



EFFECTIVE SYSTEM
INNOVATIONS

June 28, 2023

Howard Center Transition House Program
39 Lincoln Street
Essex Junction, VT 0541

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

To Ms. Julia Sisson,

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

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

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

Sincerely,

Sharon Pette, MSC, GBSS
Department of Justice Certified PREA Auditor
Owner/Principal Consultant, ESI
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PREA Facility Audit Report: Final

Name of Facility: Howard Center Transition House

Facility Type: Juvenile

Date Interim Report Submitted: 03/24/2023

Date Final Report Submitted: 06/28/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Sharon Pette	Date of Signature: 06/28/ 2023

AUDITOR INFORMATION	
Auditor name:	Pette, Sharon
Email:	sharon@rapidesi.com
Start Date of On-Site Audit:	03/06/2023
End Date of On-Site Audit:	03/07/2023

FACILITY INFORMATION	
Facility name:	Howard Center Transition House
Facility physical address:	39 Lincoln Street, Essex Junction, Vermont - 05451
Facility mailing address:	

Primary Contact	
Name:	Maisha McCormick
Email Address:	mccormick@howardcenter.org
Telephone Number:	8024887004

Superintendent/Director/Administrator	
Name:	Maisha McCormick
Email Address:	mmccormick@howardcenter.org
Telephone Number:	802-343-6574

Facility PREA Compliance Manager

Facility Characteristics	
Designed facility capacity:	4
Current population of facility:	4
Average daily population for the past 12 months:	4
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	16-22
Facility security levels/resident custody levels:	Unlocked facility
Number of staff currently employed at the facility who may have contact with residents:	14
Number of individual contractors who have contact with residents, currently	0

authorized to enter the facility:	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Howard Center, Inc.
Governing authority or parent agency (if applicable):	State of Vermont
Physical Address:	208 Flynn Avenue, Suite 3J, Burlington, Vermont - 05401
Mailing Address:	
Telephone number:	8024886900

Agency Chief Executive Officer Information:	
Name:	Bob Bick
Email Address:	bobb@howardcenter.org
Telephone Number:	8024886125

Agency-Wide PREA Coordinator Information			
Name:	Dave Kronoff	Email Address:	davek@howardcenter.org

Facility AUDIT FINDINGS
Summary of Audit Findings
<p>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.</p> <p>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</p>

audited.

Number of standards exceeded:

3

- 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.331 - Employee training
- 115.332 - Volunteer and contractor training

Number of standards met:

40

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-03-06
2. End date of the onsite portion of the audit:	2023-03-07

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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Interviewed advocate from Hope Works Vermont

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:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> 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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	3
38. 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
39. 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
40. 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
41. 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
42. 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
43. 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

<p>44. 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:</p>	<p>0</p>
<p>45. 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:</p>	<p>0</p>
<p>46. 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:</p>	<p>2</p>
<p>47. 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:</p>	<p>0</p>
<p>48. 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):</p>	<p>On the first day of the onsite visit, there were four youth in the care of the Transition House. However, one youth had been hospitalized for psychiatric issues and was still in the hospital's care at the time of the onsite audit. Three of the current youth disclosed previous sexual abuse during the intake process. All youth reported they were heterosexual during the vulnerability risk screening conducted at intake. This information was verified during auditor interviews with youth. The Program Director and Clinician reported that no youth in the program had cognitive or physical disabilities.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. 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:</p>	<p>13</p>

50. 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
51. 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
52. 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:	The Transition House employs 10 full-time staff members to include: A Program Director/ Clinical Manager; one Case Manager; a Clinician; a Team Lead; six full-time Acute Residential Counselors; and three part-time/ substitute Acute Residential Counselors. At the time of the onsite review, the Transition House did not currently have contractors or volunteers working in the program.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	3
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>On the first day of the onsite visit, there were four youth in the care of the Transition House. However, one youth was hospitalized for psychiatric issues and was still in the hospital's care at the time of the onsite audit. All three program youth voluntarily agreed to be interviewed by the auditor. All youth identified as Caucasian.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:</p>	<p>There were only four youth in the program's care at the time of the onsite visit. However, one youth was in the hospital being treated for psychiatric issues. The auditor was able to interview all program youth (total of three individuals) while onsite.</p>
<p>57. 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):</p>	<p>There were only three youth at the program on the day of the onsite audit. The auditor interviewed all three youth.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>0</p>
<p>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".</p>	

