations dictate background checks must be conducted "upon hire and every three years thereafter, on all employees, board members/trustees, volunteers, student interns, and others who may have unsupervised contact with children/youth in the program" (page 16, section 412). These state licensing regulations specify that these checks must be completed before any unsupervised contact with youth and that documentation must be maintained (page 16, section 413). The rules also specify that background checks must include consulting three distinct databases: 1) Vermont Criminal Information Center; 2) Vermont Child Protection Registry; and 3) Adult Abuse Registry. Auditor staff file reviews (n=22) confirmed RCTC has a routine process for conducting the requisite background checks. Although a couple of staff files had their approved criminal history checks and abuse registry checks, the interview with the Sentinel Director of Development and the RCTC Executive Director confirmed that staff are prohibited from working alone with youth at any time until they have been cleared. Interviews with Shift Supervisors confirmed this practice is in place.

Interviews with the RCTC Executive Director and the HR Coordinator confirmed that background checks consistent with PREA expectations are conducted before hire and every 3 years thereafter. The program uses a checklist to ensure all PREA-related training, background checks, and reference checks are completed before hire. The RCTC New Hire Checklist includes key elements such as: scheduled fingerprints; completed reference checks; staff handbook sign-off; mandated reporter videos watched, and questions answered; and PREA–4 videos watched and PowerPoint. The auditor reviewed a sample of case files to confirm that new employees must complete training before working alone with youth.

This PREA provision (c)(3) specifically requires facilities to "…make its best efforts to contact all prior institutional employers for the information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse." The program's current practice is to ask applicants for three references. However, there is no requirement on the reference form that applicants disclose facilities for which they have previously worked or that applicants provide a reference from these prior employees (specifically from other residential programs). RCTC will be required to enhance its current process to meet PREA expectations.

Corrective Actions – 115.317 (c) (3)

- RCTC is required to add to its reference check form language requiring the applicant to disclose any previous employment with secure institutions and residential programs that serve juvenile justice youth. The RCTC HR Coordinator is also required to expand the current list of questions he uses to conduct reference checks to include asking employers whether the former employee had any substantiated allegations of sexual abuse or if they resigned during a sexual abuse investigation. The program will be required to submit the revised reference forms to the auditor for review, feedback, and approval.
- The program is also required to submit completed reference forms from any new employees onboarded during the corrective action period to confirm this practice is in place.
- The program is required to review the PREA policy and other HR policies to determine if these documents need to be updated to reflect this new practice. If revisions to agency policies are required, the program must submit the updated guidelines for review and feedback.

d) The RCTC conducts the requisite criminal background and abuse registry checks consistent with agency policy and PREA expectations for staff. The program currently has no contractors who work directly with youth. Interviews with the Sentinel Director of Development and the RCTC Executive Director both confirmed that, if in the future they hire contractors or volunteers to work with youth, they will adhere to the State of VT RLSI standards and federal PREA standards, and conduct the required background checks.

e) As previously mentioned, before the onsite review, the auditor conducted remote file reviews with the Human Resources Coordinator. The auditor randomly selected a sample of personnel files for review, ensuring all job classifications were represented (n=22; current and terminated staff). All staff files had the required background checks. This PREA provision requires these checks to be conducted every five years for all employees, contractors, and volunteers. An interview with the HR Coordinator and Executive Director confirmed that these background checks must be conducted every 3 years, consistent with the State of VT RLSI standards. Since the program has been open for only one year, the RCTC has not yet had to conduct the checks required at the three-year employment mark for staff or contractors.

In further support of compliance with these expectations, the RCTC submitted to the auditor an affidavit attesting that no contractors, volunteers, or interns have provided services, programming, or support to program youth (signed by Executive Director David Morris, 8/22/25). The RCTC PREA policy states, “Conduct criminal background record checks on employees, contractors, and volunteers at least every five years on current employees and contractors who may have contact with residents.” The State of VT RLSI requires programs to conduct these checks every 3 years. The program must revise its existing policy to be consistent with state expectations. Staff interviews with facility leaders, shift supervisors, and youth confirmed that no volunteers, contractors, or interns have been delivering direct services to program youth. These individuals also confirmed that the program will conduct background checks for contractors, volunteers, and interns, consistent with the State of VT DCF's expectations.

f) The federal PREA standards require, “The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.”

The RCTC PREA policy mirrors this language, stating that before hiring an employee who will have direct contact with youth, RCTC must ensure that staff understand their continuing affirmative duty to disclose any incidents of criminal misconduct. This is done by having staff sign a document attesting that material omissions regarding such conduct or the provision of materially false information shall be grounds for termination. The RCTC PREA policy declares, “All employees are required to disclose any incidents of criminal misconduct annually during performance appraisals and/or before promotion. This information will be formally documented using the Annual Evaluation Form. This completed form will be stored in the employee's HR personnel file.”

Two individuals have been promoted at Red Clover in the past 12 months. File reviews indicated that these individuals had completed the disclosure form, but did not complete it before promotion. Additionally, the auditor reminds the program that it must have a solid process in place requiring all staff to complete this form before

promotion and annually as part of reviews of current employees. Interviews with the HR Coordinator and Executive Director confirmed that this form must be signed as part of the application process; however, no firm practice has yet been established for promotions and annual performance appraisals. The program will be required to address this during the corrective action period.

Corrective Actions – 115.317 (f)

- The program is required to solidify its process for ensuring the appropriate forms disclosing previous misconduct are completed before promotion and each year during annual performance reviews. The RCTC will be required to ensure these documents are completed as part of the promotion and annual review processes, and to submit them for staff who have been employed for more than one year or who have been promoted within the past year.

g) The RCTC PREA Policy and Procedures states, “If employees are found to have provided false or misleading information on their application post-hire, they will be subject to disciplinary action, up to and including termination.” An interview with the RCTC HR Coordinator confirmed that this practice is firmly in place. Both the Executive Director and the HRA Coordinator shared an incident in which a staff member was hired and later found to have a criminal record (non-youth-related). The staff member, who had never been alone with youth, was terminated upon the program receiving this information.

h) Interviews with the Executive Director and HR Coordinator verified that if an agency or facility called and asked if a former employee had been substantiated for sexual abuse or sexual harassment, they would provide this information to the future potential employer. Both explained that they have a duty to report and to keep youth safe and that sharing this information aligns with their duty to warn as part of mandatory reporting.

CAP Update

During the corrective action period, the HR Coordinator updated the RCTC Reference Check Form to include a specific PREA-related question: “Is there any reason that would disqualify this candidate from working with children such as sexual abuse or harassment?” This form is used by the HR Coordinator to document information obtained from professional references supplied by the applicant.

To support compliance with provisions in this standard, during the CAP, the HR Coordinator revised the RCTC Employment/Job Application to ask, “Have you ever worked in a residential treatment facility in the past? Yes or No.” In addition, the application’s Reference section now states, 'REFERENCES (PROFESSIONAL ONLY). If you answered YES to the question 'Have you worked in a residential treatment setting before?' you are required to list at least one related reference.” The program submitted completed application forms (N=6) for potential new hires to confirm that these new practices are fully in place.

	The RCTC has also adopted a new practice of gathering disclosure of misconduct information during the yearly staff performance appraisal sessions. RCTC conducts all appraisals in the month of June, and therefore, the auditor was unable to review completed forms. However, the auditor did review the revised Faculty Data Sheet, which is a packet of information that must be completed before being promoted, and also each year. During the CAP, the Faculty Data Sheet packet was updated to include the Disclosure of PREA Employment Standards Violation. The RCTC has also revised the PREA policy to support this new practice. All staff have been informed of this new practice (annual disclosure requirement). During the corrective action period, the auditor interviewed the Executive Director and HR Coordinator to confirm that this practice is now in place. Both individuals attested that this form will be completed by all staff every year during the performance appraisal month (June). The auditor is confident that the program is compliant with this PREA standard.

115.318	**Upgrades to facilities and technologies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • RCTC PREA Policy and Procedure • Interview with Sentinel Director of Development (agency leader designee) • Interview with Executive Director/Agency PREA Compliance Manager • Observations during facility audit tour a) The RCTC currently has 28 cameras throughout the facility. The RCTC PREA policy explains, “When designing or acquiring new facilities and in planning substantial expansion or modification of existing facilities, RCTC considers the effect of the design, acquisition, expansion, or modification upon its ability to protect residents from sexual abuse. These discussions require the involvement and approval of the Governance Steering Committee. Steering committee meeting minutes track any occurrences of these discussions and are kept in an electronic file. The State of Vermont owns the current RCTC building; no substantial expansion or modification is expected.” Interviews with the RCTC Executive Director/Agency PREA Coordinator verified that the State of VT AHS department maintains and services the cameras and back-up video storage, of which RCTC has been granted access for viewing. If any changes to the physical plant were needed to ensure the safety of youth, Sentinel and Red Clover leaders would work closely with the State to ensure the safety of youth and staff.

	b) RCTC has not made any modifications after it opened approximately a year ago. That said, interviews with agency and facility leaders verified that the program considers how upgrading technology would help ensure the safety of its residents. Interviews with agency and facility leaders confirmed that the program has not had any significant upgrades in the past year. That said, the program reported that they added two cameras to improve supervision – one in the nurses' office (youth are never disrobed during medical examinations) and another at the front of the building. The program does not have a central command station to monitor cameras, but the Executive Director can access cameras on his phone as needed. As previously stated, the State of VT AHS department maintains and services the cameras and back-up video storage. All evidence indicates that the RCTC complies with this standard.

115.321	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • RCTC PREA Policy and Procedures • State of Vermont DCF Policy 52 "Child Safety Interventions - Investigations and Assessment" FSD Policies | Department for Children and Families • State of Vermont DCF Policy 241"Residential Treatment Program Licensing and Interventions" FSD Policies | Department for Children and Families • Licensing Regulations for Residential Treatment Programs in Vermont • MOU with Mosaic (5/09/25) • University of Vermont Medical Center (UVMMC) Sexual Assault Nurse Examiner (SANE) Guidelines - Sexual Assault Program • Staff file reviews verifying PREA training completion (n=22) • Interview with RLSI investigator • Interview with Human Resources Coordinator • Interview with SANE Manager/Coordinator (University of Vermont Medical Center) • Interview with RCTC Nurse//RN • Interview with Red Clover Executive Director/Agency PREA Coordinator • Interview with direct care staff across all shifts • Interview with Mosaic VT Director of Advocates a) RCTC is not responsible for conducting sexual abuse investigations. In the event a youth alleges sexual abuse, RCTC is required to contact DCF Centralized Intake to report the incident. Shortly after the report is made to Centralized Intake, RLSI decides whether the incident qualifies as an incident of child abuse. If the

screening concludes the incident qualifies as possible abuse or neglect, then DCF will serve as the lead on the investigation.

The RCTC, while not responsible for investigating sexual abuse allegations, requires all staff to complete PREA training each year. A review of the training materials and a random selection of staff files with signed acknowledgement forms (n=22) verified that the RCTC trains staff on the response protocol, which directs staff to secure the scene to preserve evidence and contact local law enforcement for additional guidance. Law enforcement is responsible for obtaining physical evidence, and the auditor reasonably assumes they follow a protocol that complies with PREA standards. Therefore, the program complies with this provision.

b) While the RCTC does employ an RN nurse, an interview with the RCTC Executive Director verified that nurses are only allowed to perform standard medical procedures such as assessing the ailment, providing treatment, and basic routine exams. The Executive Director and Nurse both confirmed that nurses do not examine youth without their undergarments. Youth interviews also confirmed this. If a youth has an issue in a private part (i.e., the genital area), the nurse would immediately help coordinate a visit to a doctor for a more thorough physical. In the event of a sexual abuse allegation, the nurse would ensure the youth is transported to the UVMC for a SANE exam.

Consistent with the RCTC PREA Policy and Procedures, the Executive Director, the program nurse, and shift supervisors confirmed that youth who have been sexually abused would be taken to the University of Vermont Medical Center for a forensic examination by a Sexual Assault Nurse Examiner (SANE). A review of the University of Vermont Medical Center's policies and the public website (https://www.uvmhealth.org/medcenter) indicates that the hospital has SANEs available 24 hours a day, 7 days a week. The information provided also states that SANE nurses work closely with victim advocates (the Children's Advocacy Center - CAC), State of Vermont DCF, local law enforcement, and other essential parties to ensure victims receive compassionate and comprehensive care. The UVMMC website also provides extensive details about the SANE program and describes the program as including: "timely medical assessment and forensic examination; treatment and counseling for concerns about pregnancy, sexually transmitted infections and HIV; and appropriate referral for follow-up care…including treatment for sexually transmitted infections and counseling."

The UVMMC also has a Children's Hospital, which employs four nurses who are certified SANES. These individuals are available 24/7 and have specialized training to work with children who have been sexually abused or assaulted. An interview with the SANE Manager for the Forensic Nursing Program at UVMMC verified their practice includes offering Sexually Transmitted Infection (STI) prophylaxis and emergency contraception (if client is female) and contacting local community victim advocacy services for all victims of sexual assault and/or abuse. In addition, she reported that community advocates are permitted to accompany youth throughout the exam. These practices are memorialized in the UVMMC policy. The auditor reviewed these policies to verify that these practices are part of standard operating

	procedures. c) The RCTC PREA policy and procedures clearly state that if the victim chooses to undergo the forensic examination, staff will transport the victim to the University of Vermont Medical Center (UVMMC). The staff member who conducts the transport is responsible for informing hospital staff of the alleged abuse or assault and requesting that a SANE examine the youth. Interviews with the RCTC Executive Director, Clinical Coordinator, and RCTC Nurse/RN verified that youth would be transported to UVM for a formal SANE exam and that the RCTC RN conducts no physical exams that expose a youth's genital areas. d) The RCTC PREA policy and procedures state, "Offer the alleged victim access to a qualified victim advocate (Mosaic Vermont), if available, or a qualified agency staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews. The offer of assistance from an advocate will be documented in the incident Report as a response to sexual assault allegations. Victim advocate shall provide emotional support, crisis intervention, information, and referrals as necessary to support the victim. This includes being permitted to sit with the victim throughout the physical exam if requested by the victim." The Red Clover program has a fully executed Memorandum of Understanding (MOU) with a local rape crisis and child advocacy center, Mosaic Vermont (May 2025). As previously mentioned, the Red Clover program has not had any allegations of sexual abuse or sexual assault since opening less than 12 months ago. An interview with the Mosaic Director of Advocates confirmed that if a youth or staff member from Red Clover called the advocacy number, they would respond—i.e., provide emotional support services by phone and/or in person. The Mosaic Director of Advocates confirmed that they would meet the Red Clover youth at the UVMC to provide support, including sitting with them during the physical SANE exam as requested. The UVMMC policies and practices, RCTC's MOU with Mosaic Works, and the agency's PREA policy allow the auditor to conclude the Red Clover program is "in compliance" on this standard. e) The RCTC PREA Policy and Procedures declares, "Offer the alleged victim access to a qualified victim advocate (Mosaic Vermont), if available, or a qualified agency staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews. The offer of assistance from an advocate will be documented in the incident report as a response to sexual assault allegations. Victim advocate shall provide emotional support, crisis intervention, information and referrals as necessary to support the victim, this includes being permitted to sit with the victim throughout the physical exam if requested by the victim. Qualified advocates shall have received education on how to provide emotional support to victims, including sitting with them during the exam as requested. The extent and nature of support being provided by the advocacy group is outlined clearly in the MOU…" Interviews with the RCTC Executive Director, Sentinel Director of Development, Mosaic Director of Advocates, and the RCTC Clinical Coordinator verified a victim advocate will be contacted as part of the

	response protocol and that advocates are allowed to accompany the youth through the exam if requested. Additionally, an interview with the UVMC SANE Coordinator confirmed that advocates are permitted to accompany a youth victim through the exam. f) As mentioned previously, RCTC is not responsible for conducting investigations into allegations of sexual abuse. DCF RLSI is accountable for these investigations. When the State of VT Centralized Intake receives a call regarding an allegation of sexual abuse, it is screened for child abuse (yes/no). If yes, the case will be assigned to the RLSI Investigator to lead the investigation (and direct the program to contact local law enforcement as needed). Interviews with the RLSI Investigator indicated that he, along with local police officers, ensures that the PREA expectations outlined in this standard are fully realized. The auditor is confident the program would closely adhere to the requirements in this standard. g) As mentioned, an interview with the State of VT RLSI Investigator assigned to the RCTC program verified that RLSI investigators and the RLSI standards require qualified professionals to conduct SANE exams through the local hospital; to make rape crisis advocates immediately available to youth victims; and that all victim services be provided without a financial cost to youth. h) The RCTC has a fully executed MOU with the Mosaic program, which provides emotional support services to victims of sexual abuse and assault. An interview with the UVMC SANE Coordinator/Manager confirmed that the nurses she supervises must be formally certified SANEs to serve in this role. The SANE Coordinator/ Manager verified that she oversees the tracking of when SANE nurse certifications are coming to expire and is ultimately responsible for ensuring all SANE nurse certifications are up to date and that the requisite CEUs are completed.

115.322	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • RCTC PREA Policy and Procedures • RCTC Uniformed Evidence Protocol • State of Vermont DCF Policy 52 "Child Safety Interventions - Investigations and Assessment" • State of Vermont DCF Policy 241"Residential Treatment Program Licensing and Interventions" • State of Vermont DCF Policies 50, 51, 52, 56, 57, 60, 66, and 241 FSD Policies | Department for Children and Families • RLSI Licensing Regulations for Residential Treatment Programs in Vermont

- MOU with Mosaic Vermont (5/2025)
- Sentinel Group website with PREA related information - PREA Documents – Sentinel Group, LLC
- Sentinel Employee Handbook
- Interview with RLSI investigator
- Interview with SANE Manager at University of Vermont Medical Center (UVMC)
- Interview with Red Clover Executive Director/Agency PREA Coordinator
- Interview with Human Resources Coordinator

a) The Red Clover Treatment Center is responsible for conducting administrative/ personnel investigations related to any violations of agency policies, including ethical misconduct (i.e., poor boundaries, sexual harassment allegations, tardiness issues, etc.). That said, the State of VT AHS Residential Licensing Special Investigations Unit (RLSIU), in partnership with local law enforcement, is responsible for conducting criminal investigations for sexual abuse or misconduct, whether committed by staff or a youth resident. An interview with the RCTC Executive Director verified that these responsibilities are clear.

As mentioned, the RCTC is not responsible for conducting sexual abuse investigations. In the event a youth alleges sexual abuse, RCTC is required to contact DCF Centralized Intake to report the incident. Shortly after the report is made to Centralized Intake, RLSI decides whether the incident qualifies as an incident of child abuse and whether it will serve as the lead investigator. If the allegation reported qualifies as a potential child abuse case, AHS DCF will take the lead. In situations such as youth-to-youth sexual harassment, DCF may instruct the Red Clover program Executive Director to conduct the investigation. Additional details about the investigation process can be found in section 115.371 of this audit report.

Although the Red Clover program is not responsible for conducting criminal investigations, the agency’s Prison Rape Elimination Act (PREA) Policy and Procedure ensures the Red Clover program follows a uniform protocol for investigating allegations of sexual abuse. The policy clearly states, “Allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred to the proper authority for investigation. Program staff are not trained to conduct such investigations and should not attempt to do so.” This same policy also directs, “RCTC refers all sexual abuse reports to an outside law enforcement agency and the State of Vermont Centralized Intake Unit. These reports to an outside law enforcement agency are made the same day as the disclosure.”

Interviews with facility leaders and direct care staff verified that staff are mandated reporters and must report all incidents of sexual abuse and/or sexual harassment to DCF Centralized Intake. The RCTC PREA policy also explains that sexual harassment that does not meet the definition of a crime is reported to the State of Vermont, Department of Health and Human Services via the Critical Incident Report System and is investigated internally by the trained PREA Investigator [RCTC Executive

	Director]. The RCTC PREA Investigator (Executive Director) begins the investigation upon disclosure, as explicitly directed by the State of VT Centralized Intake. The Executive Director is responsible for making the notification and documenting the contact in Extended Reach." The RLSI standards manual, to which Red Clover must legally adhere to be a licensed provider in VT, provides further support for compliance with this standard provision. b) The State of Vermont and Red Clover program have several policies ensuring that administrative and criminal investigations are completed for all allegations of sexual abuse and sexual harassment. The RCTC PREA Policy and Procedures directly address all provisions of this standard. The policy outlines the requirement of mandatory reporting and the required process for contacting the DCF Centralized Intake Unit when a youth alleges they have been abused or sexually harassed. Interviews with RCTC staff verified that they understand they are mandatory reporters. This expectation and protocol are further supported by the agency's PREA policy and the RCTC Coordinated Response plan, both of which require program staff to call the State of Vermont Centralized Intake with all allegations of sexual abuse or sexual assault. PREA Standards require this "referral for investigation" policy to be posted on the agency's website. The auditor verified that the agency's policy on investigation is provided. Specifically, the webpage (PREA Documents – Sentinel Group, LLC) states, "Investigative Reporting - All reports of sexual abuse will be reported to DCF for investigation. Red Clover Treatment Center will conduct administrative investigations of all sexual abuse and sexual harassment allegations. Suppose the administrative investigation identifies possible criminal behavior. In that case, Red Clover Treatment Center will refer it to the local agency with legal authority to investigate the allegation and, if applicable, to the appropriate licensing body." All facility leaders and Shift Managers reported that they must refer all allegations of sexual abuse and sexual harassment to the State of VT Centralized Intake. As previously mentioned, the State of Vermont Residential Licensing and Special Investigations Unit (RLSI) is responsible for conducting all investigations of abuse in Vermont community residential programs. 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 marked "not accepted" must be reviewed by a supervisor, who confirms or denies the decision. If the case is accepted, a Primary RLSI Investigator is assigned, and the investigation process begins. If an incident appears to warrant 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. c) The agency's Safe Environmental Standards webpage (PREA Documents – Sentinel Group, LLC) provides further support of this provision. The webpage clearly describes that the agency will administratively investigate all reports of alleged

	sexual abuse and sexual harassment and that all reports are taken seriously and investigated in a timely and thorough manner. The information also includes a description of the investigation. More specifically, the website information explains, “All reports of sexual abuse will be reported to DCF for investigation. Red Clover Treatment Center will conduct administrative investigations of all sexual abuse and sexual harassment allegations. Suppose the administrative investigation identifies possible criminal behavior. In that case, Red Clover Treatment Center will refer it to the local agency with legal authority to investigate the allegation and, if applicable, to the appropriate licensing body.” The agency's investigation policy on the webpage also explains: “The roles and responsibilities for collecting evidence and conducting the investigation are directed by law enforcement and/or external investigators assigned by the VT Department of Health and Human Services. If a criminal investigation is not proceeding, the trained PREA Investigator will be responsible for collecting evidence and conducting the investigation.” All RCTC staff members who were interviewed understood they are mandatory reporters and are required to report knowledge and suspicion of abuse. They also understood they are required to make reports to Centralized Intake from third-party reporters and anonymous sources. d) The State of VT (i.e., Centralized Intake/RLSI) has several policies (i.e., DCF Policy 50, 51, 52, etc.; FSD Policies | Department for Children and Families) that detail the expectations and practices regarding conducting sexual abuse and sexual harassment investigations in contracted residential treatment programs. The RCTC webpage includes a link to the zero-tolerance policy as well as a link to the State of Vermont Policy 241 and Policy 52, which guides the process for investigating allegations of sexual abuse and sexual harassment. In these first 12 months the program has been open, there have been no allegations of sexual abuse (staff-to-youth or youth-to-youth) or allegations of sexual harassment (staff-to-youth or youth-to-youth). As a result, the auditor was unable to review recent incident reports and related investigation files. That said, based on interviews with the RLSI Investigator assigned to the program and the Agency PREA Coordinator/Executive Director, the auditor is confident that all incidents of sexual abuse and harassment would be referred to the State of Vermont Centralized Intake immediately. e) The Department of Justice is not responsible for conducting investigations into the program. This provision is NA. Review of all evidence (i.e., State of VT DCF policies; RCTC policy and procedures; and interview notes allow the auditor to conclude RCTC complies with this federal standard confidently.

115.331	**Employee training**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Evidence Used in Compliance Determination: • RCTC Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) • Sentinel Group Employee Handbook • Review of staff PREA training curriculum/PowerPoint slide deck • Licensing Regulations for Residential Treatment Programs in Vermont • Staff PREA Jeopardy training questions (refresher) • Review of a sample of training records verifying staff completed required PREA training upon hire and on an annual basis (n=22; current and terminated staff) • Review of training records verifying staff completed the required attestation form for zero tolerance and mandated reporting • Interview with Agency PREA Coordinator/Executive Director • Interview with HR Coordinator • Interviews with Youth Counselors • Interviews with specialized staff (i.e., nurse, Clinical Coordinator, education coordinator, etc.) • CAP: Revised PowerPoint Slide Deck (annual PREA training) • CAP: Revised staff training acknowledgement form • CAP: Completed staff training records (on revised policies) a) The RCTC PREA Policies and Procedures states, “all staff members, contractors, or volunteers working at the PREA facility or having direct contact with residents of those facilities are required to follow all of the PREA-related policies and protocols and participate in all required PREA trainings.” The RCTC has a New Hire Checklist that includes key elements to ensure proper onboarding from an HR perspective. Listed on this checklist are, but not limited to: Fingerprints scheduled; references 1, 2, and 3 completed; handbook sign-off; mandated reporter – 4 videos watched, PowerPoint reviewed, and questions answered. The auditor reviewed a sample of staff case files (n=22) to confirm that new employees must complete PREA training before working alone with youth. The Sentinel Employee Manual further ensures staff clearly understand the program’s zero-tolerance policy for sexual harassment and sexual abuse. Staff are required to review the manual and sign and date to confirm they understand its contents. The handbook clearly states, “The Company has a zero-tolerance policy for any sexual contact or sexual harassment, whether consensual or non-consensual, between residents, and between residents and staff members. Any behavior of a sexual nature, whether verbal, nonverbal, or physical, is strictly prohibited. The policy covers: sexual assault, sexual misconduct, and sexual harassment….Staff shall be subject to RCTC’s progressive disciplinary process and sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.”

	The Employee Handbook also declares, “Company reinforces any individual’s 'Right to Report' to ensure that investigations can occur promptly and necessary consequences can be issued swiftly. The company will work to provide all the required information and ensure support services are offered to any victim. The company offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously. • Report to any staff, volunteer, contractor, or medical or mental health staff. • Submit a grievance. • Report to the PREA Coordinator or PREA Compliance Manager. • Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling DCF Family Services Child Abuse Hotline at 1(800) 649-5285 • You can also submit a report on someone’s behalf, or someone at the facility can report for you by calling DCF Family Services Child Abuse Hotline at 1(800) 649-5285.” In further support of this provision, the VT state residential licensing regulations require all residential treatment programs to have written policies and procedures for the orientation of new staff. The rules require that staff training “…must occur within the first 30 days of employment and include, but is not limited to…child/ youth grievance process…policies regarding zero-tolerance for sexual abuse, procedures for reporting suspected incidents of child abuse and neglect, etc.” (“State of Vermont Department for Children and Families: Licensing Regulations for Residential Treatment Programs” section 414). To ensure clear expectations for staff are set, the Sentinel Employee Manual clearly defines professional boundaries and provides examples. More specifically, the Employee manual offers examples for inappropriate boundary invasions which include, but are not limited to: • “Any inappropriate physical contact with a client or any other conduct that might be considered harassment • Singling out a particular client or clients for personal attention and friendship beyond the professional employee/client relationship • Banter, allusions, jokes or innuendos of a sexual nature with a client • Disclosing personal, sexual, family, employment concerns, or other private matters to client • Addressing a client or permitting client to address an employee with personalized terms of endearment, pet names, or otherwise in an overly familiar manner • Exchanging personal gifts, cards or letters with a client • Unnecessary invasion of a client’s privacy (e.g., entering bedroom when uninvited or walking in on the client in the bathroom) • Soliciting phone, email, text messages, or other forms of written or electronic communication from a client

- Any other conduct that fails to maintain professional employee/client boundaries”

The auditor reviewed the PowerPoint slide deck that all RCTC staff are required to review and complete prior to working with youth alone. The training is in-person, but for some staff (night staff), it is self-paced and covers all topics required under this PREA provision (e.g., zero tolerance, avoiding inappropriate relationships with residents, identifying signs of abuse, responding to allegations of abuse, etc.). The auditor noted that both the Executive Director and the HR Coordinator lead these trainings, but use two different formats and training materials. The auditor confirmed that the extensive PowerPoint slide deck covers these topics. Still, it is unclear whether all topics in these provisions are covered by the other training provided by the HR Coordinator. The program recently adopted the PREA Resource Center’s PREA Employee Training. The program will be required to review the existing training materials and establish a single format to be used consistently across trainers. This not only allows additional trainers to serve as backup but, most importantly, provides consistency in messaging. Interviews with Youth Counselors and Shift Supervisors indicated that not all staff understand all of the elements outlined in this provision.

Corrective Actions

- The RCTC Executive Director and the HR Coordinator are required to review both trainings and develop a staff training that covers all requirements set forth by the PREA standards. A detailed description of the training, as well as the training materials, is required to be submitted to the auditor for review and feedback. Moving forward the program is required to deliver this extensive staff training a minimum of every other year (with a refresher on the zero-tolerance policy, mandatory reporting, the coordinated response, etc. in the in-between years)

b) The RCTC serves primarily male youth, although the program has had one female student in the past year. All staff are formally trained on how to appropriately interact with male and female students and other PREA requirements. A review of a sample of staff files (n=22) indicated all staff have been formally trained on PREA and how to interact with male and female students appropriately.

c) The RCTC PREA policy clearly states: “Training covering the aforementioned subject area will be provided by the RCTC PREA PowerPoint and/or Training Videos during the employee’s initial onboarding and orientation (completed within 30 days) and annually thereafter by the Human Resource Coordinator or designee. Staff cannot be unsupervised with students before completing the training.” Although the PREA standards only require an annual refresher during the in-between years, the RCTC requires all employees to complete the comprehensive in-person or a different self-paced training and complete the training completion attestation form each year. At the time of the onsite audit, the RCTC had been officially open for less than one year. As such, the auditor was only able to review staff training records for the past

12 months since not enough time has elapsed. The auditor reviewed a random sample of staff files (selected by the auditor) and verified that all employees had received PREA training before working with youth.

That said, interviews with the Agency PREA Coordinator/RCTC Executive Director, facility managers, and Youth Counselors confirmed that staff participate in refresher trainings on various topics throughout the year. The facility currently provides training and information every Wednesday during mandatory all-staff meetings (2 hours in length). All staff interviewed verified that these trainings occur each week and cover relevant topics related to working with youth in secure custody. Interviews supported that a PREA refresher training was provided approximately two months ago. This refresher training involved the RCTC Executive Director asking PREA staff to play PREA Jeopardy, in which the RCTC Executive Director posed trivia questions about PREA, and staff members used their phones to answer (poll projected on the screen). The group discussed the answers and information in detail. Staff reported that they enjoyed this exercise and found it both informative and fun.

d) The RCTC PREA Policy and Procedures states, “The program shall document, through employee signature or electronic verification, that employees have completed annual training, understand their responsibilities under PREA, and commit to follow PREA compliance requirements. The Human Resources Coordinator is responsible for compliance with all training requirements, including PREA. Training receipts are kept on file in the HR office.”

Upon completing the PREA training RCTC employees are required to sign and date a statement which reads: “By signing this document, I am stating that I understand the material covered and am capable of practical application and use of the techniques covered in the training. I agree and understand the mandatory reporting law and how to report sexual abuse, sexual harassment, and retaliation.” The auditor reviewed a sample of staff records that contained acknowledgement forms (n=22) and determined that all current staff and those who have left employ in the past 12 months have completed the formal training and completed the acknowledgement form.

CAP Update

During the corrective action period, the program enhanced the staff PREA training materials (including the PowerPoint slide deck) to include additional information and guidance for staff. More specifically, the program added several new slides explaining how to respond to an allegation of sexual abuse (consistent with the revised first responder checklist). This revised training also addresses several other related provisions including, clearly directing staff to offer youth a call with Mosaic Vermont (victim advocates) if a youth alleges sexual abuse; clarifying staff responsibilities related to checking the clear grievance boxes and notifying the appropriate parties; explaining the requirement of having all staff announce their presence on the floor (because the program serves all genders); clarification of responsibilities regarding suspected retaliation; and consequences if staff are

	substantiated for retaliating against a youth or other staff for making a PREA-related report or for participating in an investigation. The auditor applauds the program for ensuring that clear expectations are set for staff. To further clarify expectations and meet PREA regulations, the RCTC HR Coordinator enhanced the staff training acknowledgement form to include additional information demonstrating PREA Compliance. The form now provides additional details about the content of the two-hour staff PREA training. More specifically, this form now states: “This form verifies that the employee listed above has completed the required PREA training as mandated by the Prison Rape Elimination Act and the Vermont Department for Children and Families (DCF) standards for residential treatment programs. Training Summary – Key Learning Points • The zero-tolerance policy for sexual abuse, sexual harassment, and retaliation. • Definitions and examples of sexual abuse, sexual harassment, and boundary violations in a residential setting. • My duty is to report any suspected, alleged, or witnessed incidents of sexual misconduct immediately and in accordance with facility procedures. • The confidentiality requirements related to reporting and investigating allegations. • The rights of youth and staff under PREA, including protections from retaliation for reporting. • The protocol for responding to disclosures, including who to contact and what steps to take to ensure safety and preservation of evidence. • The importance of maintaining professional boundaries and reinforcing a culture of safety and respect. Acknowledgment: I understand that failure to comply with PREA standards or reporting obligations may result in disciplinary action, up to and including termination. I certify that I have completed the PREA training and understand my responsibilities under PREA and RCTC policy.” The staff acknowledgement form requires the employee to sign and date the form. During the CAP, all current employees were retrained using the updated training materials (to include specific information addressing the required actions from this audit). RCTC submitted completed staff training forms and an updated staff roster, allowing the auditor to verify that all staff have completed the annual staff PREA training in its newest form. The auditor applauds the program for providing clear documentation that staff have received and understand the content of the PREA training. Review of all documentation during the CAP allows the auditor to conclude the program has further strengthened its compliance with this PREA standard.

115.332	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination:

- RCTC PREA Policy and Procedures
- Sentinel Group Act Employee Handbook
- RCTC “A Guide to Professional Boundaries and the Prevention and Reporting of Sexual Abuse For Interns, Contractors, Vendors, and Volunteers: Professional Boundaries & PREA: What you Need to Know”
- RCTC Intern, Volunteer, Vendors, Contractors – PREA Training and Acknowledgement form
- Affidavit of No Contractors, Visitors, Volunteers, or Interns (signed and dated by the RCTC Executive Director)
- https://www.youtube.com/watch?v=Z3c7ktkV4d8
- Interview with Executive Director/Agency PREA Coordinator
- Interview with Sentinel Director of Developmental

At the time of the onsite review, the RCTC did not have any contractors, volunteers, or interns working directly with youth. The RCTC Executive Director reported that they have not had volunteers or contractors since the program opened in October 2024. In addition, the program submitted a formal signed affidavit attesting that there have been no contractors, visitors, volunteers, or interns. While the auditor was not able to complete a review of contractor and volunteer training records to confirm, an interview with the Executive Director/Agency PREA Coordinator verified that contractors and volunteers would be required to complete formal PREA training provided to new RCTC employees.

It is important to note that while the RCTC does not currently have interns, contractors, or volunteers the RCTC has memorialized a process into formal policy in the event the program hires these types of individuals. The RCTC PREA Policy and Procedures clearly directs:

- “Volunteers and contractors who have contact with residents must be trained in their responsibilities under RCTC’s PREA policies and procedures prior to working directly with youth.
- The Executive Director and/or Human Resources Coordinator will conduct this training.
- The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with residents. All volunteers and contractors must be notified of RCTC’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed of how to report such incidents.
- The program shall maintain documentation confirming that volunteers and contractors understand the training they have received, using the training receipt form.
- A hardcopy will be kept on file in the Human Resources Office.”

An interview with the Executive Director/Agency PREA Coordinator confirmed that these individuals would need to undergo formal training, which includes a document providing PREA-related information to interns, contractors, vendors, and volunteers.

b) Formal training provided to volunteers and contractors at RCTC includes at a minimum the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. The Red Clover document titled, "A Guide to Professional Boundaries and the Prevention and Reporting of Sexual Abuse For Interns, Contractors, Vendors, and Volunteers: Professional Boundaries & PREA: What you Need to Know" provides detailed explanations and examples of inappropriate and appropriate interactions (e.g., gentle taps to the shoulder, fist bumps, etc.) with youth. Interns, Contractors, Vendors, and Volunteers (ICVVs) are directed to maintain their professional boundaries and to immediately report any youth who is singling out an ICVV to the Administrator on Duty (AOD).

This same document also clearly explains the power dynamic (imbalance of power) between adult staff and ICVV and youth enrolled in the program. The document clarifies, "It is not possible to have a relationship as equals because you have a responsibility to maintain custody, evaluate work performance, and/or provide input to issues that affect the privileges and possibly release dates, or other sanctions. Because of the imbalance of power between youth and staff, vendors, interns, contractors, and volunteers, there can never be a consensual relationship between staff and youth." The document also clearly describes 'red flags' that would signal that someone may be in danger of engaging in sexual misconduct with youth. Examples provided include:

- "Spending a lot of time with a particular youth;
- Change in appearance of a youth or staff member;
- Deviating from agency policy for the benefit of a particular youth;
- Sharing personal information with a youth;
- Overlooking infractions of a particular youth;
- Doing favors for a youth;
- Consistently volunteering for a particular assignment or shift;
- Coming to work early/staying at work late;
- Flirting with a youth;
- Standing too close to a youth; and
- Getting into conflicts with co-workers over a youth."

This same document that is used to train ICVVs also provides specific ways to maintain appropriate boundaries. These include:

- "Maintain professional distance;
- Focus behavior on duties and assignments;
- Do not become overly close with any particular youth;

- Do not share your own or other staff person's personal information with or around youth;
- When speaking to youth about other staff, refer to the staff by their title or as Ms. or Mr.
- Do not accept gifts or favors from youth;
- Be knowledgeable of New Hampshire and MPA policy and procedure, rules of conduct and laws regarding sexual misconduct and sexual harassment"

This document that is reviewed with ICVVs prior to them interacting with youth also is quite clear on the individual's duty to report knowledge or suspicions of abuse or inappropriate behavior. The document directs, "Anyone with knowledge or suspicion of any inappropriate staff/youth behavior MUST report immediately. The presence of illegal and unethical behavior by staff compromises the security and safety of the agency and worse puts the youth at risk. Staff who fail to report such behavior will be held accountable and sanctioned through dismissal. All efforts will be made to ensure the confidentiality of the reporting staff member. You must file an incident report to the appropriate authority if you see or know of any staff, contract staff, intern, vendor, or volunteer sexually involved with or sexually harassing a youth. You must also report any suspicions of child abuse or neglect by calling DCYF Central Intake at 1-800-894-5533."

As part of the training process the RCTC intends to use a video from the Tarant County Juvenile Probation eight-minute video as part of its onboarding process for interns, contractors, vendors, and volunteers. This video (https://www.youtube.com/watch?v=Z3c7ktkV4d8) provides basic information – what PREA is, share zero-tolerance policy, definitions of sexual harassment, and how to respond to allegations of sexual abuse. The auditor reviewed the video and determines it covers the key elements of PREA and the reporting process. That said, the auditor strongly encourages the program to consider finding or creating another video that is specific to Red Clover or the State of Vermont. The current video is specific to Tarant County Probation Department and while useful in providing basic PREA information, the first responder portions of the training instructs individuals to contact Texas Juvenile Department to report allegations of abuse and references other information that is not relevant to Red Clover program.

c) An interview with the RCTC Executive Director verified that although the program does not currently have any volunteers, interns, or contractors, the RCTC would require these individuals to complete (date and sign) the "RCTC Intern, Volunteer, Vendors, Contractors – PREA Training and Acknowledgement form." The form specifically states, "My signature that I have received a copy of RCTC PPM 3247.01, Prevention of Sexual Abuse and Assault of Youth in RCTC Care and have received training on the above information. I agree to comply with the provisions of RCTC PPM 3247.01, Prevention of Sexual Abuse and Assault of Youth in RCTC Care." The auditor is confident RCTC would have volunteers, interns, and contractors complete the PREA training and sign the form. As the RCTC PREA Policy and Procedure states, these completed forms would be stored in the HR Coordinator's office.

	Based on all evidence reviewed, the auditor concludes RCTC is in compliance with this standard.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • RCTC PREA Policy and Procedures • “End the Silence” PREA Brochure • RCTC PREA/Abuse Education document (5 pages) – includes acknowledgement statement and youth and staff signatures • RCTC Youth and Family Handbook • “Preventing and Reporting Sexual Abuse and Harassment Notifying Students of PREA Rights During Intake and Orientation: Guidance for Faculty” • PREA Resource Center youth education videos: • Juvenile Intake - Captioned Spanish (6 mins) • Juvenile Comprehensive - Captioned Spanish (15 mins) • Juvenile Intake - Captioned English (6 mins) Juvenile Comprehensive - Captioned English (15 mins) • Juvenile Intake - ASL (8 mins) • Juvenile Comprehensive - ASL (19 mins) • RCTC Zero Tolerance posters throughout the facility • RCTC Translation Services/Interpretation Services • RCTC bulletin board on the residential wing that hosts PREA resources/ information (i.e., Zero Tolerance posters, contact information for Mosaic Vermont, Mosaic VT flyer with contact information, etc.) • RCTC grievance/suggestion box • Youth file reviews demonstrating education provided within 10 days of intake and signed form by youth understanding zero tolerance for sexual abuse and sexual harassment • Interviews with youth • Interviews are conducted with the Clinical Coordinator, who oversees the review of PREA information and the youth handbook with incoming youth. • CAP: Revised student intake packet • CAP: Revised PREA pamphlet and Abuse Education to Orientation Process • CAP: PRC Youth PREA video • CAP: Revised youth acknowledgement signature form (a) The RCTC PREA Policy and Procedures provides specific directives regarding providing youth with PREA information and comprehensive training. Specifically, the policy states that during the intake process, all residents will be provided,

	"…information explaining, in an age-appropriate fashion, RCTC's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents of suspicions of sexual abuse or sexual harassment," During an interview, the Clinical Coordinator and the Executive Director/Agency PREA Coordinator explained that when youth arrive they review the basic information in the handbook to include the zero-tolerance policy and how to report sexual abuse and sexual harassment. Youth are also provided with the PREA brochure which provides youth information on: • The right to be free from sexual abuse, sexual harassment, and retaliation; • What constitutes sexual abuse; • Avenues for reporting. The auditor reviewed 10 youth files and found that while the program documented the 10-day education, documentation of the initial information provided was not consistent. The program will be required to have a clear process for documenting basic PREA information that has been provided to youth at intake (this is different than the documentation needed by provision (b) of this standard). Interviews with the Executive Director and Clinical Coordinator highlighted a need to formalize the documentation that this information has been provided to youth and that they understand the zero-tolerance policy and how to report incidents of sexual abuse, sexual harassment, and retaliation. **Corrective Actions** • The program is required to create a clear and consistent process for documenting that youth receive the basic information – i.e., zero tolerance policy, how to report, mandatory reporting, etc. – at intake. This may include creating an acknowledgement form for the youth to sign. The program will submit this to the auditor for review and feedback. • The program is required to submit completed forms for all new youth intakes during the corrective action period as verification that this practice is in place. • The program is required to submit evidence that this new practice information is provided to all youth at the time they arrive at the program. b) The RCTC PREA Policy and Procedures directs that "within 10 days of intake, RCTC will of intake, RCTC will provide comprehensive age-appropriate education to residents regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents." A review of youth files (n=10; current and discharged youth) verified there is a need to sure up this process. An interview with the Clinical Coordinator verified that the video education (videos provided by PREA Resource Center) is provided to youth but that it is a new practice and is not always done consistently. A review of youth files

verified this fact. Most of the youth files reviewed had completed signature forms, but 60% of these forms acknowledging the comprehensive PREA training were beyond the 10-day expectation.

The current PREA video acknowledgement form states, “By signing this document, I am stating that I understand the material covered and am capable of practical application and use of the techniques covered in the training. I agree and understand the mandatory reporting laws and how to report sexual abuse, sexual harassment, and retaliation.” The auditor encourages the program to adjust the language to be more youth-friendly (specifically the “practical application and techniques” language).

Corrective Actions – 333(b)

- The program is required to create a clear process to ensure that youth receive comprehensive PREA education within 10 days of arrival. The program will submit signed and dated PREA acknowledgement forms for all new intakes during the corrective action period to verify this practice is occurring consistently.
- The program is required to review the existing acknowledgment form and revise the language to make it more understandable for youth and clearly depict the key take aways from the training. This may involved having youth initial or check a list of 5 items – “I understand the facility has a zero tolerance policy. I understand that staff are mandatory reporters and must report to the State of VT and local law enforcement in the event someone is harming me (i.e., bullying, sexual abuse, sexual harassment, etc.). I understand I can make a report of abuse by….” Having the youth initial each of these statements better ensures that the youth understand the critical elements related to PREA (in addition to having the youth and the faculty member sign and date the form). The program will submit this revised form to the auditor for review and feedback.

c) The auditor reviewed a sample of youth files and signature forms to determine compliance with this standard. The review indicated that all youth in the sample had received PREA training as evidenced by signed acknowledgement forms. Youth interviews confirmed that youth received this information at intake.

d) The RCTC PREA Policy and Procedure states, “RCTC shall provide resident education in formats accessible to all, including those who have limited English proficiency or who are deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. The Executive Director and/or Supervisor on duty when the student arrives will ensure students have access to the Language Line for these services.” Interviews with the Executive Director, the Clinical Coordinator, and Shift Supervisors all verified that interpretive services can be accessed through the Language Bank as needed. All staff interviewed verified that the program has not yet needed to access these services (i.e., the program has not had an ESL, deaf, or blind resident) but understood that these services are available

as needed.

e) The RCTC requires youth to sign and date, along with a staff member, that they have received the comprehensive PREA training. After a youth watches the PRC videos and reviews PREA information with the Clinical Coordinator, the youth completes an acknowledgment form, which states, “By signing this document, I am stating that I understand the material covered and am capable of practical application and use of the techniques covered in the training. I agree and understand the mandatory reporting laws and how to report sexual abuse, sexual harassment, and retaliation.” The auditor reviewed a sample of youth files and verified all youth had signed forms verifying they received PREA education

f) This PREA provision requires the program to provide youth with key information on a continuous basis and visibly through posters, resident handbooks, or other written formats. During the onsite visit, the auditor observed Zero Tolerance posters and PREA related information on the bulletin board on the residential wing of the facility. Additionally, interviews with youth and staff verified that youth have possession of the youth handbook which includes PREA information.

CAP Update

During the corrective action period, the program enhanced the student intake packet to include additional details aligned with PREA standards. This packet is completed with each youth upon admission. The PREA pamphlet and the Abuse Education to the Orientation Process (2-3 pages) were revised to better meet federal regulations. Staff is required to read the Abuse Education to the Orientation Process out loud to the youth. The RCTC revised its practice to include the youth initials that they have received the basic PREA pamphlet, zero tolerance, and reporting abuse information upon arrival to the program. In addition, if time allows on the day the youth arrives (but definitely within the 10-day comprehensive PREA education window), the program requires youth to watch the PREA video from the PRC. Completed forms for the initial information session and the more comprehensive education session were sent to the auditor for review during the corrective action period. The review confirmed that all youth who entered the program between February and April 2026 (N=8) received and understood the requisite “training” provided.

It is important to note that during the corrective action period, the program improved the youth education attestation form to more clearly state what is covered in this initial PREA education session with youth. Now the form clearly states:

"I have discussed the following information with staff and have had the opportunity to ask questions…1. Orientation Information: 2. Resident Rights; 3. Program Rules, Expectations and Guidelines (Detention Rules Expectations, Discipline Plan/ Progressive Discipline, Grievance Procedure, Medical Access, Telephone and Mail Expectations, Visitation Procedures. Juvenile Rules/Responsibilities, Accessing Medical Care, Accessing Mental Health Services, PREA Abuse Education Video, and Prevention, Intervention, and Minimizing Risk for Abuse.