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>During the interviews with youth, the auditor observed that there were no youth with physical disabilities.</p>
<p>61. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>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).</p>	<p>During youth interviews, all youth presented as articulate with at least an average Intelligence Quotient (IQ). The program did report that one youth had severe psychiatric symptoms, but the auditor was unable to interview him as he was currently hospitalized for his condition.</p>
<p>62. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>During youth interviews, the auditor confirmed that none of the youth were blind or had low vision.</p>
<p>63. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>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).</p>	<p>During youth interviews, the auditor confirmed that none of the youth were deaf or hard-of-hearing.</p>
<p>64. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>During youth interviews, the auditor confirmed that none of the youth were Limited English Proficient (LEP).</p>
<p>65. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>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).</p>	<p>During youth interviews, all program youth (total of three) reported they were heterosexual.</p>
<p>66. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>During youth interviews, all program youth (a total of three) reported they did not identify themselves as transgender or intersex.</p>
<p>67. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>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).</p>	<p>During youth interviews, all youth denied having to make a report of sexual abuse at the Transition House.</p>
<p>68. 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:</p>	<p>2</p>
<p>69. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>The use of isolation is prohibited at the Transition House. In addition, the physical layout of the home does not include an isolation room.</p>

<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The auditor interviewed all program youth who were physically residing in the home (total of three).</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>9</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The Transition House employs nine direct care/line staff (six full-time and three part-time substitutes). During the onsite audit, the auditor interviewed five of the six fulltime direct care/line staff. The sixth full-time staff member had not officially started working at the program yet and therefore, the auditor was unable to interview him. The auditor also interviewed one of the three part-time substitute. The other two substitutes declined to be interviewed.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>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.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>11</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. 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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	<p>The auditor conducted all requisite specialized staff interviews. There were no volunteers or contractors working in the program. A list of people interviewed is provided below:</p> <ul style="list-style-type: none"> • The Howard Center (HC) Chief Executive Officer (CEO)r • The HC Agency PREA Coordinator • The HC Chief Client Services Officer • The HC Director of Human Resources • The HC Manager of Employee and Labor Relations • The HC Director of Information Management and Compliance • The Transition House Program Director (who leads investigations for youth-to-youth sexual harassment allegations) • The Transition House Team Lead who also serves as the programs PREA Compliance Manager • The Transition House Case Manager • The Transition House Mental Health Clinician (full-time) • The State of Vermont Residential Licensing Special Investigations Unit (RLSI) Investigator assigned to the Transition House Program • Clinical Coordinator of the Forensic Nursing Program University of Vermont Medical Center (UVMCC) • Hope Works advocacy representative

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.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
85. 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>During the onsite review the auditor observed Zero Tolerance signs and reporting information on both floors of the house (i.e., downstairs by the PREA board and upstairs by the staff on shift whiteboard in the hallway). She also observed the locked grievance box. During the onsite visit the auditor tested to see how often the grievance box was checked by placing a note in the box. The PCM informed the auditor she had received the note and emailed the auditor in approximately 30 minutes of the auditor placing the note in the box. Other tests of critical functioning included the auditor asking the PCM to describe in detail how the PREA education is provided to youth at intake; the auditor asking the Clinician and Program Director to demonstrate and explain how the vulnerability risk assessment is completed; and the auditor testing the Centralized Intake phone number to make sure this avenue for making a report was in working order.</p>
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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.

<p>90. 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?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

During the onsite audit the auditor selected 16 of the 22 staff files to review. The sample included all current employees - 10 fulltime; three part-time; and three staff who left in 2022. Four of the individuals in the sample had been promoted within the past year. All files were reviewed for requisite criminal background (prior to hire and every five years) abuse registry checks (prior to hire and every five years; duty to disclose misconduct form (prior to hire and promotion and as part of a yearly performance review. The auditor also reviewed staff training records to ensure that they had completed the required PREA training upon hire and a minimum of every two years.

There were no volunteers or contractors currently working in the program or in the past three years and therefore, the auditor did not review any of these files.