	I understand that I have the right to confidentiality in the grievance process and reporting any type of suspected abuse, which includes sexual abuse and assault, neglect, or exploitation. I also have the right to confidentiality for preventing and intervening in suspected sexual abuse, minimizing the risks of sexual abuse, and accessing treatment and counseling. I also understand that I will not be punished for participating in any activity stated above or reporting any concerns. I understand the facility has a zero-tolerance policy. I understand that staff are mandatory reporters and must report to the State of VT and local law enforcement in the event someone is harming me (i.e., bullying, sexual abuse, sexual harassment, etc.). I understand I can make a confidential report of abuse by notifying a trusted staff member, a call to the Vermont DCF Family Services Child Abuse Hotline at 1-800-649-5285, and/or by filling out and submitting an RCTC Grievance Form. I understand that anytime I have a question about any part of the program, I can check the handbook or ask staff. My signature below confirms the listed orientation information was read and explained to me by RCTC Staff and that I have access to copies of the listed information." During the CAP, the program also added signature lines for staff and youth to sign (to include the date) attesting that the youth have received the one-hour training on PREA. As part of the verification process, the auditor interviewed five managers (i.e., the RCTC Executive Director, the HR Coordinator, a Shift Supervisor, the Clinician, etc.) to verify that these practices are firmly in place. The auditor confidently determines that RCTC is now in compliance with this PREA standard.

115.334	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • State of VT Statutes Title 33, Chapter 49: Child Welfare Services • State of Vermont DCF Policy 241 • State of VT DCF Licensing Regulations for Residential Treatment Programs • State of VT DCF Policy 52 – Child Safety Interventions – Investigations and Assessments • Training acknowledgement forms for Executive Director, HR Coordinator, and nurse • Review of the NIC online Specialized Investigations curriculum

- Interview with DCF RLSI investigator

a) As previously mentioned, the RCTC is not responsible for conducting sexual abuse investigations. The State of Vermont Residential Licensing and Special Investigation (RLSI) unit staff are responsible for conducting these investigations and for ensuring that investigators complete the required specialized training. If the alleged perpetrator is over 18, the local police department would lead the investigation (not RLSI). An interview with the DCF RLSI Investigator assigned to the Red Clover program indicated the investigator has received adequate training. The investigator reported that he has completed the fundamentals and advanced training on conducting investigations and has received training on child development, forensic interviewing techniques, and other areas critical to conducting effective investigations. In addition, the RLSI investigator has 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 training, allows RCTC to meet the provisions of this standard. The State of Vermont RLSI maintains training records in an electronic training record.

It is important to mention that the RCTC HR Coordinator delivered a 4-hour training to the Executive Director and Nurse using resources gathered from the PREA Resource Center. Both participants as well as the trainer (HR Coordinator) signed and dated a training completion form. The acknowledgement form states, “On the above date and time, NAME OF PERSON, attended a scheduled training for 4 hours. The training covered PREA Investigator Training. This training covered the following topic areas….PREA Update and Standard Overview, Legal Issues and Liability, Culture, Trauma and Victim Response, Medical and Mental Health Care, First Response and Evidence Collection, Adult and Juvenile Interview Techniques, Report Writing and Prosecutorial Collaboration. By signing this document, I am stating that I understand the material covered and am capable of the practical application and use of the policy covered in the training.” Interviews with the Executive Director, HR Coordinator, and Nurse verified they completed this formal training. The auditor applauds the program for ensuring that key facility leaders are trained on critical elements for conducting formal investigations.

b) 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.” The auditor applauds DCF for memorializing this expectation into policy as a way of demonstrating its commitment and accountability to this practice. The auditor verified training completion through an interview with the RLSI Investigator and by reviewing his training certificate. The auditor also commends RCTC for requiring the HR Coordinator, Executive Director, and the Nurse to complete this same training. c) As mentioned previously, the auditor verified that the RLSI investigator completed the DOJ-endorsed training developed by the National Institute of Corrections, “PREA: Investigating Sexual Abuse in a Confinement Setting.” Additionally, training certificates from the RCTC HR Coordinator, Executive Director, and Nurse were reviewed to verify that the specialized training had been completed. d) As previously stated, the State of VT requires all RLSI Investigators assigned to programs that serve juvenile justice youth to complete formal training. The auditor verified the RLSI Investigator assigned to RCTC has completed the training.

115.335	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination • RCTC PREA Policy and Procedures • PRC PREA Medical and Mental Health Care Standards training curriculum • RCTC staff PREA training curriculum • RCTC PREA training completion acknowledgement forms for Clinical Coordinator and Nurse • Training records and signed forms acknowledging that the program Clinical Coordinator and nurse received and understand expectations related to PREA • License for Clinician verifying she is a Licensed Alcohol and Drug Abuse Counselor (issued by the State of Vermont, expires January 31, 2027) • License for Nurse verifying she is a Registered Nurse through the State of Vermont (expires March 31, 2027) • Interview with the RCTC Executive Director • Interview with the RCTC Mental Health Clinical Coordinator • Interview with SANE Manager from University of Vermont Medical Center (UVMMC) a) The RCTC employs one Mental Health Clinical Coordinator (a rostered Social Worker) and one RN to work with program youth. The State of Vermont Residential Licensing Unit requires these professionals to have the appropriate education to perform their assigned job duties. At the time of the onsite review, the program had

	no clinical interns working at RCTC. It is important to note that the RN's role is to assess and treat youth's basic health needs. No physical exams that require a youth to completely undress are performed at the program. If a youth has a serious medical issue or concern and/or the medical issue is in the youth's genital area, the youth is transported to urgent care, a doctor's office, or the hospital, depending on the extent of the medical attention needed. Interviews revealed that the Clinical Coordinator and the Nurse 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. In addition to this information being provided in the mandatory RCTC PREA training, these topics are covered in various academic courses required for earning a Master's degree in Social Work and Registered Nurse state licenses. A review of signed training acknowledgement forms verified that RCTC Clinical Coordinator and the RN both have completed the training from the PREA Resource Center, "PREA Medical and Mental Health Care Standards." The curriculum includes four modules that cover: Detecting and assessing signs of sexual abuse and harassment; reporting and PREA standards; effective and professional responses; and medical forensic examination and forensic evidence preservation. The RCTC PREA policy further supports this practice. b) As previously mentioned, the facility does not conduct any forensic evaluations. In the event a youth alleges sexual abuse, the victim would be taken to the local hospital, the University of Vermont Medical Center, to be examined by a SANE or SAFE. An interview with the UVMMC SANE Manager verified that there is an established practice of monitoring Continuing Education Units (CEUs) required to maintain SANE certification. The UVMMC SANE Manager indicated this information is carefully documented and followed up on (i.e., if a nurse has not been re-credentialed, they are not allowed to practice). c) As previously mentioned, the auditor reviewed training completion acknowledgement forms to verify the RN and the Clinical Coordinator have completed the PREA Medical and Mental Health Care Standards training provided through the PRC. This training was completed in June 2025. The auditor also reviewed the Clinician's State of VT license in Alcohol and Drug Addiction (expires in January 31, 2027) and the Registered Nurse Certification issued by State of Vermont (still current). The auditor also confirmed that these individuals had completed the RCTC PREA training. Interviews confirmed that these individuals understand how to identify signs of abuse, how to preserve physical evidence of sexual abuse, and that they are mandatory reporters. d) As previously stated, in addition to requiring the Clinical Coordinator and RN to complete the PRC PREA Medical and Mental Health Care Standards training, RCTC requires these professionals to complete the standard RCTC PREA training that is delivered to all RCTC staff. The auditor reviewed the PREA staff training acknowledgement forms for these individuals to confirm the standard PREA training

	was also completed. The auditor also reviewed the RCTC PowerPoint slide deck and videos to verify that all topics required by PREA are included in the training materials that all staff are required to complete each year.

115.341	**Obtaining information from residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • RCTC Prison Rape Elimination Act (PREA) Policy and Procedures • PREA Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Violent Behavior adapted from the Florida Department of Juvenile Justice (Adapted from Vulnerability Scale from New Zealand) • Youth file reviews verifying vulnerability assessment completed within 72 hours of intake • Interviews with youth • Interview with Executive Director/Agency PREA Coordinator • Interview with the RCTC Clinical Coordinator • Interview with Shift Supervisors • Interviews with Youth Counselors • CAP: Revised Vulnerability Assessment Instrument • CAP: Vulnerability Assessment Tool User Manual • CAP: Training records for staff responsible for conducting the vulnerability assessments. a) The RCTC PREA Policy and Procedures clearly states, “Within 72 hours of arrival at the facility and periodically throughout a resident’s stay in the program, Clinical Coordinator shall obtain and use information about each resident’s personal history and behavior to reduce risk of sexual abuse by or upon that resident. Assessments shall use RCTC’s objective screening instrument that attempt to ascertain information about: Prior sexual victimization or abusiveness and offense history; Gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may be vulnerable to sexual abuse; Age, level of emotional and cognitive development, physical size and stature, mental illness or mental disabilities, intellectual or developmental disabilities, physical disabilities, self-perception of vulnerability, and any other information that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.” Interviews with the Clinical Coordinator and RCTC Executive Director confirmed the RCTC intake process, which includes the Clinical Coordinator verbally gathering

vulnerability information from youth within 24 hours of the youth arriving. All youth interviewed also confirmed they were asked specific questions about their risk for victimization and perpetration, as well as gender identity. The auditor reviewed 43.5% of all youth files (N=23) (current residents and youth discharged in the past 12 months) to verify this practice is firmly in place. This review indicated that nine of the 10 youth had a vulnerability assessment completed within 72 hour timeframe. Since the overwhelming number of file reviews provide evidence of compliance with this standard, the auditor is not finding the program out of compliance on this provision. That said, the auditor strongly encourages the program to have a clear and consistent process to ensure these assessments are completed within the requisite 72 hours. This might involve having other individuals (i.e., HR Coordinator or Executive Director) formally trained on how to conduct the assessment of vulnerability in the event the Clinical Coordinator is out of the office for a few days when a new youth arrives.

b) The RCTC uses the Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Violent Behavior, adapted from the Florida Department of Juvenile Justice (Adapted from the Vulnerability Scale from New Zealand), to assess a youth's risk to be victimized or to perpetrate sexual assault. This tool is an objective instrument for screening vulnerability risk and includes separate scores for vulnerability to victimization and sexual aggression. The scores are categorized into low, medium, and high risk based on the number of affirmative answers. The RCTC Clinical Coordinator conducts these assessments.

A review of a sample of completed vulnerability assessments (n=10) indicates a need to formally train the Clinical Coordinator, Executive Director, and HR Coordinator (as back-ups to conduct these assessments) on properly scoring these assessments. The auditor noted scoring errors on 9 of the 10 assessments. Examples of mistakes found were: incorrect scoring on individual items (scoring a one instead of a 2 to indicate history of abuse); incorrect score totals or missing the total score; not including the total score from the list of vulnerability characteristics; and having no total scores for either Risk of Victimization and/or Risk of Perpetration. The program must fully address these issues during the corrective action period.

Corrective Actions

- The program is required to submit a training plan and materials for conducting a formal training of the vulnerability risk assessment to the auditor for review and feedback.
- The program is required to formally train the Clinical Coordinator, the Executive Director, and the HR Coordinator (and others as the program deems necessary) on properly conducting the vulnerability risk assessment. Signed and dated training completion forms/rosters will be submitted to the auditor to include a detailed description of the training, content, length, and training delivery method. The auditor is also requiring the program to cross-train other individuals in conducting these vulnerability risk assessments, as

this will better ensure the program meets the expectations outlined in other PREA provisions (i.e., 333(b)). Training should include at a minimum, a discussion of PREA expectations including: a) correct scoring procedures; b) interpreting the total scores (victimization and perpetration); c) communicating relevant and limited information; d) completing the vulnerability risk assessment within 72 hours of youth arrival; e) reviewing collateral information; and f) implementing appropriate controls to ensure protection of sensitive information, to name a few.

- The program is also required to establish a quality assurance process to ensure vulnerability assessments are scored correctly and consistently. This may include monthly or quarterly meetings of trained staff to review completed assessments and discuss collateral information. The program will be required to submit a description of this process for review and feedback, along with any additional documentation to verify that these quality assurance meetings are occurring.

c) As mentioned, the RCTC uses the Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Violent Behavior, adapted from the Florida Department of Juvenile Justice (Adapted from the Vulnerability Scale from New Zealand). This instrument gathers information about: Prior sexual victimization or abusiveness and offense history; Gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may be vulnerable to sexual abuse; Age, level of emotional and cognitive development, physical size and stature, mental illness or mental disabilities, intellectual or developmental disabilities, physical disabilities, self-perception of vulnerability, and other information that may indicate heightened needs for supervision, additional safety precautions, or separation from other residents.

d) The RCTC PREA Policy and Procedures state, “Information shall be ascertained through conversations, classification assessments, and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident’s files. If the resident's file indicates answers that contradict the youth information, the items on the instrument will be corrected (cross out the original answer and initial the change) to reflect the corroborating evidence.”

An interview with the Clinical Coordinator confirmed that she conducts the vulnerability assessment upon the youth's arrival at the program. The intake assessment is performed within the first 24 hours of arrival. Due to the Clinical Coordinator was out with a medical emergency at the time of the onsite visit, the auditor was unable to observe the assessment process. However, during an interview, the Clinical Coordinator explained that she reads the questions on the vulnerability instrument to the youth and then records the response on a paper copy of the assessment. The Clinical Coordinator reported that she does not consistently review additional source documents to verify the youth’s answers. When she does review collateral information and finds it contradicts the youth’s answer, she does not re-score and update the instrument based on the legal

information from the youth's case file. The program will be required to include practice in rescoring the instrument when there are contradictions between the referral documents and the youth's verbal response.

Corrective Actions – 341 (d)

- The program is required to update relevant policies/procedures to reflect formal training on the vulnerability tool, quality assurance meetings, gathering collateral information, using this referral information (medical and mental health screenings, classification assessments, review of court records, case files, facility behavioral records, and other relevant documentation) documenting contradicting responses/information on the tool, etc. The program will submit these revised documents to the auditor for review and approval.
- As previously indicated, the program is required to submit evidence that the necessary staff have completed formal training on properly conducting and scoring the vulnerability risk assessment.

e) Interviews with the Clinical Coordinator, Executive Director/Agency PREA Coordinator, and Shift Supervisors confirmed that hard copies of the vulnerability tools are stored in a locked filing cabinet in the Clinical Coordinator's office. Interviews with Shift Supervisors and Youth Counselors verified that they do not have access to the detailed information on the vulnerability risk assessment. During the onsite visit, the auditor observed and verified that the completed assessments are stored in a locked cabinet within the Clinical Coordinator's office.

CAP Update

During the corrective action period, the program made significant improvements to the RCTC Vulnerability Assessment Tool. Specifically, enhancements included adding questions to address:

- Whether a follow-up meeting with a counselor was offered for youth with a history of sexual victimization or perpetration, and requiring staff to document to whom the referral was made and the date/time.
- Which collateral documents were used to validate/invalidate the youth's response.
- Preferred pronouns and search gender for transgender and intersex youth.
- Bedroom assessment to include where, but also a rationale for the placement or rationale for overriding the results of the vulnerability tool.

In addition to the improvements mentioned above, the current tool (adopted in January 2026) now also includes accurate scoring ranges (low, medium, or high risk) and the RCTC Executive Director's signature of approval. The auditor applauds RCTC for ensuring accurate completion of the vulnerability tool by employing consistent management oversight. The vulnerability tool training manual now describes the quality assurance and oversight protocol as:

- “Initial review by the Clinical Coordinator within 72 hours
- Secondary review by Nurse or Clinical Coordinator (scoring accuracy)
- Final review by Executive Director
- Errors or omissions require immediate correction
- Monthly audits verify fidelity and identify retraining needs”

RCTC has also updated its PREA policy to reflect new practice changes related to the vulnerability assessment (i.e., expectations, scoring, etc.). The PREA policy now includes language that supports the revised practice of gathering accurate information from youth through the vulnerability assessment (i.e., scoring, gathering collateral information, using referral information, requiring the vulnerability tool to be completed within 72 hours of youth arrival, etc.)

To ensure the vulnerability tool is administered properly, the RCTC developed a comprehensive training manual to train designated staff on the vulnerability assessment. This manual titled, “Red Clover Treatment Center (RCTC) PREA Vulnerability Assessment Tools, User’s Guide and Training Manual (January 2025)” covers critical areas such as purpose and guiding principles (i.e., trauma informed care, dignity and respect, etc.); who is authorized to administer the tool; expected timeframes; reviewing available records and formal documents; and conducting the interview in a private quite space, to name a few. The vulnerability manual also describes in detail the technical portions of the tool and how to appropriately and accurately score the instrument. The manual explains each of the 11 sections of the vulnerability instrument and provides detailed guidance on interpreting the questions and their corresponding scores. The auditor applauds the program for understanding the importance of providing clear guidance to staff completing the vulnerability assessment, as it ensures the information gathered is an accurate picture of youth needs. This ultimately provides an added layer of protection, ensuring youth are kept safe from harm.

During the corrective action period, RCTC Executive Director formally trained facility leaders, shift supervisors, and specific direct care staff (who will only be used as a last resort) on the revised vulnerability tool and related procedures. A detailed description of the training provided (in January 2026), as well as signed and dated training rosters were submitted to the auditor for review. The auditor verified that all identified facility staff and leaders responsible for conducting the vulnerability assessment have been trained. This included the RN and the Clinical Coordinator.

It is worthy of mention that the training involved specific discussion around professional conduct during the assessment, as well as best practices when interviewing youth. This information is also formally provided in the vulnerability tool training manual. The auditor applauds RCTC for ensuring that the tool is not only scored accurately, but the environment and approach when using the tool are conducive to gathering accurate information from youth.

To further verify compliance, the auditor reviewed all completed vulnerability tools completed from November 2025 through March 2026 for all new youth intakes

	(N=7). A review of the tools verified that the tools were scored correctly, all items were completed, and if there was previous sexual abuse or victimization disclosed, the youth was provided with a referral to a mental health professional. The notes section provided the rationale for placement and an explanation of the youth's risk. Review of all documentation submitted by the program, the auditor now determines RCTC is fully compliant with Standard 115.341.

115.342	**Placement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination • Red Clover Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Violent Behavior • RCTC PREA Policy and Procedures • Review of completed vulnerability assessments (n = 10) • Interview with Clinical Coordinator • Interview with Executive Director/Agency PREA Coordinator • Interviews with staff who supervise youth 1:1 • Interviews with Shift Supervisors • CAP: Revised vulnerability tools • CAP: Completed vulnerability tool for all youth entering the program between November 2025 - March 2026 a) As mentioned previously, the RCTC has adopted the Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Violent Behavior, adapted from the Florida Department of Juvenile Justice (Adapted from Vulnerability Scale from New Zealand), to assess a youth's risk to be victimized or to perpetrate sexual assault. Interviews with the RCTC Clinical Coordinator and Executive Director indicated the facility considers all factors when determining in which bedroom youth are placed, consistent with PREA standards. During interviews, the Clinical Coordinator and Executive Director explained that they gather vulnerability information by interviewing the youth, observing, and consulting referral documents detailing the youth's history. This information is used to determine the course of treatment and the placement of the youth. The Executive Director explained that although vulnerability information is considered, the RCTC supervision expectations are that two staff sit in the center of the hallway with two bedrooms on each side. The Executive Director reported that if there was a youth who was high-risk for vulnerability and another youth who was high-risk for perpetration, they would likely place them diagonally across the hall from one another. This would prevent the two youths from sharing a wall and prevent them

from being in direct line of sight from one another (i.e., directly across the hall).

The program currently does not document these placement decisions. While evidence supported that the program considers vulnerability information, there is a need to formalize documentation of placement recommendations/decisions. The program is required to create a system for documenting bedroom placement decisions and create a clear communication pathway for conveying vulnerability risk to the Executive Director (who makes the final placement decision.

Corrective Actions – 342 (a)

- The RCTC is required to develop a system for using the vulnerability information and documenting the placement and programming decisions that reflect vulnerability risk information for new youth. One possibility is to document the decision and rationale directly on the intake vulnerability tool. For example, the Clinical Coordinator may record, "[Youth A] scored as high risk for victimization on the vulnerability assessment. With the additional new clients who are going to be entering the program, youth will be placed at a diagonal to other youth in the program who are high risk for perpetration."
- The program must also establish a clear pathway for communicating this information to the Executive Director and Shift Supervisors (as necessary) to make room placement decisions. The program must update its policies to reflect the new, more defined practices.
- The program will be required to submit evidence that these new expectations have been communicated to the Clinical Coordinator. Additionally, during the corrective action period, the program must submit completed vulnerability tools, along with documentation of programming and placement decisions for all new intakes.

b) The RCTC PREA Policy and Procedures state, "RCTC precludes the use of isolation in its programs as allowed in this standard. Isolation will be used 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. During any period of isolation, the facility will ensure that youth in isolation receive daily large-muscle exercise and legally required educational programming. Youth must also receive daily visits from a medical or mental health care clinician. The Administrator will formally document these daily visits on Duty in Extended Reach. Youth must also have access to other programs and work opportunities to the extent possible." Interviews with Youth Counselors, Shift Supervisors, and youth verified that the program only uses isolation for short periods of time (i.e., for 30-60 minutes if a youth needs to calm down) and not for extended periods of time. The RCTC RN/Nurse and Clinical Coordinator reported interacting with all youth on a daily basis. The program does not have any rooms specifically dedicated to isolation.

c) Interviews with staff confirmed that the program has not had a student identify

	as LGBTQI. That said, the RCTC PREA Policy and Procedures clearly states, “RCTC prohibits staff from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. RCTC prohibits staff from considering gender as an indicator that they may be sexually abusive.” Interviews with the Executive Director, Clinician, and Shift Supervisors verified that RCTC does not assume that youth are more likely to be abusive because of their gender identity. d) The RCTC PREA Policy and Procedures states, “Program shall consider on a case-by-case basis whether to place a transgender or intersex resident in a single-sex facility. Factors to consider include the resident’s health and safety and whether the placement would present management or security problems. These considerations will be made by meeting with the referring agencies and the RCTC to review all information to allow for Leadership and Clinical teams to come to a placement determination.” Interviews with the Clinician and Executive Director verified that in the event a youth identifies as transgender or intersex, they would consider what is best for the safety of that individual youth when making room assignments. e) The RCTC PREA Policy and Procedures states, “Placement and programming assignments for transgender or intersex residents shall be reassessed at least every 6 months to review any threats to safety experienced by the resident.” Although RCTC has not yet had a transgender or intersex youth, an interview with the Clinician verified that she is aware that these youth must be formally assessed for vulnerability risk a minimum of twice per year. f) This PREA provision requires “a transgender or intersex resident’s own views with respect to his or her own safety shall be given serious consideration.” The RCTC captures this information at intake using the vulnerability risk tool. All youth are asked the following questions: “How do you feel being in a facility with so many youth? Do you feel you get along well with people? Do you find it easy to make friends? Do you feel okay about being in groups of people you don’t know well?” Although none of the current RCTC youth interviewed identified as LGBTQI, all youth confirmed that they felt safe in the program and that staff take their safety seriously. g) The RCTC has two bathrooms on the residential wing of the building. Each bathroom has a single shower stall, a toilet, and a sink. All youth are required to shower with the bathroom door closed. Youth are prohibited from being in the bathroom together (even for minor tasks such as brushing their teeth). Youth interviews verified that they are never together in the bathroom and that they are closely monitored by staff. h) As previously stated, youth are not placed in isolation (i.e., their bedrooms) for long periods of time. That said, the Executive Director reported that if youth had to be isolated for an extended period of time, this would be recorded in the youth’s clinical file and in a formal incident report. i) This provision requires programs to assess whether there is a continuing need

	to separate youth. As previously mentioned, interviews confirmed that youth would not be placed in isolation for more than a few hours. Therefore, this provision is N/A. **CAP Update** As previously mentioned, during the corrective action period, the program created a formal training and vulnerability assessment tool user manual to provide clear guidance to staff who conduct these assessments. Section 11 of the training manual provides clear information on the assignments of bedrooms based on the youth's vulnerability levels. All staff who will conduct these assessments have been formally trained. The auditor reviewed the training description, the training manual, and training records, and confirmed the program complies with this standard. To further support compliance and promote consistency in documentation, the RTC has created a new section directly on the vulnerability assessment tool for staff to clearly document placement and programming decisions. Staff are also required to document the rationale for placement recommendations. The auditor reviewed files for new youth who entered the program between November 2025 through March 2026 (N=7) to verify that placement decisions are being recorded. Additionally, follow-up interviews with the RCTC Executive Director, Clinical Director, and select shift supervisors verified that key staff are aware of the new practice changes related to assessing youth vulnerability risk and documenting the information.

115.351	**Resident reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination • Red Clover Prison Rape Elimination Act (PREA) Policies and Procedures • End the Silence Brochure (youth education) • Zero Tolerance Posters (displayed in common areas of the residential living unit wing) • RCTC Communication and Grievance policy • Sentinel Group Employee Manual • RCTC Youth and Family Handbook • "A Guide to Professional Boundaries and the Prevention and Reporting of Sexual Abuse For Interns, Contractors, Vendors, and Volunteers: Professional Boundaries & PREA: What you Need to Know" • State of VT Statutes Online Title 33, Chapter 49: Child Welfare Services • State of VT Policy 52, Child Safety Interventions • Licensing Regulations for Residential Treatment Programs in Vermont

- Staff PREA training PowerPoint slide deck
- RCTC Grievance Form
- RCTC grievance box located in phone room
- RCTC resident bulletin board, which houses zero tolerance, abuse reporting information, and Community Advocate information – Mosaic VT
- Interview with Director of Community Advocates at Mosaic Vermont
- Interviews with random staff
- Interview with PREA Compliance Manager
- Facility audit tour observations
- Sentinel website providing third-party reporting information
- CAP: Revised Student and Family Handbook
- CAP: Revised Communication and Grievance Policy
- CAP: Revised PREA Policy
- CAP: Training materials for training staff on new practices
- CAP: Training records for all staff completing the policy training

a) The RCTC program provides several avenues by which youth may report incidents of sexual abuse, sexual harassment, or retaliation by other residents or staff. The Sentinel Employee Manual clearly states, “The Company reinforces any individual’s ‘Right to Report’ to ensure that investigations can occur in a timely manner and necessary consequences can be issued swiftly. The company will work to ensure all necessary information and support services are offered to any victim. The company offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Report to any staff, volunteer, contractor, or medical or mental health staff. Submit a grievance.
- Report to the PREA Coordinator or PREA Compliance Manager. Tell a family member, friend, legal counsel, or anyone else outside the facility.
- They can report on your behalf by calling DCF Family Services Child Abuse Hotline at 1(800) 649-5285.
- You can also submit a report on someone’s behalf, or someone at the facility can report for you by calling DCF Family Services Child Abuse Hotline at 1(800) 649-5285."

In further support of this provision, the program has Zero Tolerance posters posted on the bulletin board on the residential living unit wing/side of the facility. This poster includes a phone number for the DCF Child Abuse Hotline as well as the community advocacy group, Mosaic Vermont. The mailing address is also provided on this poster for Mosaic VT. The auditor interviewed the Mosaic Director of Community Advocates to confirm that Mosaic advocates are also mandated reporters. Therefore, in addition to the DCF Child Abuse Hotline, youth can contact Mosaic Vermont for emotional support services, and if the youth discloses that sexual abuse or assault has occurred, the community advocate is required to make a child abuse report to DCF.

	The RCTC also has a Communication and Grievance policy that clearly states the youth can file a grievance at any time and filing the grievance will not result in retaliation. The policy also provides a mailing address and a phone number for DRVT Disability Rights Vermont (the state's Ombudsman program). The policy also states that youth may also call the Residential Licensing and Special Investigations Unit Vermont directly and provides the telephone number. This policy highlights the Clinical Coordinator as the person for facilitating these calls. The program also ensures interns, volunteers, and contractors understand that youth have multiple avenues for reporting. The RCTC document titled, "A Guide to Professional Boundaries and the Prevention and Reporting of Sexual Abuse For Interns, Contractors, Vendors, and Volunteers: Professional Boundaries & PREA: What you Need to Know" describes that all concerns/allegations of boundary violations should be reported by the supervisor who receives the information. The document directs, "The supervisor to whom a boundary invasion concern is reported must document, in writing, the concern and provide a copy of the documentation, including their response, to the applicable program's Director. The Director shall maintain a confidential file of all such reports." Although the program doesn't have any contractors and volunteers, the "A Guide to Professional Boundaries and the Prevention and Reporting of Sexual Abuse For Interns, Contractors, Vendors, and Volunteers: Professional Boundaries & PREA: What you Need to Know" also states that, "Anyone with knowledge or suspicion of any inappropriate staff/youth behavior MUST report immediately. The presence of illegal and unethical behavior by staff compromises the agency's security and safety, and, worse, puts the youth at risk. Staff who fail to report such behavior will be held accountable and sanctioned through dismissal. All efforts will be made to ensure the confidentiality of the reporting staff member. You must file an incident report to the appropriate authority if you see or know of any staff, contract staff, intern, vendor, or volunteer sexually involved with or sexually harassing a youth. You must also report any suspicions of child abuse or neglect by calling DCYF Central Intake at 1-800-894-5533." The RCTC has a locked grievance box in the telephone room (which is a separate room where you can make phone calls, one at a time). Interviews revealed that the Executive Director/Agency PREA Coordinator has keys to the locked grievance box. Interviews with the Executive Director verified that this box is checked a few times a week. Youth reported that they weren't sure if they could use the grievance box to report concerns. If RCTC chooses to make the grievance box an avenue for reporting sexual abuse, sexual harassment, or retaliation, then the program will need to create systems for ensuring the box is checked more often to ensure compliance with other PREA standards (i.e., Standard 115.352 (f) (2) – responding to emergency grievances within 48 hours). Among the possible options are increasing the number of managers who have access to the locked box (and setting clear expectations that they must check the grievance boxes at least once per day) and/or replacing the existing box with a clear locked box so direct care staff (Youth Counselors) can visually check the box throughout their shift. If it is a weekend, direct staff should be required to call the On Call Director to come in and review the grievance. Since the

program is not currently using the written grievance system to capture PREA-related allegations, the auditor did not test the critical function, as the Executive Director reported he checks the grievance box approximately once a week.

All youth interviewed (N=2) articulated that if someone was harming them, they would tell a staff member or their lawyer. The youth interviewed were vaguely aware of the posters on the bulletin board area. Both youth understood they could call DCF if someone was harming them. Both youth stated that they thought they could have privacy when talking with their lawyer, but neither of the youth was sure. That said, staff consistently reported that they provide youth privacy when talking with their DCF worker and their lawyers. Most staff also stated that they would provide youth with the same privacy if the youth requested to call the abuse hotline number or Mosaic Vermont.

Corrective Actions

- The program is required to clarify whether it will use the grievance box as a reporting avenue. The auditor advises that the program keep this written reporting avenue and develop systems to support this practice. Following this decision, the program will need to update the Zero Tolerance posters, the youth education pamphlet, and policies/procedures to reflect its decision.
- The program is required to clarify responsibilities to youth and staff regarding the grievance box and privacy when making a child abuse report, and provide evidence that this information has been shared with all staff (i.e., all-staff meeting notes and signed training rosters)
- The program is required to formally remind staff and youth that they are both allowed to call the DCF Child Abuse Hotline (Centralized Intake) to make a report of sexual abuse, sexual harassment, or retaliation and that these calls must be private (i.e., lawyer-level privacy). The program will submit evidence that all staff and youth have received this information.

b) As previously mentioned, the program has Zero Tolerance posters posted in the common areas on the residential living unit wing/side of the facility. This poster includes a phone number for the DCF Child Abuse Hotline as well as the community advocacy group, Mosaic Vermont. The mailing address is also provided on this poster for Mosaic VT. The auditor interviewed the Mosaic Director of Community Advocates to confirm that Mosaic advocates are also mandated reporters. Therefore, in addition to the DCF Child Abuse Hotline, youth can contact Mosaic Vermont for emotional support services and/or to make a report. These external reporting options also appear on the Sentinel Group’s Safe Environmental Standards webpage. The program does not house any youth solely for civil immigration purposes, and therefore, a portion of this provision is NA.

Interviews with staff and youth verified that not all youth and staff understood how to make a report. Many youth and staff didn’t know they were permitted to call the DCF Child Abuse hotline directly and some staff didn’t know that youth must be

afforded privacy when making this call. The program will be required to clarify this during the corrective action period.

Corrective Actions – 351 (b)

- The program is required to formally remind staff and youth that they are both allowed to call the DCF Child Abuse Hotline (Centralized Intake) to make a report of sexual abuse, sexual harassment, or retaliation and that these calls must be private (i.e., lawyer-level privacy). The program will submit evidence that all staff and youth have received this information.

c) Review of all evidence supports that the RCTC accepts and ensures all reports made verbally, in writing, anonymously, and from third parties and requires staff to document all verbal reports promptly. This information is included in the Employee Handbook, the RCTC PREA policy and procedures, and the staff PREA training slide deck. All facility managers and direct care staff (Youth Counselors) verified that staff understand their responsibilities as a mandatory reporter and that they could file a report on behalf of a youth. They also understood they are required to report both third-party complaints and anonymous reports. Third-party reporting information is provided on the Sentinel Group's website.

d) The RCTC provides the tools needed for a resident to make a written report. If a youth wishes to file a grievance, they must ask staff for a pencil. During the onsite audit, the program placed grievance forms by the grievance box located in the telephone room. The program must ensure these forms are readily available to youth (i.e., ensure there are always grievance forms available by the telephone) As previously mentioned, the program is required to determine how it will use the locked grievance box, and include this detailed information in the youth education session at intake. Youth interviews revealed that all youth feel safe in the program and would feel comfortable approaching Red Clover staff or a trusted adult to report any incidents of sexual abuse.

e) As previously mentioned, staff interviews revealed that most staff understood that they could call the child abuse hotline directly or call the police themselves. It would benefit the program to reinforce this with all staff, although the program is in compliance on this provision.

CAP Update

During the corrective action period, the program updated the Student and Family Handbook to provide specific details about how calls to the State of VT DCF Centralized Intake and the community advocacy group, Mosaic Vermont. Specifically, the manual now states:

"Calls to the following reporting agencies can be made in private, in the Communications room, once faculty has safely dialed the phone number. Once connected the faculty member will leave the room and close the door, to further promote privacy and anonymity. Allegations of sexual abuse or sexual harassment

	at Red Clover may be reported to these outside parties: Department of Children and Families (DCF) Centralized Intake – (800)649-5285…Mosaic Vermont – (802) 476-1388. David Morris, Executive Director and Agency PREA Coordinator – david.morris@sengroup.us." The program also updated the Communication and Grievance Policy (VLR 511, 612-615) to now clearly direct staff to: "When a written grievance is identified, the manager accessing the box shall document the date and time of retrieval and immediately initiate the grievance response process in accordance with Red Clover Treatment Center's grievance policy. On weekends or holidays, if a grievance is observed or reported by direct care staff, Youth Counselors are required to notify the On-Call Director without delay. The On-Call Director shall respond by coming on site or otherwise ensuring the grievance is reviewed and addressed within the required forty-eight (48) hour timeframe." To ensure consistent communication, the RCTC has also updated the PREA policy to include this requirement of direct care staff to immediately contact the RCTC Executive Director or AOD (Administrator on Duty) if there is any paper in the clear grievance boxes. The juvenile intake packet has also been updated to include specific grievance language. Additionally, the program also added several slides to the staff PREA training to include revisions to the grievance procedure (i.e., as described above in the Communication and Grievance Policy). The auditor reviewed all staff training records and training materials to verify that staff understand the process for all current direct care staff and managers. Additionally, the auditor conducted follow-up phone interviews with five managers, including the RCTC Executive Director, the HR Coordinator, the Clinician, the Nurse, and a Shift Supervisor, to verify they all understood the revised practices and expectations related to PREA. The auditor also reviewed all youth PREA education records (N =8) for youth who entered the program in February – April 2026. Review of all documents and staff interviews allows the auditor to conclude that the RCTC is now in compliance with this PREA standard.

115.352	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination • Red Clover Prison Rape Elimination Act (PREA) Policies and Procedures • End the Silence Brochure (youth education)

- RCTC Communication and Grievance Policy
- RCTC Grievance Form
- Interview with RLSI Investigator
- Interview with Executive Director/Agency PREA Coordinator
- Youth interviews
- Interviews with Shift Supervisors
- CAP: Revised Communications and Grievance Policy
- CAP: Revised Student and Family Handbook
- CAP: Follow-up interview with facility leaders and managers
- CAP: Staff training records on policy revisions

a) The RCTC program has formal grievance procedures outlined in both the PREA policy and procedures as well as the RCTC Communication and Grievance Policy.

b) Youth can file a grievance at any time while at RCTC and are not required to use an informal grievance process such as attempting to resolve the issue with the staff member who may be the subject of the grievance. The RCTC PREA policy states, “There is no time limit when a resident may submit a grievance regarding an allegation of sexual abuse.” Interviews with facility managers and direct care staff verified that youth have alternative reporting avenues and are not required to attempt to resolve incidents with the staff member alleged in the incident.

In further support of this provision, the RCTC PREA policy and procedures clearly state, “A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievances will not be referred to the staff member who is the subject of the complaint.” All staff interviewed confirmed that youth are not required to attempt to “work out” the issue with the staff member who are the subject of a resident’s allegation.

c) As previously stated, staff interviews verified that the RCTC does not require a youth to submit a grievance to a staff member who is the subject of the complaint. Youth interviews verified that youth can file a complaint with any staff member or contact DCF or Mosaic Vermont with their concerns.

d) The RCTC Communication and Grievance policy clearly outlines expectations regarding timeframes for resolving grievances. Specifically, this policy states, “Grievance forms can be given to any staff member. The staff member receiving the request shall assist the youth, as needed, to complete the Grievance Form. The completed form will be forwarded to the Clinician, with a copy to the Executive Director and Assistant Director. The Clinician will respond to your complaint within one business day, and an investigation will be promptly launched. Youth will be informed in writing of the result of the investigation and its outcome promptly upon completion of the investigation, and within 7 days. If the youth is unhappy with the results of your complaint, the Clinician will assist the youth in setting up an outside of the program review of the situation. Persons or individuals named in a grievance shall not participate in developing a response, but shall be interviewed and be given

a right to respond to the grievance with their version of events and by calling witnesses to the events."

In addition, the RCTC PREA policy states, "If the program receives a grievance alleging a resident is subject to substantial risk of imminent sexual abuse, it shall immediately forward that 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. In such instances, an initial response must be provided within 48 hours by the Clinical Coordinator or Executive Director, and a final decision will be made within five (5) calendar days. The initial response and final decision shall document RCTC's determination in Extended Reach whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Though RCTC strives for a much quicker turn around, PREA requires a final decision within 90 days and allows for an extension for up to 70 days for response time."

Interviews with the RCTC Executive Director and HR Coordinator confirmed that all grievances are processed as soon as possible and are often resolved within one week. An interview with the RLSI Investigator confirmed that investigations led by his team are usually completed within 45 days, and often within 30 days.

e) In support of this PREA provision, the RCTC PREA policy and procedures clearly states:

- "Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents."
- "If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, RCTC Clinical Coordinator or Executive Director shall document that decision and file in the students clinical file."
- "A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf."

As previously mentioned, youth have several avenues for filing grievances, including the suggestion/grievance box. All youth and staff interviewed verified youth and staff are permitted to file a grievance at any time and that staff are allowed to assist youth with filing a grievance when requested. The Sentinel Group agency website provides third-party reporting information

f) This PREA provision requires programs to respond to emergency grievances (those in which the resident is subject to a "substantial risk of imminent sexual abuse" within 48 hours. As previously mentioned, there is a need to clarify the role of the existing grievance box located in the telephone room. Once this is achieved, the program will need to establish who will check the box and how often – ensuring that even with holidays and when facility administrators are out of the office - that emergency grievances are addressed within the requisite time frame.

The program reports there have been no allegations of sexual abuse, sexual harassment, or retaliation in the past 12 months. That said, based on the staff interviews, the auditor concludes that all grievances are dealt with in timely manner. As previously described, all program youth reported various ways they could report sexual abuse or harassment, including telling a staff member, calling their DCF social worker, or writing a grievance and placing it in the locked grievance box. The program will be required to create a system to ensure the 48-hour response timeline is met if a youth places a grievance in the suggestion/grievance box.

Corrective Actions – 115.352 (f)

- The program is required to create a system for ensuring that if youth submit a written grievance in the locked grievance box, these are responded to within 48 hours. Among the possible options for addressing this issue are increasing the number of managers who have access to the locked box (and setting clear expectations that they must check the grievance boxes at least once per day) and/or replacing the existing box with a clear locked box so direct care staff (Youth Counselors) can visually check the box throughout their shift. If it is a weekend, direct staff should be required to call the On Call Director to come in and review the grievance. (provision f)
- The program is required to submit evidence verifying that this new practice is in place and that the staff responsible for this practice (checking the grievance box) have been informed. Potential documentation for compliance may include signed training rosters or all staff meeting minutes.

(g) The RCTC PREA policy and procedures support that staff are prohibited from disciplining or retaliating against youth for filing a good faith grievance. More specifically, this policy states, "RCTC may discipline a resident for filing a grievance related to alleged sexual abuse only where RCTC demonstrates that the resident filed the grievance in bad faith. The Executive Director/Agency PREA coordinator will make this determination after a thorough review of the grievance." Staff interviews confirmed they understand retaliation for submitting a grievance or making an allegation in good faith is strictly prohibited.

CAP Update

During the corrective action period, the program updated its Communication and Grievance policy to reflect the new practice of using the grievance box as an avenue for youth to report all grievances, including those alleging sexual abuse and

	sexual harassment. The facility policy now explains: “Red Clover Treatment Center shall maintain a locked grievance box accessible to youth for the confidential submission of written grievances. To ensure all grievances are reviewed and responded to within forty-eight (48) hours of submission, designated managers with authorized access shall check the clear grievance box in the Communication Room (to keep anonymity) at least once daily, including on program days with reduced administrative staffing. The program utilizes a clear, locked grievance box to allow Youth Counselors to visually monitor whether submissions have been made during their shifts, without accessing the contents, to support timely notification to management. When a written grievance is identified, the manager accessing the box shall document the date and time of retrieval and immediately initiate the grievance response process in accordance with Red Clover Treatment Center’s grievance policy. On weekends or holidays, if a grievance is observed or reported by direct care staff, Youth Counselors are required to notify the On-Call Director without delay. The On-Call Director shall respond by coming on site or otherwise ensuring the grievance is reviewed and addressed within the required forty-eight (48) hour timeframe. To verify implementation and compliance with this procedure, Red Clover Treatment Center shall maintain documentation demonstrating that the grievance review system is in place and that all responsible staff have been informed of their duties. Acceptable evidence may include signed training rosters, staff acknowledgments, and/or minutes from all-staff meetings where the procedure was reviewed. These records shall be maintained and made available for internal review and external monitoring as required.” As previously mentioned, during the corrective action period, the program revised the RCTC Student and Family Handbook 2025-2026 and the PREA policy to reflect the revised practice of responding to grievances (i.e., the clear grievance box, immediately contacting supervisor and AOD, and an initial response to the grievance within 48 hours. The auditor reviewed these revised documents as well as detailed staff meeting/training minutes to verify that this specific information has been shared. Additionally, the auditor conducted interviews with five RCTC managers to verify that they understand their responsibilities regarding monitoring the clear grievance box. The program is now in full compliance with this standard.

115.353	**Resident access to outside confidential support services and legal representation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Used in Compliance Determination

- RCTC PREA Policies and Procedures
- MOU with Mosaic Vermont (executed May 2025)
- Zero Tolerance PREA Brochure (youth education)
- Zero Tolerance posters
- Student and Family Handbook
- Youth Interviews
- Interview with the Executive Director
- Interview with Clinical Coordinator
- Interview with Mosaic Vermont Director of Community Advocates
- Interviews with Youth Counselors (direct care staff)
- CAP: Revised Student and Family Handbook
- CAP: Follow-up interviews with Clinical Coordinator and other facility leaders/ managers

a) As previously mentioned, the RCTC provides youth in the program access to community advocates, Mosaic Vermont. The program offers the Mosaic Vermont contact information (phone numbers and mailing address) to youth and families via three avenues: 1) PREA information pamphlet provided to youth at intake; 2) Zero Tolerance posters located on the resident bulletin board; and 3) Student and Family Handbook. Youth and staff interviews indicated a need for additional education for staff and youth regarding the services Mosaic Vermont provides.

Corrective Actions – 353 (a)

- The program is required to inform staff of the services Mosaic Vermont provides and their role as a first responder in the RCTC's coordinated response protocol (Standard 115.365). The program will submit all-staff meeting notes with attendees listed to demonstrate all staff have been informed of and understand the services provided and the new practice. The program is strongly encouraged to post additional Mosaic Vermont signage and make brochures more accessible to youth.
- Interviews with staff and youth indicated a need to clarify and communicate how phone calls to Mosaic Vermont will be addressed (i.e. level of confidentiality and privacy). The program will be required to incorporate how this information into youth intake as well as program materials.

Corrective Actions – 353 (b)

- The program is required to update youth education training materials and the youth and family handbook to reflect the degree to which telephone calls to Mosaic Vermont will be monitored. The program should also consider updating all youth call logs to include Centralized Intake and Mosaic Vermont or inform staff that youth are allowed to call these numbers at any time and that privacy should be provided. These materials will be submitted to the

auditor for review and approval.

c) The RCTC has a fully executed MOU with Mosaic Vermont (MOU with Mosaic Vermont (executed May 2025). This MOU is comprehensive and clearly outline the specific responsibilities of individual parties. An interview with the/Executive Director/Agency PREA Coordinator and the Mosaic Vermont Director of Community Advocates verified both parties are aware of the active MOU and their individual responsibilities. Some of the duties outlined in the executed MOU include Mosaic Vermont will respond to and provide crisis response services to RCTC youth. The MOU requires Mosaic Vermont to accompany residents through the SANE exam if needed and will work with RCTC to ensure youth with disabilities or who are ESL receive the appropriate services while providing privacy and confidentiality. The MOU also states that Mosaic Vermont will ensure advocates have had the relevant background checks for working with you and that they have received the specialized training required to provide crisis response services to victims of sexual abuse and assault.

d) While on-site, interviews with all youth and verified staff have privacy when talking with their attorneys (i.e., staff dial the phone for the youth and then step away outside of earshot). No youth currently in the program had made a report of abuse or accessed emotional support services through Mosaic Vermont (verified through youth and staff interviews and an interview with the Mosaic Vermont Director of Community Advocates)

CAP Update

As previously mentioned, during the corrective action period, the program updated the Student and Family Handbook to provide specific details about how calls to the State of VT DCF Centralized Intake and the community advocacy group, Mosaic Vermont. Specifically, the manual now states:

“Calls to the following reporting agencies can be made in private, in the Communications room, once faculty has safely dialed the phone number. Once connected the faculty member will leave the room and close the door, to further promote privacy and anonymity. Allegations of sexual abuse or sexual harassment at Red Clover may be reported to these outside parties: Department of Children and Families (DCF) Centralized Intake – (800)649-5285…Mosaic Vermont – (802) 476-1388. David Morris, Executive Director and Agency PREA Coordinator – david.morris@sengroup.us.”

The auditor reviewed the updated PREA manual as well as initial and comprehensive youth education records for youth who entered the program during the corrective action period (February and April 2026). The auditor also verified this information during follow-up interviews with managers. The new Clinical Coordinator (mental health professional) reported that she had invited Mosaic Vermont to come speak with staff and that they would be coming to the facility in late March/early April of this year. The auditor confirmed that this informational session/meeting took place on 3/25/2026. The training was led by a Mosaic Vermont Advocate, and information

	shared included how the organization works and the services they provide. The auditor concludes the program is now in compliance with this PREA standard.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • RCTC PREA Policy and Procedures • "A Guide to Professional Boundaries and the Prevention and Reporting of Sexual Abuse For Interns, Contractors, Vendors, and Volunteers: Professional Boundaries & PREA: What you Need to Know" • Resident Resources and Information bulletin board • Sentinel Group website PREA Documents – Sentinel Group, LLC • Interviews with Clinical Coordinator • Interviews with Shift Supervisors • Interview with direct care staff (Youth Counselors) As described in other sections of this report, the RCTC has a PREA policy/procedures that requires staff to report all knowledge and suspicion of abuse. The RCTC policy clearly directs, "RCTC shall maintain a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. How to report concerns is explained to students during orientation. In addition, this information is included in the Family Handbook, which is distributed to legal guardians and referral sources. In addition, RCTC's website offers the ability to email or contact RCTC to report suspicion or knowledge of sexual abuse and sexual harassment that may have occurred in the facility." The auditor confirmed that the Sentinel website provides third-party reporting information (PREA Documents – Sentinel Group, LLC). All staff interviewed verified they are mandatory reporters and are required to report all disclosures of sexual abuse to Centralized Intake, including anonymous and third-party reports. In further support of this provision, the document titled "A Guide to Professional Boundaries and the Prevention and Reporting of Sexual Abuse For Interns, Contractors, Vendors, and Volunteers: Professional Boundaries & PREA: What you Need to Know" informs ICVVs that third-party reports are accepted and encouraged. More specifically, the document states, "Youth and their parents/guardians are strongly encouraged to notify administration or any program staff if they believe an ICVV (or any employee or person) is engaging in conduct that violates this policy." This same document also explains that ICVVs can report any suspicions of child abuse or neglect by calling DCYF Central Intake at 1-800-894-5533.

	Information obtained from staff interviews and RCTC policies and procedures provides sufficient evidence for the auditor to conclude the program complies with this PREA standard.

115.361	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Vermont's child abuse reporting law (Title 33, Chapter 49) • RCTC PREA Policies and Procedures • PREA Staff Training Materials (i.e., slide deck, training description, etc.) • Sentinel Group/Red Clover Employee Handbook • Vermont DCF Policy 52 – Child Safety Interventions – Investigations and Assessments • Vermont DCF Policy 241 – Residential Treatment Program Licensing and Interventions • Interview with State of VT RLSI Investigator • Interview with Executive Director/Agency PREA Coordinator • Interview with Clinical Coordinator • Interview with HR Coordinator • Interview with Shift Supervisors • Interviews with direct care staff (Youth Counselors) • Training records confirming staff have completed PREA training (n=22) • CAP: Revised youth intake packet • CAP: Revised youth acknowledgement signature form (comprehensive education) • CAP: PREA Response Checklist a) Vermont's child abuse reporting law (Title 33, Chapter 49) states that if a person has reasonable cause to believe that a child has been abused or neglected, he or she must make a report to the Department for Children and Families (DCF). In support of this law, the RCTC PREA Policy and Procedures clearly describe staff responsibilities as those of a mandatory reporter. Specifically, the PREA Policy and Procedures state, "Staff shall immediately report any knowledge, suspicion, or information received regarding an allegation of sexual abuse, sexual harassment, staff neglect, or retaliation for making a report, that occurs in the program's facilities, whether or not the incident was part of RCTC. The report shall be in accordance with the program's grievance policy." Interviews with facility managers and direct care staff (Youth Counselors), the Clinical Coordinator, and the program nurse revealed that these individuals are

aware of their responsibilities as mandatory reporters and they understand the process for responding to reports of sexual abuse, sexual harassment, and/or retaliation. All youth interviews confirmed that youth know that all staff are mandatory reporters and what the law requires. This policy language and information from staff interviews provide evidence of compliance with provisions in this PREA standard.

b) The RCTC PREA Policy and Procedures states, “Staff, including medical and mental health practitioners, shall comply with applicable mandatory child abuse reporting laws.” The auditor confirmed that this information appears in the staff PREA training materials. As previously mentioned, staff interviews verified that staff are aware they are mandated reporters and are required to report knowledge and/or suspicion of abuse.

c) The RCTC prohibits staff from revealing information related to a sexual abuse report to anyone other than the extent necessary to make decisions related to treatment, investigations, and safety and security. Compliance with this PREA provision is supported by the agency PREA policy which specifically directs, “Apart from reporting the incident to designated supervisors or officials and designated state or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to facilitate investigation, treatment, and to make other relevant security and management decisions.” Interviews with Shift Supervisors and Youth Counselors confirmed that they are required to protect information associated with allegations of sexual abuse. Staff reported that they may share minimal information with other staff on duty only if it involves keeping the youth safe from imminent harm.

d) As previously mentioned, the RCTC PREA Policy and Procedures states, “Staff, including medical and mental health practitioners, shall comply with applicable mandatory child abuse reporting laws.” The auditor confirmed this information appears in the staff PREA training materials. Interviews with the Clinical Coordinator and Nurse revealed they understand their responsibilities under Vermont’s Child Abuse Reporting law. That said, these interviews, combined with youth interviews, provided evidence that there is a need to increase consistency when meeting with youth initially, to disclose their duty to report and the limitations of confidentiality

Corrective Actions - 361 (d)(2)

- The program is required to update its policies and procedures to include language supporting this PREA provision (provision (d)). – i.e., disclosing duty to report and the limits to confidentiality. The revised policy must be submitted to the auditor for review and approval.
- The program is required to submit evidence that the Nurse and Clinical Coordinator understand this practice and have been formally trained/ informed of this mandatory practice.

e) Provision (e) of this standard requires the Executive Director or designee to contact the alleged victim’s parents or legal guardians; case worker if youth is under

the guardianship of the child welfare system; and youth's attorney or legal representative within 14 days of receiving the allegation. In support of this PREA provision, the RCTC PREA Policy and Procedures states, "Upon hearing any allegation of sexual abuse, the program's Executive Director or his/her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parent(s) or legal guardian(s) unless the facility has official documentation showing that the parents/guardians should not be notified. If the alleged victim is under guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker by the Executive Director or designee. Suppose a juvenile court retains jurisdiction over the alleged victim. In that case, a copy of the report shall be provided to the juvenile's legal representative of record within 14 days of receiving the allegation."

Interviews with the Executive Director and HR Coordinator verified that these individuals are aware of these reporting requirements. There have been no allegations of sexual abuse or sexual harassment at the Red Clover program in the past 12 months. As such, the auditor could not fully verify the program's compliance with this provision. Interviews suggest that there is a need to establish a more formal and consistent process for documenting the required notifications – i.e., the victim's parents or legal guardians, the victim's caseworker, and the juvenile court (as applicable).

Corrective Actions – 115.361 (e)

- The program is required to develop a formal system for documenting that the requisite notifications were made (i.e., the victim's parents/legal guardians, the DCF case worker, and the resident's attorney). Relevant policies and forms should be updated to reflect this requirement and should be submitted to the auditor for review and feedback.
- RCTC will submit to the auditor any evidence verifying this practice is in place and that staff impacted by this PREA requirement be formally trained on this practice.

f) An interview with the State of VT RLSI Investigator verified that licensed child-care programs in VT are required to report all allegations of sexual abuse and sexual harassment to DCF Centralized Intake as set forth by mandatory reporting laws and State of Vermont licensing regulations (i.e., making a verbal report to DCF Centralized Intake within 24 hours). In addition, interviews with the RCTC Executive Director, Clinical Coordinator, the Nurse, and Shift Supervisors verified that the Executive Director or Shift Supervisors would be responsible for ensuring the proper notifications are made. The RCTC Executive Director verified that all allegations of sexual abuse and sexual harassment are reported to DCF Centralized Intake, including third-party and anonymous reports.

CAP Update

During the corrective action period, the program revised language in the youth intake packet to reflect that youth have a right to report confidentiality, but there

	are limits. More specifically, the intake information provided and read to youth and the form that is signed by the youth attesting they understand the information now clearly states, “I understand the facility has a zero tolerance policy. I understand that staff are mandatory reporters and must report to the State of VT and local law enforcement in the event someone is harming me (i.e., bullying, sexual abuse, sexual harassment, etc.).” In further support of compliance, the program updated the PREA Response Checklist to include notifications of a sexual abuse allegation to the victim’s lawyer within 14 days and family and DCF case worker within 48 hours. It is important to note that in the event of a sexual abuse allegation, RCTC would be required to submit a Critical Incident Form, which also requires documentation of notification to the lawyers, DCF, and family/legal guardian. Follow-up interviews with facility managers, particularly the Nurse and Clinical Coordinator, verified that this practice is understood and is firmly in place.

115.362	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • RCTC PREA Policy and Procedures • State of Vermont DCF Policy 241 • Interview with RCTC Human Resources Coordinator • Interview with RCTC Executive Director/Agency PREA Coordinator • Interview with Sentinel Director of Development • Interviews with selected Shift Supervisors • Interviews with randomly selected direct care staff (Youth Counselors) Interviews revealed staff were formally trained on and understand how to ensure youth are kept safe in the event they are at imminent risk for sexual abuse. This process involves taking immediate action to separate the alleged perpetrator and victim. The RCTC PREA Policy and Procedures clearly states, “When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident and shall document the action taken in the resident’s electronic file. The Executive Director will assign a 1:1 faculty member for each shift throughout the investigation. Measures will be taken to separate the alleged perpetrator and victim on all shifts by having meals, recreation, and all other activities in different rooms from each other. Each student has their own bedroom to alleviate contact during overnight hours, per program design.” As previously stated, there have been no allegations of sexual abuse or sexual

	harassment in the 12 months the program has been open. That said, interviews with the Executive Director/Agency PREA Coordinator, Shift Supervisors, and Youth Counselors verified that staff are aware that they must immediately respond to allegations of sexual abuse, to include separating the perpetrator and victim immediately and placing both youth on 1:1 supervision. In addition, staff interviews with the Executive Director/Agency PREA Coordinator, HR Coordinator, and the Clinical Coordinator confirmed that in the event a staff member was alleged to have sexually abused a youth, the staff member would be immediately escorted out of the facility and placed on administrative leave. In the event of a youth-on-youth sexual abuse allegation, the program would immediately separate the youth and ensure youth were supervised adequately by staff to prevent self- harm or harm to others.

115.363	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • RCTC PREA Policies and Protocols • State of Vermont DCF Policy 241 • Interview with Executive Director/Agency PREA Coordinator • Interview with State of VT RLSI Investigator a) The RCTC PREA Policy and Procedures state, “Upon receiving an allegation that a resident was sexually abused while in another program, the Agency PREA Coordinator or his/her designee shall notify the head of the facility where the alleged abuse occurred, and also shall notify the appropriate investigative agency. Such notification shall be provided as soon as possible and no later than 72 hours after receiving the allegation. RCTC shall document in Extended Reach that it has provided such notification. The Executive Director or agency office that receives a notification that sexual abuse has occurred in the Red Clover program will be immediately be referred for investigation in accordance with agency policies and protocols.” State of Vermont DCF Policy 241 “Licensing Residential Treatment Programs and Regulatory Interventions” states, “….federal PREA regulation 28 CFR § 115.363 requires program/facility heads to report to other program/facility heads if they learn of allegations of sexual abuse in other programs (both in-state and out-of-state)….If an employee of an RTP informs RLSI of suspected child abuse/neglect, RLSI will confirm a report was made to Centralized Intake and Emergency Services…Suppose the alleged abuse occurred outside of Vermont. In that case, RLSI staff will confirm a report was made to the appropriate investigative agency in

	the state where the abuse occurred and/or make a joint report with the RTP staff person." An interview with the State of VT RLSI Investigator confirmed this is the current practice. The Executive Director also stated that he would also contact the superintendent from the previous placement to make sure this notification was made. b) In support of information gathered from facility leader interviews, 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." As mentioned, the RCTC has not had an incident in which a youth disclosed they were sexually abused while in the Red Clover program or at a prior placement/ facility. However, RCTC Executive Director and the State of VT RLSI Investigator interviewed all indicated that if this were to happen, a report would be made to Centralized Intake and RLSI would be responsible for contacting the superintendent/ Executive Director of the youth's prior placement within 72 hours. The Executive Director also stated that he would also contact the superintendent from the previous placement to make sure this notification was made. c) An interview with the RLSI Investigator confirmed that documentation verifying that the required notifications were made is documented in the secure FSDNet system (which houses investigation information). d) The Sentinel Director of Development, the RCTC Executive Director, Clinical Coordinator, RN/Nurse, and Shift Supervisors verified that if they received information that abuse had occurred in their program, they would be required to report it immediately to State of VT Centralized Intake, since all members of the RCTC facility team are mandated reporters. After reviewing all evidence provided, the auditor concludes the RCTC complies with this standard.

115.364	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • RCTC PREA Policy and Procedures

- The RCTC Sexual Abuse Initial Incident Response Checklist
- Staff PREA Training Slide Deck
- Interviews with Shift Supervisors
- Interviews with Youth Counselors
- CAP: Revised PREA policy
- CAP: Training records demonstrating all staff have been trained on the policy revisions
- CAP: PREA First Responder Protocol Checklist

(a) and (b) - As described earlier in this report, the RCTC PREA Policy and Procedures provides specific details on how first responders are required to respond when a youth alleges sexual abuse. These steps include separating the alleged victim and abuser and ensuring the alleged victim and abuser do not take any actions that could destroy physical evidence (i.e., washing, brushing teeth, changing clothes, eating, or using the bathroom). More specifically, the policy states, “Upon learning of an allegation of sexual abuse, the first staff member to respond shall: Separate alleged victim and abuser. Preserve and protect the crime scene until appropriate steps can be taken to collect evidence. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and alleged abuser not take any actions that could destroy physical evidence such as washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.”

In further support of this provision, the RCTC created the RCTC Sexual Abuse Initial Incident Response Checklist to help with the coordinator response. This document outlines the specific actions first responder are required to take in response to sexual abuse allegations. The checklist specifically states:

1) “Protect self, the victim(s)/Separate from perpetrator (if applicable).

2) Secure the scene for safety (if applicable).

3) Render emergency first aid as appropriate (if applicable).

4) Notify Administrator on Duty; conduct Minimal Facts Interview

5) Designate a staff member at crime scene entry to secure scene, (if applicable).

6) Notify health services, offender to be treated for injuries but mindful of evidence preservation.

7) All victims’ clothing taken and preserved as evidence (must provide replacements).

8) Victim transported to the local hospital (as indicated); maintain time log and document spontaneous statements.

9) Secure all offenders at scene, preferably away from crime scene, (if applicable).

10) Identify all possible suspects and witnesses, as who, what, where, and when questions.

11) Secure each separately without running water.

12) Check electronic monitoring (if applicable).

13) Document relevant comments by witnesses and suspects (excited utterance).

14) Ensure chain of custody with State Police or others, as applicable."

The auditor applauds the program for creating a checklist to ensure all appropriate steps are taken when responding to sexual abuse allegations. The auditor noted that the current checklist is missing some critical information - i.e., when the nurse and/or clinician should be called; at what point a youth victim is offered a call to Mosaic; and other critical items. Additionally, the majority of staff (direct care and managers) did not know about the step-by-step checklist.

The RCTC PREA Policy and Procedures declares, "All victims' clothing taken and preserved as evidence (must provide replacements). If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating." Interviews revealed that Shift Supervisors and Youth Counselors were not fully aware of the immediate steps when responding to allegations of sexual abuse. More specifically, nearly half of staff interviews reported not knowing that part of the first responder duties include asking the youth not to shower, use the bathroom, or brush teeth, as well as asking the youth not to change clothes. It is important to note that the Sexual Abuse Initial Incident Response Checklist does clearly state, "All victims' clothing taken and preserved as evidence (must provide replacements)." However, staff interviews reveal there is a need to re-train staff on first responder duties. During the corrective action period, the program will be required to re-educate staff on immediate steps when responding to allegations of sexual abuse. This will include sharing the incident checklist with staff and making it readily available (in staff binder, posted in offices, etc.)

As mentioned, there have been no allegations of sexual abuse that involved a staff member or another resident at the RCTC in the past 12 months.

Corrective Actions (a) and (b)

- The program is required to revise the PREA policy to more clearly speak to the specific steps as outlined above and submit to the auditor for feedback and approval.
- The program is required to revise the existing Sexual Abuse Incident Checklist to include the missing information described above and submit to the auditor for review and feedback.
- RCTC will need to formally train staff on the revised checklist to ensure they understand the immediate steps when responding to allegations of sexual

abuse. Training records or sign-off sheets will be sent to the auditor for verification.
- The program must consider avenues for making the incident checklist readily available to staff – i.e., place in staff binders or post it in offices.

CAP Update

During the corrective action period, the program significantly enhanced the PREA policy, the first responder checklist, and staff training materials to reflect the specific guidance. The responder checklist now includes specific information and steps for contacting DCF, offering a call with community advocates, and initial notifications to an alleged victim's family/guardian, case worker, and attorney.

In support of the checklist, the program also updated the PREA policy as well as the staff PREA training materials (including the PowerPoint slide deck) to include additional guidance for responding to an allegation of sexual abuse (consistent with the revised first responder checklist). This revised training ensures that all PREA expectations are met, including requiring staff to offer youth a call with Mosaic Vermont (victim advocates) if a youth alleges sexual abuse and fulfilling notification requirements (i.e., DCF, family, case worker, etc.). The auditor applauds the program for ensuring that clear expectations are set for staff.

The auditor interviewed five managers towards the end of the CAP to verify practice. The auditor also reviewed all revised program policies, training materials, and staff training records. The auditor confidentially concludes the program is now in compliance with this PREA standard.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • RCTC PREA Policies and Procedures • RCTC Sexual Abuse Initial Incident Response Checklist • RCTC Youth and Family Handbook (2025-2026) • Online staff PREA training slide deck • Interview with RCTCC Executive Director/Agency PREA Coordinator • Interviews with Shift Supervisors • Interview with Clinical Coordinator • Interview with Youth Counselors • CAP: Revised PREA policies • CAP: PREA response checklist

	• CAP: Staff training records showing trained on all policy revisions • CAP: Follow-up interviews with facility leaders and managers The RCTC PREA Policy and Procedures clearly states, “This PREA policy/procedure, in its entirety, constitutes an institutional plan for a coordinated response to sexual abuse or harassment that involves staff, first responders, medical and mental health practitioners, investigators, and facility leadership.” Interviews revealed staff understand there is a coordinated response to allegations sexual abuse and sexual harassment. As previously mentioned, the RCTC has a Sexual Abuse Initial Incident Checklist to ensure appropriate actions are taken promptly in the event a youth alleges sexual abuse. While the program appears to have a coordinated response plan, there is a need to update the existing policy and the corresponding checklist to ensure alignment with federal PREA standards. **Corrective Actions** • The program is required to update the PREA Policy and Procedures, the Youth and Family Manual, and the Sexual Abuse Incident Response Checklist as directed by the above narrative and the detailed requirements outlined in standard 115.364. • The program will be required to submit the revised documents to the Auditor for review and feedback. • The program will need to formally train staff on these new forms and practices. The program will submit training records to verify compliance with this PREA provision **CAP Update** As previously mentioned, during the corrective action period, the program enhanced its policies, first responder checklist, and staff training materials to reflect a more coordinated response to allegations of sexual abuse. The auditor reviewed staff training records to verify that all staff have been trained on these program expectations. The auditor also interviewed five managers toward the end of the CAP to further verify that these practices are now embedded in the program. The auditor has analyzed all information provided during the CAP and concludes the program complies with this PREA standard.

115.366	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	Evidenced Used in Compliance Determination: • RCTC PREA Policies and Procedures • Interview with RCTC Executive Director/Agency PREA Coordinator • Interview with Human Resources Coordinator • Interview with Shift Supervisors (a) and (b) RCTC does not have collective bargaining agreements. The RCTC PREA Policy and Procedures states, “Neither RCTC nor any other governmental entity responsible for collective bargaining on RCTC’s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits RCTC’s ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. RCTC shall immediately place any faculty member accused of sexual abuse and/or harassment on administrative leave during the course of the investigation. Those faculty will not have access and/or be allowed to have contact with youth until cleared.” Interviews with the Executive Director, Human Resources Coordinator, and Shift Supervisors confirmed that the program does not have collective bargaining agreements. All individuals interviewed verified that if a staff member sexually abused or sexually harassed a resident, this would qualify as unacceptable and unethical behavior. Consequently, the HR Coordinator and/or the Executive Director would immediately put the staff member on paid administrative leave until the outcome of the investigation. The auditor reviewed all evidence and determined the program complies with this standard.

115.367	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination • RCTC PREA Policies and Procedures • Interview with Executive Director/Agency PREA Coordinator • Interview with Clinical Coordinator • Interview with HR Coordinator • Interviews with Shift Supervisors • Interviews with Youth Counselors (direct care staff) • CAP: Revised PREA Policies and Procedures

- CAP: Training materials for staff to include tenets of this standard
- CAP: Staff training description for policy revision training
- CAP: Staff training records

a) The RCTC policy states, “Residents and staff who report sexual abuse or sexual harassment, or who cooperate with investigations, are protected from retaliation by residents or staff. Staff who retaliate for an allegation of abuse may be disciplined according to RCTC’s progressive discipline process.” Interviews revealed the program is committed to ensuring youth who report sexual abuse or sexual harassment or comply with an investigation are free from retaliation.

b) The program’s PREA Policy and Procedures support compliance with this provision. The policy declares, “RCTC shall employ multiple protection measures, such as removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.”

Interviews verified that if a staff member is alleged to have sexually abused a youth, the staff would be escorted from the facility and not able to return to work until an investigation has been completed. If the perpetrator was another youth in the program, the facility would maintain 1:1 supervision of both the perpetrator and victim. The Executive Director confirmed that if the program felt any of the youth were unsafe, they would contact DCF to initiate a transfer of the perpetrator to another program.

c) The RCTC PREA Policy and Procedures directs, “For at least 90 days following a report of sexual abuse, RCTC faculty and Clinical Coordinator shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and 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 and shall act promptly to remedy any such retaliation. Items RCTC should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. RCTC shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The Clinical Coordinator will monitor the student progress through routine clinical sessions (documented in clinical session notes and filed in the students clinical file) and the faculty will be monitored by the Executive director during bi-weekly supervision (documented in supervision notes and kept on file in HR).”

Interviews with facility leaders and managers indicated there is a need to formalize the RCTC PREA policy expectations in practice, particularly with those individuals who are directly involved in the process. The confusion expressed during staff interviews related to retaliation is likely a result of the program being new and having not had an allegation of sexual abuse, sexual harassment, or retaliation to date. That said, while the policy is in place, the program is required to firm up its current structure and process around monitoring for retaliation.

Corrective Actions

- The program is required to update its Staff PREA training to include responsibilities for monitoring retaliation based on job position (i.e., Clinical Coordinator, Shift Supervisors, Youth Counselors, and Executive Director)
- RCTC must formally train facility leaders, Shift Supervisors, and Youth Counselors on the retaliation policy (and review with them what to look for/ signs of retaliation, how to report if they suspect retaliation, etc.). Verification of training completion must be submitted to the auditor to confirm compliance with this PREA provision.

d) This PREA provision requires periodic check-ins with the victim or individual who cooperated in the investigation or made the report. As mentioned previously, the current PREA Policy and Procedures requires the Clinical Coordinator to meet with youth regularly and document in the clinical notes that she checked in with youth regarding fear for safety and/or retaliation. Since this is a new practice and the program has not yet had an allegation of sexual abuse, there is a need to ensure the Clinical Coordinator and Executive Director are clear on the process – i.e., what is required in the monitoring process, how often these check-ins will occur, and where to document these check-ins. Although the policy is clear, the practice needs to be reinforced.

Corrective Actions (d)

- As mentioned above, the program is required to formally train facility leaders, Shift Supervisors, and Youth Counselors on the retaliation policy and review with them what to look for/signs of retaliation, how to report if they suspect retaliation, etc. Verification of training completion must be submitted to the auditor to confirm compliance with this PREA provision.

e) The RCTC PREA Policy and Procedures support the PREA expectation that if an individual cooperates with an investigation and expresses fear of retaliation, the facility would take appropriate measures to protect the youth. Interviews confirmed that RCTC would employ one of many options depending on the circumstances: Escort the staff off the premises until investigation completion, switch bedrooms to limit contact, and initiate transfer of the perpetrator to another program, to name a few. The Auditor is confident that the program would be responsive to youth concerns and would immediately take action to ensure youth and staff safety.

f) The RCTC PREA Policy and Procedures clearly state, “RCTC’s obligation to monitor shall terminate if RCTC determines that the allegation is unfounded.” This policy expectation was confirmed through interviews with facility leaders.

CAP Update

During the corrective action period, the program updated its PREA policy to include a clear directive to staff and clarifying who is responsible for monitoring retaliation (and the process for doing so). The policy now states:

“For at least 90 days following a report of sexual abuse, RCTC faculty and Clinical

	Coordinator shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and 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 and shall act promptly to remedy any such retaliation. Items RCTC should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. RCTC shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The Clinical Coordinator will monitor the student's progress through routine clinical sessions (documented in clinical session notes and filed in the student's clinical file), and the faculty will be monitored by the Executive Director during bi-weekly supervision (documented in supervision notes and kept on file in HR). If someone who cooperates with an investigation expresses a fear of retaliation, RCTC shall take appropriate measures to protect that individual against retaliation." Additionally, and as previously mentioned, during the corrective action period, the program enhanced the staff PREA training materials (including the PowerPoint slide deck) to include additional information and guidance for staff. More specifically, the program added several new slides to provide additional information for monitoring retaliation and the consequences if staff are substantiated for retaliating against a youth or other staff for making a PREA-related report or for participating in an investigation. The auditor reviewed the updated training materials, training description, and staff training records as part of the process for confirming the program is now aligned with this standard. Additionally, the auditor interviewed five managers towards the end of the corrective action period to further verify that the program complies with PREA expectations.

115.368	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • RCTC PREA Policy and Procedures • Interview with Executive Director/Agency PREA Coordinator • Interview with RCTC Clinical Coordinator • Interview with HR Coordinator • Interviews with Shift Supervisors • Interviews with Youth Counselors responsible for 1:1 supervision of youth • Interviews with youth The RCTC does not use isolation for long periods of time. Interviews with RCTC

	leaders, Shift Supervisor, Youth Counselors and youth, all confirmed that the program does not have separate isolation units and that “isolation” at RCTC lasts no longer than one or two hours. “Isolation” at the program involves youth spending time in their room in an effort to calm down and emotionally regulate. Youth may be separated temporarily for safety reasons with one-on-one supervision. Still, once a youth has calmed down (usually within an hour), the youth will continue to receive education, large-muscle exercise, and regular visits from the program Clinical Coordinator and/or nurse as needed. Staff and youth interviews verified youth are never placed in their bedrooms for long periods of time (outside of sleeping hours). RCTC complies with this PREA standard.

115.371	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • RCTC PREA Policies and Procedures • State of VT Statutes online, Title 33, Chapter 49 Child Welfare Services • State of Vermont DCF Policies 50, 51, 52, 56, 57, 60, 66, and 241 • RLSI Regulations 118, 119, 120, and 121 • Interview with the RCTC Executive Director/Agency PREA Coordinator • Certificate of Training Completion for RLSI investigator – NIC Specialized Investigation Training • Training rosters for Specialized Investigation Training for RCTC Executive Director, HR Coordinator, Clinical Coordinator, and Nurse • Interview with DCF RLSI investigator • Interview with HR Coordinator • Interview with the Clinical Coordinator • Review of specialized investigation training certificates Related to various provisions in this standard, 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. More specifically, 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.

a) The RCTC PREA Policy and Procedures states, "RCTC is required to ensure all allegations of sexual abuse and sexual harassment are reported to VT DCF Centralized Intake Unit and local law enforcement as needed." This same policy also declares, "When investigating allegations that do not require a police presence, the program shall complete an administrative investigation under the direction of and involving VT DCF to investigate promptly, thoroughly, and objectively." As per policy, RCTC is required to report all allegations of sexual abuse and sexual harassment to VT DCF Centralized Intake Unit and local law enforcement as needed. 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.

For context, a detailed account of the reporting process is provided here. When a mandatory reporter calls the DCF abuse hotline, a Centralized Intake and Emergency Services (CIES) social worker records the information in a statewide database, FSDNet. A CIES supervisor determines whether to "accept" or "not accept" the report for investigation of child sexual abuse based on statutory criteria. If the report is accepted for investigation of possible child sexual abuse, the case is assigned, and an investigation is formally launched by an RLSI investigator. If the report is not accepted by CIES supervisor for investigation, a second supervisor reviews the report, also based on statutory criteria. The supervisor conducting the "second read" makes the final determination. This means if the "first read" supervisor doesn't accept the report for investigation and the "second read" supervisor disagrees; the report is accepted, assigned and an investigation is formally launched by an RLSI investigator. This practice is supported in VT DCF Policy 52 which states, "If accepted by the second screener, a child safety intervention will commence within 72 hours of the receipt of the report. If the report was accepted based on further information received, the child safety intervention will commence within 72 hours of the receipt of that information." However, an interview with the RLSI Investigator verified that cases that involve allegations of sexual abuse are screened and approved the date the report is made or in some cases (in after-hours) immediately the following morning.

	If the case is “not accepted” by both reviewers, then the case will not be investigated as child sexual abuse and the report is rerouted to RLSI for regulatory review. In other words, if the case does not meet the statutory threshold for sexual abuse, RLSI will investigate or cause the facility to investigate the same alleged incident. When a report has been accepted for investigation of child sexual abuse the RLSI Investigator contacts the Chittenden County Unit for Specialized Investigation (CUSI) to conduct a joint investigation. During the investigation, if evidence substantiates allegations of child sexual abuse, the case is immediately referred to legal counsel to decide 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. An interview with the DCF RLSI investigator indicated they have a close and cooperative relationship with the Chittenden County Unit for Specialized Investigation (CUSI). He reported that he has conducted joint interviews with CUSI investigators for other programs and that the CUSI offices are diligent about keeping RLSI informed of the investigation progress and findings. In the event of sexual harassment (youth-to-youth), the RCTC is still required to call the incident into DCF Centralized Intake. However, most likely Centralized Intake would direct the program to lead the investigation. 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 facility or agency leaders (i.e., Executive Director/Agency PREA Coordinator) to investigate the incident. RLSI ensures these incidents of regulatory non-compliance are properly investigated by closely monitoring the program. When a sexual allegation is made, the RCTC Executive Director would speak with the RLSI Investigator to discuss the RCTC procedure and residential regulatory standards. The RLSI Investigator may direct the RCTC Executive Director to conduct the investigation and send an outcome report to RLSI when the investigation has been completed. Any follow-up that is needed occurs shortly after the investigation report is sent. Currently, the RCTC Executive Director (incidents involving youth to youth) and HR Coordinator (if staff are involved) are the primary investigators for allegations that do not involve sexual abuse or that do not involve staff to youth sexual harassment. It was reported during interviews that the Clinical Coordinator would serve as a backup investigator as needed. All three individuals have completed the online NIC Specialized Investigation training earlier this year. b) All RLSI investigators are required to complete specialized training. As described under Standard 115.334, the RLSI investigator assigned to the RCTC has completed specialized training on conducting sexual abuse investigations including the National Institute of Corrections online course entitled, “PREA: Investigating Sexual Abuse in a Confinement Setting.” The State of Vermont revised Policy 241

	requires this specialized training for investigative staff. The auditor reviewed the training completion certificate from the RLSI investigator assigned to the RCTC. Additionally, the Executive Director, the Clinical Coordinator, the HR Coordinator, and the RN/Nurse were required to complete the NIC online course in specialized investigations. The auditor reviewed signed and dated training completion records for verification. The auditor applauds the State of VT and RCTC for its commitment to ensuring its investigators are thoroughly trained. c) The RCTC PREA Policy and Procedures state, "Allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred to the police for investigation. Physical evidence will be gathered by trained local law enforcement, not RCTC staff members." An interview with the RLSI Investigator provided evidence that he is knowledgeable and well-experienced in conducting thorough investigations. In the event of a sexual abuse allegation at RCTC, the DCF Intake unit would direct the program to contact the police to collect any DNA and physical evidence associated with the potential crime. Interviews with RCTC facility leaders and managers verified that RCTC staff are responsible for preserving the crime scene and asking youth not to shower, use the bathroom, or brush their teeth. Local law enforcement would arrive on the scene to gather physical evidence. Local law enforcement would serve as the lead investigator and work closely with the RLSI Investigator to conduct interviews of the victim, suspected perpetrators, and witnesses. d) The State of Vermont AHS RLSI does not terminate a sexual abuse investigation if a youth recants the allegation. This practice is supported by policy language in VT DCF Policy 241, which states, "...once a report has been accepted for a child safety intervention, the assessment or investigation must be commenced per Policy 52. The child safety intervention will not be terminated if the child or youth recants the allegation." Similarly, in sexual harassment investigations, RCTC PREA policy states explicitly, "RCTC shall not terminate an investigation solely because the source of the allegation recants the allegation." The RLSI investigator confirmed that he conducts investigations consistent with these established expectations. Additionally, interviews with RCTC primary investigators (i.e., Executive Director and the HR Coordinator) verified that they would complete the administrative investigation even if the youth recanted. e) The RCTC PREA Policy and Procedures states, "Allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred to the police for investigation. Physical evidence will be gathered by trained local law enforcement, not RCTC staff members." This same policy also directs, "If in the course of an administrative investigation, there is evidence to suggest the allegation may be criminal in nature, the RCTC or VT DCF RLSIU investigator will pause the investigation and immediately refer to local law enforcement for potential prosecution (and make the necessary notification to VT DCF)." Interviews with the RLSI Investigator and the two primary RCTC investigators (i.e., RCTC Executive Director and the HR Coordinator) verified that if when conducting an

investigation, there appears to be criminal behavior involved, they would stop the interviews and contact local law enforcement. Local police officers and detectives would then take the lead in the investigation. The case would be referred to legal counsel for possible criminal prosecution.

f) The RCTC PREA Policy and Procedures states, “The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as resident or staff…..RCTC prohibits requiring a polygraph or other truth-telling device as a condition for continuing an investigation.” Interviews with the RLSI Investigator verified that polygraph tests are not used by AHS or by local law enforcement to determine whether a victim’s allegation is true.

g) Review of AHS DCF agency policies and RLSI staff interviews verified that there is significant effort on behalf of investigators to determine whether staff actions or failures to act contributed to abuse. Sexual abuse investigations are conducted promptly and once an investigation is completed, information is summarized in a written report that contains a thorough description of physical, testimonial, and documentary evidence. These final reports are stored in the electronic system, FSDNet. Consistent with PREA expectations, the VT DCF Policy 241 directs, “Written reports of child safety interventions include descriptions of physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The division retains all written reports and documentation related to child safety interventions in FSDNet forever (which exceeds the requirements outlined in 28 CFR 115.371(j)).”

The RCTC PREA Policy and Procedures provides specific information regarding administrative investigations. More specifically, the policy states that “Administrative investigations:

- Shall be conducted by the Executive Director/ Agency PREA Coordinator
- Shall include an effort to determine whether staff actions or failures to act contributed to the abuse, and;
- Shall be documented in written reports that include a description of the evidence, reasoning behind credibility assessment, and investigative facts and findings.
- Shall be concluded within 1 month with a target of 2 weeks of initial report of allegation.
- Reports shall be submitted to VT DCF and kept in the student’s clinical file.”

Although the program has a policy in place, interviews revealed that there is a need to formalize the process for conducting and documenting administrative investigations consistent with PREA expectations.

Corrective Actions (g)

- RCTC will be required to more clearly map out the details involved in the

administrative review process. The program may consider incorporating this information into the PREA Policy and Procedures. These revisions must be submitted to the auditor for review and feedback.

- The program should adopt or create a report template to ensure that all PREA requirements are met for the investigation process and documentation. Specifically, the program should consistently document the physical evidence, testimonies (i.e., victim, witnesses, and perpetrator), video review, reasoning behind credibility assessments, and other key elements of a thorough investigation. This template must be submitted to the auditor for review and feedback.

h) The RCTC PREA Policy and Procedures state, “The State of VT protocols ensure that criminal investigations shall be documented in a written report containing a thorough description of physical, testimonial, and documentary evidence and copies of all documentary evidence attached, when feasible. The details of the administrative investigations will be documented by the lead investigator – i.e., Head of HR, Agency PREA Coordinator, VT DCF RLSIU, etc.”

In the past 12 months, there were no allegations of sexual abuse or sexual harassment. As such, the auditor was unable to review the investigation files. However, it is essential to note that the auditor had reviewed several investigation reports during a previous audit of a different program contracted by the State of Vermont AHS DCF. These investigation reports were completed by the current State of Vermont RLSI Investigator assigned to the RCTC. The auditor reviewed the comprehensive investigation report to confirm the investigation process was clear and the investigation reports are extensive. The investigation reports included clear documentation of interviews with the alleged victim, perpetrator, and witnesses. These investigations were concluded within one month, supporting that investigations are conducted in a timely manner. An interview with the RLSI Investigator confirmed at the conclusion of an investigation, the lead investigator is required to produce a comprehensive summary report that includes all information required by federal PREA standards.

i) As previously described all substantiated allegations of conduct that appear to be criminal are referred to local law enforcement. Most often, the moment the RLSI Investigator suspects potential criminal behavior they would contact local law enforcement to assume the lead on the investigation. As previously mentioned, during sexual abuse investigations, local law enforcement would work closely with RLSI to conduct the necessary interviews. If the allegations are substantiated, the local law enforcement are required to refer the case for prosecution.

j) The written RCTC PREA Policy and Procedures requires “RCTC and VT DCF to retain all written investigation reports and supporting evidence for as long as the alleged abuser is incarcerated or employed by the agency, plus five-year, unless a juvenile resident and applicable law committed the abuse requires a shorter period of retention. “ Interviews with the RLSI Investigator and the RCTC Executive Director confirmed that information is housed in the RCTC electronic system as well as in the

	RLSI electronic database in perpetuity. Therefore, the program complies with this provision. k) The RCTC PREA Policy and Procedures states, “Departure of the alleged abuser or victim from the facility or agency shall not provide a basis for terminating an investigation.” Interviews with the RLSI Investigator, RCTC Executive Director, and the RCTC HR Coordinator all verified that the investigation would continue to completion, even if the alleged victim or abuser has left the facility or the agency’s employ. l) As previously mentioned, evidence supports that the State of VT RLSI investigators adhere closely to PREA standards as it relates to conducting and documenting investigations. m) The RCTC PREA Policy and Procedures states, “The Executive Director and/or Clinical Coordinator will be responsible for checking in with the investigators to stay abreast of the investigation progress. Email check-ins’ every few days will be used as the main course of communication to keep accurate documentation.” Although, RCTC has not yet had an allegation of sexual abuse, interviews with the Executive Director and RLSI Investigator confirmed that they have clear lines established for effective communication (based on other non-PREA related issues). Both interviewees confirmed that they would be in frequent contact during and following completion of the investigation. **CAP Update** During the corrective action period, the Auditor and select RCTC Managers (i.e., Executive Director, HR Coordinator, etc.) met with the RLSI Investigator assigned to the Red Clover Treatment Center (RCTC). During this time, the participants discussed an opportunity to clarify the State of VT expectations regarding conducting administrative investigations, particularly allegations of youth-to-youth sexual harassment. Two draft documents were created to provide additional guidance to programs contracted through the State of VT DCF. At the time of this report, the draft documents were being reviewed and considered by RLSI. The auditor is confident that once finalized, contractors will be instructed by the State of VT RLSI to follow the administrative investigation protocol.

115.372	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • State of VT DCF Policy 241

- RCTC PREA Policy and Procedures
- Interview with DCF RLSI Investigator
- Interview with Executive Director
- Interview with HR Coordinator
- Previous review of an example RLSI investigation report

Interviews with 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. More specifically, Policy 241 states, “The substantiation standard described above is consistent with the “reasonable belief standard” or “reasonable suspicion standard”, which is lower than the “preponderance of evidence standard” and meets the requirements of 28 CFR 115.372.” In further support of this standard, the RCTC PREA Policy and Procedure states, “RCTC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.” Interview with Executive Director, HR Coordinator, and the RLSI Investigator verified that they consider the allegation substantiated if the incident is more likely to have occurred than not to have occurred. This definition is consistent with PREA requirements (i.e., the State of VT and the RCTC do not require “beyond a reasonable doubt” for its threshold for substantiation.

Past reviews of investigation reports from the 2021 PREA audit also provide additional evidence that the burden of proof used by the program is lower than that required by federal PREA standards. Therefore, the program complies with this provision.

115.373	**Reporting to residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination:

- State of VT DCF Policy 241
- RCTC PREA Policy and Procedures
- Interview with RCTC Executive Director/Agency PREA Coordinator
- Interview with RLSI Investigator
- Interview with the Clinical Coordinator
- CAP: Student Notification of Investigation Outcome - Sign Off Sheet
- CAP: Follow-up interviews with facility leaders and managers
- CAP: Revised Sexual Abuse Investigation Checklist

a) Although there have been no allegations of sexual abuse at RCTC that have been accepted for investigation for RLSI during the past 12 months, an interview with the RLSI Investigator staff confirmed in cases of sexual abuse, once an investigation is completed the final report is stored in the electronic state system, FSDNet. A formal letter detailing the outcome of the investigation is sent to the family member and victim's attorney. 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.

While a letter with the investigation outcome is sent by the State of Vermont RLSI unit to the victim's family or legal guardian, an interview with the RLSI Investigator highlighted that the practice of sending a formal letter to RCTC informing them of the outcome of the investigation is no longer in place. This PREA standard requires formal notification to youth about the outcome of the investigation (substantiated, unsubstantiated, and unfounded). In addition, interviews with facility leaders and managers indicated that this notification process needs to be tightened.

The RCTC PREA Policy states, "The Executive Director shall immediately inform the Director of Development and Clinical Coordinator of the outcome of the investigation or of the sexual abuse, sexual harassment, and/or retaliation allegation." This same policy also explains, "Upon completion of an investigation, RCTC shall inform the alleged victim whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. This notification will be done by the youth's Clinician or the Director of Clinical Services, in conjunction with the Agency PREA Coordinator." Interviews support that there is still some work to be done refining this youth notification process, both for RLSI and for the RCTC program.

Corrective Actions

- The program is required to work with RLSI to create a process to ensure the program is notified of the outcome of the investigation (so that the Clinical Coordinator can inform the youth, as per RCTC policy). The State of Vermont may consider reinstating the practice of sending a letter to the victim if they are still residing at Red Clover. The program is required to share the new process with the auditor to provide feedback.

b) As previously stated, the State of Vermont AHS RLSI unit is responsible for conducting investigations of sexual abuse allegations, often in cooperation with local law enforcement. As mentioned earlier, interviews with the RLSI Investigator and RCTC Executive Director verified that there is solid and fluid communication between the two parties. The auditor is confident that the RCTC Executive Director will request relevant information from the RLSI sexual abuse investigation to inform the youth of the outcome.

c) The RCTC PREA Policy and Procedures provides specific information that mirrors

this PREA provision. The policy explains, “Following a resident’s substantiated allegation of sexual abuse by a staff member, RCTC shall inform the resident whenever:

- The staff member is no longer posted within the resident’s unit;
- The staff member is no longer employed at the facility;
- RCTC learns that the staff member has been indicted on a charge related to sexual abuse within the facility
- RCTC learns that the staff member has been convicted on a charge related to sexual abuse within the facility.”

As mentioned, there is a need to tighten the youth notification process (see other provisions in this standard). That said, the auditor is finding the program in compliance with this provision based on the open communication that exists between RLSI and the RCTC Executive Director. The auditor believes that if the youth were still in the program, they would be notified of the sexual abuse investigation outcome. Again, the auditor emphasizes the need to implement the other corrective actions detailed in this standard. An interview with facility leaders and the RLSI Investigator confirmed there is open and direct communication between the two parties.

d) The language in the RCTC PREA Policy and Procedures also mirrors this federal PREA standards provision. More specifically, the policy puts forth, “Following a resident’s substantiated allegation that he or she has been sexually abused by another resident, RCTC shall subsequently inform the alleged victim whenever:

- RCTC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- RCTC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.”

Similar to the previous provision, there exists a need to strengthen the youth notification process. That said, the auditor is finding the program in compliance with this provision based on the open communication that exists between RLSI and the RCTC Executive Director. The auditor believes that if the youth were still in the program, they would be notified of the sexual abuse investigation outcome. Again, the auditor emphasizes the need to implement the other corrective actions detailed in this standard.

e) PREA Standard 115.373 (e) requires youth to be notified of the outcome of a sexual abuse investigation and that “all such notifications or attempted notification shall be documented.” In support of this provision, the RCTC PREA Policy and Procedures directs that youth notifications regarding the outcome of an investigation be documented by the Clinical Coordinator in the youth’s clinical file. Additionally, as part of the State of VT DCF process, the RLSI investigator sends a formal letter to the parent/legal guardian informing them of the outcome of the sexual abuse investigation. There appears to be some gaps in the youth notification

process for youth still residing in the RCTC program. The program will need to implement the corrective actions below to achieve compliance with this provision.

Corrective Actions

- The program is required to consider creating a post-incident notification form (related to other PREA standards) that the Clinical Coordinator would review with the youth. The youth could sign and date the form verifying they received the information. This would serve as an additional layer of evidence for the program's youth notification process if fully in place. It would also make tracking these notifications easier for the RCTC Executive Director, who is responsible for ensuring the proper notifications are made (as per the RCTC PREA Policy and Procedures).
- RCTC must formally inform the Executive Director, Clinical Coordinator, HR Coordinator, and Shift Supervisors about this practice and their responsibilities related to this notification process. The program will submit training records to verify all required parties have been trained/informed.

f) PREA standards uphold that if a youth leaves the agency's custody (DCF) the obligation to inform youth of the outcome of the investigation ceases to exist. An interview with the RLSI Investigator verified that they always send a letter to the parents unless the youth is 18 years old. If a youth leaves the RCTC program, RLSI would likely still send a notification letter to the parent, although they are not required.

CAP Update

During the corrective action period, the Auditor and select RCTC Managers (i.e., Executive Director, HR Coordinator, etc.) met with the RLSI Investigator assigned to the Red Clover Treatment Center (RCTC). During this time, the participants discussed the existing process for RLSI sending a notification letter to the legal guardian or parent informing them of the outcome of the investigation. The discussion included how to ensure the youth were informed if they were still residing at RCTC. As a result, the RCTC created a "Student Notification of Investigation Outcome – Sign-Off Sheet" to ensure documentation of the required notification. The form includes the outcome of the investigation, a statement acknowledging the youth has been informed, youth and staff signatures, and the date this information was provided.

To further ensure the appropriate notifications are made, the program has included notifications (staff initials and date) on the newly developed Sexual Abuse Investigation Checklist. The auditor applauds the program for implementing quality control to ensure the program remains in compliance with the PREA standards.

Follow-up interviews with facility managers verified that the program is aware of the notification process. The auditor has enough evidence to conclude the program is now in compliance with this standard.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • 3 Vermont Statue Annotated (V.S.A), 128 “Disciplinary action to be reported to the Office” • State of VT RLSI regulations • RCTC PREA Policies and Procedures • Sentinel Red Clover Treatment Center Employee Handbook • Staff PREA Training Slide Deck • Interview with RCTC Executive Director • Interview with Human Resources Coordinator • Interview with RLSI Investigator • Interviews with Shift Supervisors • Interviews with Youth Counselors a) The RCTC has at least three methods in which information regarding the consequences for violating company policies is conveyed to staff. The PREA Policy and Procedures states, “staff shall be subject to RCTC’s progressive disciplinary process and sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.” In support of this provision, the Sentinel Red Clover Treatment Center Employee Handbook also provides PREA-related information, including making clear that any violations of the facility’s zero-tolerance policy will result in termination. Interviews with the HR Coordinator and Executive Director confirmed that this is indeed the practice. Shift Supervisors and Youth Counselors interviewed all reported that the RCTC has a strict Zero Tolerance policy regarding sexual abuse, sexual harassment, and retaliation. If a staff member violates this policy, they would be immediately terminated. In further support of this policy, Vermont state statute requires disciplinary actions related to staff to be reported to the State within 10 days. More specifically, the VT State Statute 3 (V.S.A), 128 “Disciplinary action to be reported to the Office” requires licensed agencies to report disciplinary actions related to staff. Specifically, the statute dictates, “(1) Any hospital, clinic, community mental health center, or other health care institution in which a licensee performs professional services shall report to the Office, along with supporting information and evidence, any disciplinary action taken by it or its staff that limits or conditions the licensee's privilege to practice or leads to suspension or expulsion from the institution. (2) The report shall be made within 10 days of the date the disciplinary action was taken, regardless of whether the action is the subject of a pending appeal, and in the case of a licensee who is employed by, or under contract with, a community mental

	health center, a copy of the report shall also be sent to the Commissioners of Mental Health and of Disabilities, Aging, and Independent Living." The VSA clearly states that the misconduct or allegations of misconduct that resulted in "an unexpected adverse outcome in the care or treatment of a patient" must be reported "(b) Within 30 days of any judgment or settlements involving a claim of professional negligence by a licensee, any insurer of the licensee shall report such information to the Office, regardless of whether the action is the subject of a pending appeal." b) To date, the RCTC program has not had any staff member alleged to have sexually abused or sexually harassed youth in the program. Interviews with facility leaders, managers, and the RLSI Investigator confirmed that termination is presumptive when disciplining a staff member who has engaged in sexual abuse. An interview with RCTC Human Resources Coordinator confirmed that any staff member alleged to have sexually abused a youth would be placed on administrative leave immediately. If, at the conclusion of an investigation, the allegation was substantiated, the staff member would be immediately terminated. The AHS RLSI Investigator and RCTC Executive Director verified that this process is in place. This information is also conveyed in the Sentinel Red Clover Treatment Center Employee Handbook. Interviews with Shift Supervisors and Youth Counselors confirmed their understanding that termination would result from a violation of the RCTC zero-tolerance policy. c) An interview with the RCTC HR Coordinator verified that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment are commensurate with the circumstances of the acts committed. Although the RCTC has not had an allegation of sexual abuse to date, the HR Coordinator explained that staff who are alleged to have sexually abused youth would be immediately escorted off the premises. If an investigation finds the sexual abuse allegation substantiated, the staff member would be immediately terminated. They would not be eligible for rehire at the Red Clover program. d) VT State Statute 3 (V.S.A), 128 "Disciplinary action to be reported to the Office" requires licensed agencies to report disciplinary actions related to staff. As a licensed community residential care program, the RCTC is governed by the State of VT statute and is therefore required to report terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated, to all licensing boards. The RCTC PREA Policy and Procedures puts forth, "All terminations for violations of the PREA policy and resignations by staff who would have been terminated for violation of the PREA Policy if not for their resignation, shall be reported to law enforcement agencies and licensing bodies. The RCTC Executive Director is responsible for making the required notifications and for ensuring information is documented in the former employee's HR file (to include dates and times of the report and investigation conclusion) unless the activity was clearly not criminal." In further support of this provision, the State of Vermont DCF Policy 241 requires RLSI to notify any licensing bodies of substantiated allegations of sexual abuse

	when staff, contractors, or volunteers are alleged perpetrators. Additionally, the VT State Statute 3 (V.S.A), 128 “Disciplinary action to be reported to the Office” requires licensed agencies to report disciplinary actions related to staff. As a licensed community residential care program, the RCTC is governed by the State of VT statute and is therefore required to report terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated, to all licensing boards. An interview with the RLSI Investigator clarified that although the statute refers specifically to “staff,” RLSI would still make the appropriate notifications for staff, contractors, volunteers, and interns. Although there have not been any allegations of sexual abuse since the RCTC opened 12 months ago, information gathered during interviews supports evidence for compliance with this provision. Both the RLSI Investigator and the RCTC Executive Director verified in their interviews that this information must be reported to law enforcement and licensing bodies. Both parties stated that they are required to make these notifications. If a situation warrants this response, RLSI and the RCTC Executive Director would likely coordinate with one another to determine who should make the notification to the licensing bodies and law enforcement. In further support of these responsibilities, the State of Vermont DCF Policy 241 requires RLSI to notify any licensing bodies of substantiated allegations of sexual abuse when staff are alleged perpetrators. The State of Vermont Policy 241 holds the VT DCF responsible for ensuring this notification is made. The policy states, “In alignment with PREA regulation 28 CRF § 115.376, RTP directors or designees are responsible for employer mandatory reporting to the Office of Professional Regulation as required by 3 V.S.A. § 128. RTP directors are permitted to share RLSI’s letter/notice about the substantiation with the Office of Professional Regulation or the Vermont Board of Medical Practices.” Review of all evidence allows the auditor to conclude the program is in compliance with this provision.

115.377	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Vermont Statue Annotated (V.S.A), 128 Disciplinary action to be reported to the Office • RCTC PREA Policies and Procedures • Interview with Executive Director/Agency PREA Coordinator • Interview with Human Resources Coordinator

	a) The Red Clover Treatment Center (RCTC) does not currently have contractors, volunteers, or interns who interact directly with youth. The program does have contracted custodial staff, but the youth do not interact with the individual other than to exchange greetings. The RCTC PREA policy upholds that “Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The RCTC Executive Director is responsible for the required notifications put forth in this provision and for ensuring information is documented in the former employee’s HR file (to include dates and times of the report and investigation conclusion).” In further support of this provision, the State of Vermont DCF Policy 241 requires RLSI to notify any licensing bodies of substantiated allegations of sexual abuse when staff, contractors, or volunteers are alleged perpetrators. Additionally, the VT State Statute 3 (V.S.A), 128 “Disciplinary action to be reported to the Office” requires licensed agencies to report disciplinary actions related to staff. As a licensed community residential care program, the RCTC is governed by the State of VT statute and is therefore required to report terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated, to all licensing boards. An interview with the RLSI Investigator clarified that although the statute refers specifically to “staff,” RLSI would still make the appropriate notifications for contractors, volunteers, or interns. In addition, the RCTC document titled, “A Guide to Professional Boundaries and the Prevention and Reporting of Sexual Abuse For Interns, Contractors, Vendors, and Volunteers: Professional Boundaries & PREA: What you Need to Know” informs ICVVs of the disciplinary sanctions that will result if they fail to report a boundary violations (of self, youth, staff, or other ICVVs). More specifically, the document states, “ICVVs are required to promptly notify their supervisor if they suspect an ICVV is engaging in inappropriate conduct that violates this policy or procedure. If an ICVV fails to report such an occurrence, they may be subject to discipline, including potential termination for failure to report an incident that threatens ICVV or youth's safety.” Interviews with HR staff, the RCTC Executive Director, Sentinel agency leaders, and the DCF RLSI Investigator verified this practice is fully embedded in agency and program operations. To date, there have been no volunteers, interns, or contractors working at the RCTC who have violated these policies. b) Interviews with facility leaders and managers verified that if a contractor, volunteer, or intern violated policies related to sexual abuse or sexual harassment, they would be immediately terminated. An interview with the HR Coordinator verified these individuals would be treated in the same fashion as staff who violate these policies. If an allegation is made, the alleged perpetrator would be immediately escorted out of the building. They would not be able to return to the facility until the investigation was completed (and the allegation was unfounded). This provision is further supported by the RCTC PREA Policy and Procedures, which

	states, “The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.” Review of all evidence allows the auditor to conclude the program complies with this PREA standard.

115.378	**Interventions and disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • RCTC PREA Policies and Procedures • The Red Clover Student and Family Handbook 2025-2026 • Interview with Executive Director • Interview with Clinical Coordinator • Interviews with Shift Supervisors • Interviews with Youth Counselors • Interview with RLSI Investigator • Interviews with Youth a) The RCTC PREA Policies and Procedures document explains that all sexual activity between residents is prohibited and that residents may receive discipline for participating in these activities. Specifically, the policy states, “A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.” Interviews with facility leaders and managers verified that if a youth were substantiated on a sexual abuse allegation, they (as well as the alleged victim) would be placed on 1:1 immediately following the allegation. Upon conclusion of the investigation, a substantiated report of sexual abuse would likely result in a youth being transferred to a different program, and the perpetrator would be charged with additional crimes. While not required, the program is encouraged to make it more straightforward in the Youth and Family Handbook 2025-2026 that the consequences for sexual abuse will be program transfer and possible criminal charges. b) The RCTC PREA Policies and Procedures states, “Isolation will not be used as a form of disciplinary action, as isolation at the RCTC program is reserved only for the preservation of the safety of students and faculty. If isolation is deemed necessary, RCTC ensures that youth receive access to daily large-muscle exercises, education, and other critical programming (in addition to receiving daily visits from medical and/or mental health staff).” This same policy also declares, “Isolation will not be

	used as a form of disciplinary action, as isolation at the RCTC program is reserved only for the preservation of safety of students and faculty. If isolation is deemed necessary, RCTC ensures that youth receive access to daily large-muscle exercises, education, and other critical programming (in addition to receiving daily visits from medical and/or mental health staff).” Interviews with facility leaders and managers verified that the disciplinary sanctions for sexual abuse or assault are commensurate with the nature and circumstances of the abuse committed and other elements put forth in this PREA standard. Staff and youth interviews confirmed that the RCTC does not use isolation as a disciplinary sanction. In fact, youth are only “isolated” in their bedrooms for short periods of time (less than a couple of hours) and only as long as they need to “cool down” or emotionally regulate. Youth are expected to participate in education, programming, and daily exercise once they have successfully regulated. If a youth is having a difficult time, the program’s response includes calling the Clinical Coordinator to help de-escalate the situation. Youth interviews confirmed that the program does not use isolation as punishment, but instead would only be in their rooms for short periods of time to regulate their emotions. The program complies with this provision. c) The RCTC Policy and Procedures states, “RCTC will involve mental health clinicians and other professional staff as necessary to ensure that a youth’s mental illness or disability contributed to his/her behavior.” Interviews with facility leaders and the Clinical Coordinator verified that the program makes significant efforts to ensure youth who have mental health issues understand directives and processes that impact them. All staff interviewed reported that the sanctions given are as minimal as possible to regulate the behavior. Interviews with the Clinical Coordinator, the Executive Director, and Shift Supervisors confirmed that the program considers a resident’s mental health and disabilities when determining the type of sanctions youth receive. The auditor is confident that the program considers individual characteristics when determining the type of sanctions provided. d) The RCTC PREA Policies and Procedures states, “Sexual abuse and sexual harassment by a resident will be viewed as a lapse in treatment. The program ensures that youth who sexually abuse or sexually harass others will meet with a mental health clinician to identify root causes and employ interventions to address these causes (e.g., additional individual counseling sessions or groups).” Interviews with the Executive Director and the Clinical Coordinator verified that youth who are substantiated on an allegation of sexual abuse would most likely be transferred to another program that can better address the youth’s full array of treatment needs. e) The RCTC PREA Policies and Procedures clearly states, “RCTC prohibits all sexual activity between residents and may discipline residents for such activity. However, such activity does not constitute sexual abuse if it is determined that the activity is not coerced. Sexual abuse and sexual harassment by a resident will be viewed as a lapse in treatment. The program ensures that youth who sexually abuse or sexually harass others will meet with a mental health clinician to identify root causes and employ interventions to address these causes (e.g., additional individual

	counseling sessions or groups).” Interviews verified that staff understand this expectation. f) The RCTC PREA Policy and Procedures states, “For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.” Interviews with facility leaders, managers, staff, and the RLSI Investigator verified that there have been no allegations of sexual abuse at the Red Clover program since it opened 12 months ago. That said, all reported that the program does not punish youth if the grievance is made in “good faith.” In further support of this, the RCTC has a three-page document titled, “Preventing and Reporting Sexual Abuse and Harassment Notifying Students of PREA Rights During Intake and Orientation: Guidance for Faculty” that provides the Clinical Coordinator clear guidance on topics to cover during intake as it relates to PREA. Specifically, the information provided to youth includes information about consequences for making a false report. The document states, “Staff members take reports of sexual abuse, and sexual harassment very seriously. If you choose to make a false report of sexual abuse, or sexual harassment against anyone, it will be discovered. Anyone making a false report will be held accountable. This includes loss of incentives /privileges and possible criminal charges.” Both youth interviewed confirmed that they are allowed to report abuse and that there would be consequences for lying (i.e., “getting kicked out of the program”). g) As previously mentioned, the RCTC policies and procedures direct that all sexual activity between residents is prohibited. Interviews with facility leaders and managers confirmed that sexual activity between residents would not be considered sexual abuse, unless the evidence confirmed that the activity was coerced. Review of all evidence allows the auditor to conclude the program is in compliance with this PREA standard.

115.381	**Medical and mental health screenings; history of sexual abuse**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • RCTC PREA Policies and Procedures • Completed RCTC Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Violent Behavior • Interview with Clinical Coordinator

- Interview with Executive Director
- Site visit observations
- CAP: Revised vulnerability assessment tool
- CAP: Review of completed vulnerability tools (N=7)
- CAP: Vulnerability assessment tool user manual
- CAP: Follow-up interviews with facility leaders and managers

Provisions (a) and (b)

The RCTC PREA Policies and Procedures provides the following language to support provisions (a) and (b) of this standard. The document declares: “If the Sexual Abuse Vulnerability Survey pursuant to §115.341 indicates that a resident has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the Clinical Coordinator shall inform the Executive Director, document the finding in Extended Reach, and ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The referral will be made by the Executive Director or designee by phone and/or follow-up email. The Executive Director will ensure that all communications are documented and filed either in Extended Reach if digital or hard copy in the child’s clinical file.”

The Executive Director and the Clinical Coordinator both reported that the Clinical Coordinator would follow up with all youth who were involved with a PREA-related allegation. Currently, the Clinical Coordinator meets with youth a minimum of once per week (formally) and on a more informal basis, daily.

The auditor reviewed clinical files for all youth currently residing in the program (N=2) and a sample of youth discharged from the program within the past 12 months (N=8). Youth interviews verified that youth see and talk with the Clinical Coordinator at the very least, once a week. However, while it is the auditor’s understanding that the Clinical Coordinator meets with the youth shortly after arriving (following the completion of the vulnerability assessment), there is a need to improve documentation of these initial sessions. Provisions (a) and (b) in this standard require youth who have experienced prior sexual victimization or previously perpetrated sexual abuse to be referred to a mental health professional within 14 days of the disclosure. File review indicated that 30% (three out of ten files) of vulnerability assessments indicated prior sexual victimization or prior sexual perpetration. Still, records did not indicate there was a follow-up with the youth within 14 days. There is a need to reinforce and formalize the practice of documenting the follow-up for youth who disclose sexual perpetration or sexual victimization at intake within the 14-day timeline. The program’s policy states that the Clinical Coordinator will report this information in the youth’s case file. However, the Clinical Coordinator has not yet fully implemented this practice (i.e., making sure the follow-up is clearly documented in the clinical notes.

RCTC is required to set clear expectations and tighten the existing process for documenting the follow-up session for youth who disclose prior sexual victimization

or perpetration (within 14 days of disclosure at intake).

Corrective Actions (a) and (b)

- The program is required to formally train all individuals conducting the vulnerability risk assessment at intake of the federal requirement to document referrals to clinical staff (within 14 days of a youth's disclosure of prior sexual abuse and/or sexual victimization). The program must clearly communicate the PREA standard requirements and how/where/when the referral will be documented by the Clinical Coordinator.
- The program is required to submit signed training records (with a description of the training) for those staff who are impacted by this standard.
- The program is required to send the auditor documentation of referrals for youth who disclose previous sexual victimization or sexual perpetration during intake, for all youth admitted to the program during the corrective action period.
- The program will be required to review the existing PREA policy to reflect any additional nuances that are important to highlight in policy/procedures.

a) The RCTC PREA Policy and Procedures explains, "Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Such documentation will be filed in the youth's clinical file, secured and locked in a file cabinet in the Clinical Coordinators' office (double locked)." Interviews with the Executive Director and Clinical Coordinator both confirmed that the completed assessments are stored securely in the Clinical Coordinator's office. During the onsite visit, the auditor observed the Clinical Coordinator's office, which has secure cabinets, to which only the Clinical Coordinator and Executive Director have access.

b) The RCTC PREA Policy and Procedures states, "Medical and mental health practitioners shall 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." All residents in the RCTC program are under the age of 18. That said, an interview with the Clinical Coordinator confirmed that if the individual was 18 or older, then she would have to get permission to report the abuse, unless it occurred in a secure facility (i.e., in these circumstances the facility would have to adhere to the State of Vermont regulations and PREA regulations for various notifications).

CAP Update

As previously mentioned, during the corrective action period, the program made significant improvements to the RCTC Vulnerability Assessment Tool and also developed an accompanying User Manual. These documents were reviewed and approved by the auditor. During the CAP, the program submitted training records for

	staff who conduct the vulnerability assessments and back-up managers (i.e., Nurse, Clinical Coordinator, Executive Director, etc.) on the revised tool and scoring process. Additionally, follow-up interviews with five RCTC managers verified they understand the requirement and the process for ensuring youth are referred to a mental health professional within 14 days (if there is a disclosure of previously sexual abuse or sexual victimization at intake).

115.382	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • RCTC PREA Policies and Procedures • Executed MOU with Mosaic VT (5/09/2025) • Staff PREA training slide deck • RCTC Sexual Abuse Initial Incident Response Checklist • University of Vermont Medical Center - Adolescent and Adult Sexual Assault Nurse Examiner (S.A.N.E.) and Forensic Nurse Examiner Guidelines • Interviews with Shift Supervisors • Interviews with Clinical Coordinator • Interview with RCTC RN (nurse) • Interview with Youth Counselors • Interview with University of Vermont Medical Center (UVMC) SANE Coordinator • CAP: RCTC Sexual Abuse Initial Incident Checklist • CAP: Revised PREA policy • CAP: Staff PREA training materials • CAP: Staff training records a) The RCTC PREA Policies and Procedures states, “Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.” Interviews with the RCTC RN and the Clinical Coordinator verified that the RCTC has a practice in place that ensures sexual abuse victims are provided with timely emergency medical treatment. All RCTC interviewees confirmed that RCTC does not physically exam residents who allege sexual abuse at the RCTC. If a youth alleges they have been sexually abused, they would be transported to the local hospital for a formal SANE exam. The auditor is confident that the facility ensures youth medical needs are met and emergencies are treated immediately.

b) Review of the staff PREA training materials verified that Youth Counselors and Shift Supervisors have been trained on first responder steps. This PREA provision requires staff first responders to immediately separate the victim and perpetrator and ensure all youth are safe. A review of the staff PREA training slide deck verified that the first responder duties are outlined in the training. As previously mentioned, although there is a need to firm up the coordinated response plan and staff's understanding of the steps (Standard 115.365), but most staff were reported that the first step in the process is to alert their Supervisor. Some staff mentioned contacting the nurse or RCTC Clinical Coordinator, but most did not list this as a step in the process. The program will be required to provide additional communication and training and update its policies and training materials to ensure that contacting the mental health professional, the nurse, and the community advocates is part of the response plan. In addition, the program will be required to update its Sexual Abuse Initial Incident Checklist to include contacting the nurse, Clinical Coordinator, and community advocates if there is an allegation of sexual abuse.

Corrective Actions

- The program is required to update the training slide deck, the RCTC Sexual Abuse Initial Incident Checklist, and the PREA Policy and Procedures (as appropriate) to ensure the coordinated response includes contacting the nurse, Clinical Coordinator, and community advocates. These revisions must be submitted to the auditor for review and feedback.
- The program must train all staff (including direct care staff, Clinical Coordinator, Nurse, Shift Supervisors, etc.) on this practice of immediately notifying the nurse and Clinical Coordinator in the event of an allegation of sexual abuse (so that emergency medical treatment and crisis intervention services may be provided as early as possible). RCTC will submit evidence that staff have been informed and understand their role in the coordinated response process.

c) The RCTC PREA Policies and Procedures uphold, "Resident victims of sexual abuse while incarcerated shall be 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." As mentioned previously, the RCTC would transport sexual abuse victims to the University of Vermont Medical Center (UVMC) for a SANE exam. A review of the hospital's website verified that all victims are offered sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care as part of the hospital's policy. An interview with the UVMC SANE Coordinator verified this practice. Additionally, interviews with RCTC leaders confirmed they understand the coordinated response including offering the victim a medical examination and counseling services.

The RCTC PREA Policy and Procedures states, "Should the youth not want to go to the hospital for SANE evaluation, RCTC shall work in conjunction with VT DCF and/or DOJ to find alternative treatment options (i.e. a contracted medical practitioner to

	visit the program to complete the evaluations).” The auditor applauds the program for having a backup plan for youth who may resist going to the hospital. This practice ensures that youth are offered every opportunity to receive STG testing and prophylaxis and emergency contraception as needed. As previously mentioned, RCTC also has a fully executed MOU with Mosaic Vermont. This MOU states they will provide emotional support services to RCTCe youth as needed. In addition, the UVMC policy clearly states the hospital follows the protocols put forth by the US Department of Justice National Protocol for Sexual Assault Medical Forensic Exams. Part of this process involves offering the youth a victim advocate once they arrive at the hospital. In addition, SANE exams are provided at no cost to the victim. An interview with the UVMC SANE Coordinator and review of the UVMC’s SANE policy provides sufficient evidence with provisions of this standard. d) The RCTC PREA Policies and Procedures explains, “The RCTC Nurse will coordinate medical care in such events and is on-call after hours. Treatment services shall be 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. Financial costs shall be either covered through the youth’s insurance, DCF, DOJ, or by the RCTC.” Interviews with facility leaders confirmed that youth victims would not be responsible for paying for the SANE exam or any other medical needs arising from a sexual abuse allegation. Additionally, youth are not required to name the abuser to receive related medical and emotional support services. **CAP Update** During the corrective action period, the program enhanced the RCTC Sexual Abuse Initial Incident Checklist, the PREA policy, and staff PREA training materials (i.e., PowerPoint slide deck) to include additional information and guidance for staff. More specifically, as it relates to this provision, the program added several new slides to include more specific steps for responding to an allegation of sexual abuse (consistent with the revised first responder checklist) and offering the youth victim a call with Mosaic Vermont (victim advocates). The auditor reviewed the training description as well as training attestation forms, which included the RCTC nurse and Clinical Coordinator. Follow-up interviews with these individuals allow the auditor to conclude that this new practice is understood and has been formally implemented. The auditor confidently concludes the program is now in compliance with this standard.

115.383	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidenced Used in Compliance Determination:

- RCTC PREA Policies and Procedures
- Interview with Executive Director
- Interview with Clinical Coordinator
- Interviews with Shift Supervisors

a) The RCTC PREA policy states, “The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims will 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.” Interviews confirmed that in the event a youth has been sexually abused, the youth would be transported to the local hospital to be examined by a SANE. As part of this process the youth would be offered Sexually Transmitted Disease (STD) testing and other tests consistent with DOJ expectations.

The RCTC PREA Policy and Procedures also describes “RCTC will work in conjunction with VT DCF and/or DOJ to determine the level of expertise needed, given the extent of the situation, if program Mental Health and Medical practitioners are qualified and capable to complete necessary evaluation or if outside professionals will need to be contracted. Interviews revealed that there is a need to reinforce this expectation to ensure sexual abuse victims receive a formal mental health evaluation shortly after the allegation is made.

Corrective Actions

- The program is required to ensure the Clinical Coordinator, Nurse, and other key staff (i.e., Executive Director, Shift Supervisors, etc.) understand the PREA requirement that victims of sexual abuse must be formally evaluated following an incident. The program will be required to submit evidence that this practice is fully in place (i.e., who will document that the referral for the evaluation has been made? Where will it be documented?) and that all appropriate staff have been trained.

b) The RCTC PREA Policy and Procedures state, “The evaluation and treatment of such victims will 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.” As mentioned, sexual abuse victims would be transported to the local hospital for a SANE exam. Interviews with the RCTC Nurse and the Clinical Coordinator verified that the hospital would provide detailed instructions for follow-up services, treatment, and referral for continued care. Both individuals reported that they would ensure that these recommendations are implemented upon the youth’s return to the Red Clover

	program. c) Review of information gathered from the RCTC PREA Policy and Procedures and through staff interviews verified, allows the auditor to confidently conclude that the program would ensure the medical and mental health services provided are consistent with the level of care. The Clinical Coordinator reported that if the youth needed a formal psychological evaluation, the RCTC would ensure that this occurs. d) As stated previously in this report, the agency's PREA policy requires that treatment services be provided to youth at no cost. In the event a youth has been sexually abused, the youth would be transported to the local hospital to be examined by a SANE. As part of this process, the youth would be offered Sexually Transmitted Disease (STD) testing, pregnancy testing, and emergency contraception consistent with DOJ expectations. An interview with the UVM SANE Manager/ Coordinator verified that the hospital's SANE operating protocol includes these services. e) The University of Vermont Medical Center has a formal SANE program with certified SANE nurses. Interview with the SANE Manager/Coordinator and review of the UVMC policy verified that if pregnancy results from a sexual abuse incident, the youth would be provided with all lawful pregnancy-related medical services. f) As stated above, the UVMC has several certified SANEs who conduct forensic exams for sexual abuse and assault victims. The UVMC policy clearly states that youth are provided STI testing and treatment for all victims as deemed appropriate. An interview with the UVMC SANE Manager/Coordinator verified that this practice is firmly in place. g) As stated previously in this report, the facility's PREA policy requires that treatment services be provided to youth at no cost. In the event a youth has been sexually abused, the youth would be transported to the local hospital to be examined by a SANE. As part of this process, the youth would be offered Sexually Transmitted Disease (STD) testing and other tests consistent with DOJ expectations. The RCTC PREA Policy and Procedures declares, "Resident victims of sexual abuse while in the program shall be offered tests for sexually transmitted infections as medically appropriate, at no cost to the victim or the victim's legal guardian. These tests can be conducted through the program Nurse, using urinalysis, or the youth can be transported to local medical facilities for blood testing if needed." Interviews with the Executive Director and other program leaders verified that the youth would not pay for any medical or mental health assessments or treatment provided, resulting from an incident of sexual abuse. h) The RCTC PREA Policy and Procedures states, "The facility shall 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. The program Clinical Coordinator will complete Mental Health evaluations such as the CANS and/or CAFAS. Other evaluations such as a psych/social, neuro-psychological, etc. shall be ordered and contracted by either VT DCF and/or DOJ, in these cases an outside Psychologist will

	be needed.” Interviews revealed there is a need to communicate and reinforce the federal PREA expectation of completing a formal mental health evaluation within 60 days of the sexual abuse incident. **Corrective Actions**: • The program is required to ensure the Clinical Coordinator, Nurse, and other key staff (i.e., Executive Director, Shift Supervisors, etc.) understand the PREA requirement that perpetrators of resident-to-resident sexual abuse must be formally evaluated following an incident. The mental health evaluation of the perpetrator must be completed within 60 days of the sexual abuse incident. The program will be required to submit evidence that this practice is entirely in place (i.e., who will document that the referral for the evaluation has been made? Where will it be documented?) and that all appropriate staff have been trained. **CAP Update** During the corrective action period, the auditor reviewed the training description for the vulnerability assessment tool and completed staff training records for those individuals responsible for conducting these assessments. Follow-up interviews along with supporting documentation, confirm that the appropriate staff understand this PREA expectation. The auditor concludes the program is now in compliance with this standard.

115.386	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • RCTC PREA Policy and Procedures • State of VT DCF Policy 241 • RCTC 115.86 Sexual Abuse Incident Reviews Discussion Form • RCTC Sexual Abuse Initial Incident Response Checklist • Interview with Sentinel Director of Development • Interview with RLSI Investigator • Interview with Executive Director/Agency PREA Coordinator • Interview with DCF RLSI Investigator and member of the RCTC Incident Review Committee a) The RCTC has not had any allegations of sexual abuse since the program

opened approximately 12 months ago and therefore has not had to convene a sexual abuse review committee. However, the RCTC PREA Policy and Procedures directs, " The facility conducts 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."

It is important to note that since the State of Vermont RLSI only uses two categories for the outcome of an investigation (substantiated and unsubstantiated) they are required to conduct a formal Sexual Abuse Incident Review Committee for ALL allegations of sexual abuse. The program's PREA policy currently supports this expectation, since VT DCF does not use the category "unfounded." Interviews with facility leaders and the RLSI Investigator confirmed that the program is required to conduct a formal sexual abuse review committee on ALL allegations of sexual abuse (by Vermont standards, either Substantiated or Unsubstantiated).

b) The RCTC PREA Policy and Procedures require that all allegations of sexual abuse (except those that have been determined to be unfounded) will be reviewed by a formal committee made of upper-level managers and other RCTC staff. Interviews revealed that facility leaders are aware that this committee must convene within 30 days of the conclusion of the investigation. Additionally, the RLSI Investigator also knew that this formal 30-day review was required by federal PREA standards.

c) As previously stated, the RCTC PREA Policy and Procedures requires the Sexual Abuse Incident Review Committee to consist of "upper-level management officials, "including upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners." Additionally, this same policy specifies, "The review team shall: Be comprised of, at a minimum, Agency PREA Coordinator, Executive Director, Clinical Coordinator, and Program Nurse. All attempts will be made to have the lead investigator attend the incident review committee meeting."

In addition, the State of Vermont Policy 241 also states that RLSI investigators are required to participate in the sexual abuse incident review committee. Interviews with the Sentinel Director of Development and the RCTC Executive Director/Agency PREA Coordinator allow the auditor to conclude that the program would convene a Sexual Abuse Incident Review Committee shortly after the completion of a sexual abuse investigation. This committee would include the individuals outlined in their policy and put forth by the PREA standards.

d) The RCTC PREA Policy and Procedures outlines the expectations required by federal PREA standard. More specifically, the program policy states that RCTC will:

- "Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was

	motivated or otherwise caused by other group dynamics at the facility. • Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; • Assess the adequacy of staffing levels in that area during different shifts; • Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and • The Agency PREA Coordinator, in conjunction with the leadership team, will prepare a report of its findings and any recommendations for improvement and submit such report to the facility head and Agency PREA Coordinator. This report will be generated and stored as a Critical Incident Report in Extended Reach. This report will be sent to the Residential Licensing Special Investigations Unit by the Executive Director." Interviews with the RLSI Investigator and the RCTC Executive Director verified that this program policy is in place and that program leaders would ensure these topics were covered during the formal incident review of sexual abuse incidents. In further support of this provision, the RCTC has a form titled,, "RCTC 115.86 Sexual Abuse Incident Reviews Discussion Form" that includes each of the discussion areas required by PREA. More specifically, the form lists each of the items listed in the PREA standards (provisions (d) 1-6). The form requires the program to document the discussion related to each of the 6 requirements. Since the program has not had an allegation of sexual abuse the auditor could not confirm if this practice is in place. That said, interviews and program documents allow the auditor to confidently conclude there is a formal system in place to ensure this PREA standard provision is met. (e) The RCTC PREA Policy and Procedures states, "The facility shall implement the recommendations for improvement or shall document its reasons for not doing so. The Executive Director and Agency PREA Coordinator will be responsible for making sure measures are implemented and tracked, with the measures that have been implemented and those that have not. Documentation of the implementation plan progress shall be kept on electronic file." An interview with the Executive Director/ Agency PREA Coordinator verified that he would be responsible for ensuring that the recommendations from the Sexual Abuse Incident Review are implemented." Review of all information gathered allows the auditor to conclude RCTC is in compliance with this PREA standard.

115.387	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination:

- Future State of Vermont contract language for RCTC
- Interview with State of Vermont DCF Adolescent Services Director
- RCTC PREA Policy and Procedure
- Interview with RCTC Executive Director/Agency PREA Coordinator
- Interview with State of Vermont RLSI Investigator

a) The RCTC PREA Policy and Procedures clearly states, “RCTC Agency PREA Coordinator is responsible for collecting accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.” Interviews with the Executive Director/Agency PREA Coordinator verified that he is responsible for tracking all allegations of sexual abuse, sexual harassment, and retaliation. The program is strongly encouraged to create a tracking chart (for any allegations of sexual abuse, sexual harassment, and retaliation) to ensure all of the variables required in provision (c).

In further support of this provision an interview with the State of Vermont DCF Adolescent Services Director verified that DCF requires all contracted residential programs serving juvenile justice youth to provide these data. In fact, although not required, during the corrective action period, the State of Vermont drafted language to be included in future contracts with RCTC for the auditor. This language will be incorporated into the next contract cycle as it relates to this provision is: “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 Red Clover Treatment Center (RCTC). 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.”

The auditor was provided a contract for another VT juvenile residential program contracted through DCF that includes the language above, and therefore, the auditor is confident that RCTC will give these data to the State of VT upon request.

b) The RCTC PREA Policy and Procedures explicitly states that sexual abuse data will be aggregated annually. Interviews with the Executive Director/Agency PREA Coordinator verified that they will carefully track each incident using a tracking sheet (Excel) immediately following the incident. This practice will make aggregating data at the end of the year easier.

c) There have been no allegations of sexual abuse or sexual harassment in the past 12 months. However, the Executive Director/Agency PREA Coordinator was aware of the DOJ survey that must be submitted to the State of Vermont DCF upon request. The Agency PREA Coordinator is responsible for completing these tools and an interview with him verified he will ensure there is a mechanism in place to track the details of incidents. To support this provision, the RCTC PREA Policy and Procedures states, “The DOJ incident-based data collection form is completed for

	each allegation of sexual abuse. In addition, the RCTC completes the aggregate data form (DOJ form) on an annual basis." Interviews confirmed that the RCTC Agency PREA Coordinator will document the details of each incident on the Executive Director's/Agency PREA Coordinator's data collection spreadsheet. d) The RCTC PREA Policy and Procedures state, "RCTC shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. RCTC does not contract with any other programs/facilities for the confinement of youth. Therefore, external data will not be collected." An interview with the DCF RLSI Investigation confirmed that all information related to sexual abuse investigations are stored in the State's electronic investigation system, FSDNet. The RLSI Investigator reported that in addition to an investigation report, the database also houses other documents related to the investigation – i.e., incident-based documents, investigation files, final investigation report, and sexual incident reviews. e) As previously mentioned, the Sentinel agency or the RCTC program does not contract with other providers to house and treat youth. Therefore, this provision does not apply. That said, interviews with the Sentinel Director of Development confirmed that the RCTC program is required to furnish sexual abuse and sexual harassment data to the State of VT DCF. These data include both facility-specific data as well as aggregated data. The program has not had any allegations of sexual abuse and sexual harassment and has not yet been asked by the State to produce these data. f) The RCTC PREA Policy and Procedures states, "Upon request, RCTC shall provide all such data from the previous calendar year to the Department of Justice or VT DCF no later than June 30." Interviews with agency and facility leaders confirmed that the program would furnish the data as request by federal Department of Justice or the State of Vermont DCF. Review of all evidence allows the auditor to confidently conclude that the program is in compliance with this PREA provision.

115.388	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • RCTC PREA Policy and Procedures • Interview with Sentinel Director of Development • Interview with the Executive Director/Agency PREA Coordinator

	a) The RCTC PREA Policy and Procedures states, “RCTC shall review data collected and aggregated pursuant to § 115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: a) Identifying problem areas; b) Taking corrective action on an ongoing basis; c) Preparing an annual report of its findings and corrective actions for each facility and RCTC.” As previously stated, the program has not had allegations of sexual abuse, sexual harassment, or retaliation. Interviews with the Sentinel Director of Development and the RCTC Executive Director verified that they are aware of this reporting requirement. Both individuals reported they plan to draft the first annual PREA progress report no later than February 15, 2026. Persons interviewed described a draft structure for the report. b) Interviews with the Sentinel Director of Development and the RCTC Executive Director understood the annual reporting requirement and the key elements of the annual report, including comparison data from prior years, corrective actions taken, and an assessment of the agency’s progress in addressing sexual abuse. These testimonies are supported by the RCTC PREA Policy and Procedures which appoints the Executive Director responsible for drafting the report and ensuring the agency CEO reviews and signs the report before posting it on the agency’s website. Since the program will be entering into a corrective action period for other standards, the auditor requests that the draft annual progress report is submitted for review and feedback. This will serve as evidence that the program complies with the reporting provision. The program will submit the draft annual report to the auditor to ensure all federal requirements are addressed before finalizing the report (and posting to the agency website). c) The RCTC PREA Policy and Procedures states, “RCTC’s report shall be approved (as indicated by a signature and date) by the RCTC agency head (CEO) in January each year and made readily available to the public through its website annually by February 15th.” Agency and facility leadership both reported that the annual report will be posted on the facility website early next year (PREA Documents – Sentinel Group, LLC. This practice is supported by the facility’s PREA Policy and Procedures, which specifically assigns responsibility by declaring, “The RCTC Executive Director is responsible for ensuring compliance with the information content and posting on the website.” d) The RCTC PREA policy explains, “RCTC will redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.” Interviews with agency and facility leaders confirmed that they will redact any identifiable information that would present a safety and security threat to the facility. Review of all evidence allows the auditor to conclude the program complies with this PREA standard.

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • RCTC PREA Policy and Procedures • Interview with Executive Director/Agency PREA Coordinator • Interview with Sentinel Director of Development • Interview with HR Coordinator a) The RCTC PREA Policy and Procedures states, “RCTC shall ensure that data collected pursuant to § 115.387 are securely retained, in a locked location at the Chief Compliance Officer’s office.” Interviews with agency and facility leaders verified that data is secured in the agency’s electronic record system. Any hard files related to this data will be stored in the Sentinel agency’s COO’s office. b) The RCTC PREA Policy and Procedures explains, “RCTC shall make all of its aggregated sexual abuse data readily available to the public at least annually through its website. This is accomplished through posting the annual PREA progress report which includes prior years data.” As mentioned, the Sentinel Director of Development and RCTC leaders verified that they will make the annual data available through the annual report, which will be posted on the RCTC’s webpage by February 15, 2026, according to the RCTC PREA policy. The program, while in compliance, will be required to inform the auditor when this report has been posted to the agency website. c) The RCTC PREA Policy and Procedures declares, “Before making aggregated sexual abuse data publicly available, RCTC shall remove all personal identifiers.” All individuals interviewed verified that the program will remove all personal identifiers before making the data available to the public. d) The RCTC PREA Policy and Procedures uphold, “RCTC shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.” Agency and facility leaders reported that these data are stored in perpetuity in the agency’s electronic record system. The State of Vermont AHS maintains sexual abuse investigation reports in the electronic database FSDNet, and currently, there is no “expiration date” on accessing these records/reports. The facility and agency retain sexual abuse data consistent with PREA standards. Interviews and review of the website, policies, and completed data forms allows the auditor to conclude the RCTC complies with this standard.

115.401	Frequency and scope of audits

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This audit represents the first PREA audit for the Sentinel Group's Red Clover Treatment Center (RCTC) program. The Sentinel Group complies with Standard 115.401 (a) and (b), which requires agencies to ensure one-third of their facilities undergo an audit during each audit cycle. The audit was conducted consistently with Department of Justice PREA expectations. Some of the highlights demonstrating compliance in this area include conducting an extensive review of program materials, protocols, agency policies, staff records, youth files, various internal/external reports and licensing reports, and conducting a facility tour. The process also included interviews with several staff, contractors, and youth as well as a conversation with the local hospital's SANE Coordinator/Manager and community advocate. To the best of her knowledge, the auditor adhered to the expectations outlined in the most recent PREA Auditor Handbook Version 2.1 (November 2022) – i.e., sampling methods; not receiving financial compensation from Sentinel Group; and other provisions.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Since this is the RCTC's first PREA audit and therefore, the program does not yet have a formal audit report to post on its website. During interviews with the Director of Development as well as the RCTC Executive Director/Agency PREA Coordinator, the auditor confirmed their understanding that the final PREA audit report must be posted on the agency's Safe Environmental Standards website at: PREA Documents – Sentinel Group, LLC. The auditor determines RCTC complies with this standard.

Appendix: Provision Findings		
115.311 (a)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.311 (c)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
115.312 (a)	**Contracting with other entities for the confinement of residents**	
	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.)	na
115.312 (b)	**Contracting with other entities for the confinement of residents**	

	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".)	na
115.313 (a)	**Supervision and monitoring**	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	**Supervision and monitoring**	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	**Supervision and monitoring**	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	**Supervision and monitoring**	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	**Supervision and monitoring**	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes

115.315 (f)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	no
	This provision is no longer applicable to your compliance finding, please select N/A.	no
115.316 (a)	**Residents with disabilities and residents who are limited English proficient**	
	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
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective	yes

	communication with residents who are deaf or hard of hearing?	
	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
	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
	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
	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: Who are blind or have low vision?	yes
115.316 (b)	**Residents with disabilities and residents who are limited English proficient**	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	**Residents with disabilities and residents who are limited English proficient**	
	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
115.317 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual	yes

	abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	
	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
	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 bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	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
	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 two bullets immediately above?	yes
115.317 (b)	**Hiring and promotion decisions**	
	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
115.317 (c)	**Hiring and promotion decisions**	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry	yes

	maintained by the State or locality in which the employee would work?	
	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
115.317 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	**Hiring and promotion decisions**	
	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
115.317 (f)	**Hiring and promotion decisions**	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	**Hiring and promotion decisions**	

	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	**Hiring and promotion decisions**	
	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
115.318 (a)	**Upgrades to facilities and technologies**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.318 (b)	**Upgrades to facilities and technologies**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	**Evidence protocol and forensic medical examinations**	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
115.321	**Evidence protocol and forensic medical examinations**	

(b)		
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
115.321 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	no
115.321 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321	**Evidence protocol and forensic medical examinations**	

(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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	**Evidence protocol and forensic medical examinations**	
	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 is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	**Evidence protocol and forensic medical examinations**	
	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.)	na
115.322 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency have a policy 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

	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	**Employee training**	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	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
	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
	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes

	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	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
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	**Employee training**	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee’s facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	**Employee training**	
	Have all current employees who may have contact with residents received such training?	yes
	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
	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
115.331 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	**Volunteer and contractor training**	
	Has the agency ensured that all volunteers and contractors who	yes

	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?	
115.332 (b)	**Volunteer and contractor training**	
	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
115.332 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	**Resident education**	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	**Resident education**	
	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
	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
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through	yes

	video regarding: Agency policies and procedures for responding to such incidents?	
115.333 (c)	**Resident education**	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	**Resident education**	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	**Resident education**	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	**Resident education**	
	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
115.334 (a)	**Specialized training: Investigations**	
	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	na

	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).)	
115.334 (b)	**Specialized training: Investigations**	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.334 (c)	**Specialized training: Investigations**	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.335 (a)	**Specialized training: Medical and mental health care**	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and	yes

	mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	**Specialized training: Medical and mental health care**	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	
115.341 (a)	**Obtaining information from residents**	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	**Obtaining information from residents**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	**Obtaining information from residents**	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes

	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident’s own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	**Obtaining information from residents**	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident’s files?	yes
115.341 (e)	**Obtaining information from residents**	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents?	yes
115.342 (a)	**Placement of residents**	
	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
	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

	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
	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
	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
115.342 (b)	**Placement of residents**	
	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
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes

115.342 (d)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.342 (e)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.342 (f)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.342 (g)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.342 (h)	**Placement of residents**	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	**Placement of residents**	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351	**Resident reporting**	

(a)		
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	**Resident reporting**	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	**Resident reporting**	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	**Resident reporting**	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	**Exhaustion of administrative remedies**	
	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	yes

	standard.)	
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	**Exhaustion of administrative remedies**	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree 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
	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
	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
	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
115.352	**Exhaustion of administrative remedies**	

(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
	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
	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.)	no
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	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
	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
	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
115.352 (g)	**Exhaustion of administrative remedies**	
	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
115.353 (a)	**Resident access to outside confidential support services and legal representation**	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline	yes

	numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	**Resident access to outside confidential support services and legal representation**	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	**Resident access to outside confidential support services and legal representation**	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	**Resident access to outside confidential support services and legal representation**	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	**Third-party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.361 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	**Staff and agency reporting duties**	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	**Staff and agency reporting duties**	
	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
115.361 (d)	**Staff and agency reporting duties**	
	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
	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

115.361 (e)	**Staff and agency reporting duties**	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim’s parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim’s caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile’s attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	**Staff and agency reporting duties**	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators?	yes
115.362 (a)	**Agency protection duties**	
	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
115.363 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes

115.363 (b)	**Reporting to other confinement facilities**	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.364 (a)	**Staff first responder duties**	
	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
	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
	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
	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
115.364 (b)	**Staff first responder duties**	

	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
115.365 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	**Preservation of ability to protect residents from contact with abusers**	
	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
115.367 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	**Agency protection against retaliation**	
	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
115.367 (c)	**Agency protection against retaliation**	

	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
	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
	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
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	**Agency protection against retaliation**	

	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	**Agency protection against retaliation**	
	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
115.368 (a)	**Post-allegation protective custody**	
	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
115.371 (a)	**Criminal and administrative agency investigations**	
	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 does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	**Criminal and administrative agency investigations**	
	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
115.371 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.371 (d)	**Criminal and administrative agency investigations**	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	**Criminal and administrative agency investigations**	
	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
115.371 (f)	**Criminal and administrative agency investigations**	
	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
	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
115.371 (g)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.371 (h)	**Criminal and administrative agency investigations**	
	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
115.371 (i)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be	yes

	criminal referred for prosecution?	
115.371 (j)	**Criminal and administrative agency investigations**	
	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
115.371 (k)	**Criminal and administrative agency investigations**	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.371 (m)	**Criminal and administrative agency investigations**	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	**Evidentiary standard for administrative investigations**	
	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
115.373 (a)	**Reporting to residents**	
	Following an investigation into a resident’s allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	**Reporting to residents**	
	If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is	yes

	responsible for conducting administrative and criminal investigations.)	
115.373 (c)	**Reporting to residents**	
	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
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	**Reporting to residents**	
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	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	yes

	within the facility?	
115.373 (e)	**Reporting to residents**	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	**Disciplinary sanctions for staff**	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	**Disciplinary sanctions for staff**	
	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
115.376 (d)	**Disciplinary sanctions for staff**	
	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
	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
115.377 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	**Corrective action for contractors and volunteers**	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.378 (a)	**Interventions and disciplinary sanctions for residents**	
	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
115.378 (b)	**Interventions and disciplinary sanctions for residents**	
	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
	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
	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
	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
	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
115.378	**Interventions and disciplinary sanctions for residents**	

(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
115.378 (d)	**Interventions and disciplinary sanctions for residents**	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	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
115.378 (e)	**Interventions and disciplinary sanctions for residents**	
	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
115.378 (f)	**Interventions and disciplinary sanctions for residents**	
	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
115.378 (g)	**Interventions and disciplinary sanctions for residents**	
	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
115.381 (a)	**Medical and mental health screenings; history of sexual abuse**	
	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	yes

	the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	
115.381 (b)	**Medical and mental health screenings; history of sexual abuse**	
	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
115.381 (c)	**Medical and mental health screenings; history of sexual abuse**	
	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
115.381 (d)	**Medical and mental health screenings; history of sexual abuse**	
	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
115.382 (a)	**Access to emergency medical and mental health services**	
	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
115.382 (b)	**Access to emergency medical and mental health services**	
	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
	Do staff first responders immediately notify the appropriate	yes

	medical and mental health practitioners?	
115.382 (c)	**Access to emergency medical and mental health services**	
	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
115.382 (d)	**Access to emergency medical and mental health services**	
	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
115.383 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	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
115.383 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph §	yes

	115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	
115.383 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	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
115.383 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	**Sexual abuse incident reviews**	
	Does the review team: Consider whether the allegation or	yes

	investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	**Data collection**	
	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
115.387 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	**Data collection**	
	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

115.387 (d)	**Data collection**	
	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
115.387 (e)	**Data collection**	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	**Data collection**	
	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.)	na
115.388 (a)	**Data review for corrective action**	
	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
	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
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	**Data review for corrective action**	
	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	yes

	addressing sexual abuse?	
115.388 (c)	**Data review for corrective action**	
	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
115.388 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	**Data storage, publication, and destruction**	
	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
115.389 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	**Data storage, publication, and destruction**	
	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
115.401 (a)	**Frequency and scope of audits**	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once?	yes

	(Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	no
115.401 (h)	**Frequency and scope of audits**	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	**Frequency and scope of audits**	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	**Frequency and scope of audits**	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	**Frequency and scope of audits**	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or	na

	has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	