While onsite the auditor also reviewed each supervisory rounds log (monthly) for the 12-month period of March 2022 through February 2023.

There were no allegations of sexual abuse in the past two years and therefore, the auditor did not review an investigation report.

However, the auditor has reviewed previous investigation reports from the investigation assigned to the Transition House and determined that investigations are comprehensive and timely. In previous audits the auditor determined Vermont DCF to be consistent with PREA standards.

As part of file review, the auditor reviewed PREA education records for all current program youth (N=4) and all youth discharged in the past 13 months (January 2022 - February 2023). The auditor also reviewed youth files to ensure the vulnerability assessments were completed within 72 hours of intake and that transgender or intersex youth were assessed a minimum of twice per year.

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.

92. 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

93. 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.

94. 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

95. 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.

96. 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

97. 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

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
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<p>a. Explain why you were unable to review any sexual abuse investigation files:</p>	<p>There have been no allegations of sexual abuse at the Transition House in the past 24 months. However, during the last PREA audit the auditor reviewed investigation files and reports completed by the RLSI Investigator assigned to the Transition House. At that time, the auditor determined the investigations conducted are thorough, objective, and timely.</p>
<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>

<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There have been no allegations of sexual harassment at the Transition House in the past 24 months. However, during the last PREA audit the auditor reviewed investigation files and reports completed by the RLSI Investigator assigned to the Transition House. At that time, the auditor determined the investigations conducted are thorough, objective, and timely.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. 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

116. 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

121. 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

Identify the entity by name:

State of Vermont DCF (they contract with the Howard Center)

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • 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	
<p>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.</p>	

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Agency Personnel Policies 237. Violence Prevention and Weapon-Free Workplace Policy • Agency Personnel Policies 218. Harassment • Agency’s Policy Prohibiting Physical, Emotional, and Sexual Abuse and Sexual Harassment of Clients in the Operations Manual • Agency’s Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual • Agency and facility organizational and charts showing Agency PREA Coordinator and Transition House PREA Compliance Manager • Transition House Policy on Professional Conduct • State of Vermont, DCF Licensing Regulations for Residential Treatment Programs (Standard 414) • PREA Compliance Manager job description

- Agency PREA Coordinator job description
- Agency PREA Coordinator is listed on the Howard Center Safe Environment Standards webpage
- Interview with Facility PREA Compliance Manager
- Interview with Transition House Program Director
- Interview with Agency PREA Coordinator
- Facility Audit Tour

The Howard Center has several agency policies that set forth clear expectations regarding zero tolerance for all forms of sexual abuse and sexual harassment. The agency's Policy 237 titled, "Violence Prevention and Weapon-Free Workplace Policy" clearly states, "*Howard Center has adopted a zero-tolerance policy toward workplace violence.*" The policy defines harassment as "*...any act or gesture intended to harass or intimidate another person, any act or gesture likely to damage personal or agency property, or any act or gesture likely to leave another person injured or fearing injury. This may include oral or written statements, gestures, or expressions that communicate a direct or indirect threat of physical harm to person or property.*" The agency's policy, "Policies and Protocols Addressing the Prison Rape Elimination Act (PREA)" provides specific definitions for resident-on-resident sexual abuse, sexual contact, sexually abusive penetration and sexual harassment. This PREA policy also provides definitions for staff, contractor, and/or volunteer abuse and harassment against youth that is consistent with PREA standards. Interviews with the Howard Center CEO, the Agency PREA Coordinator, Transition House Program Director, direct care staff, and other agency and facility leaders provided evidence that all staff understand the zero-tolerance policy; that they are all mandatory reporters; know how to report abuse; and take youth and staff safety seriously.

Similar information is also described in the Howard Center Policy 218 "Harassment" which states, "*All persons associated with the Agency including, but not limited to, the Board of Trustees, the administration, the employees, volunteers and interns are expected to conduct themselves at all times to provide an atmosphere free from harassment and to refrain from engaging in prohibited harassment. Any such person who engages in any form of harassment during or after work hours on or off Agency premises, while connected in any way with the Agency, will be in violation of the policy and will be subject to appropriate discipline up to and including dismissal if warranted.*"

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

during the facility tour includes a zero-tolerance bulletin board, the youth handbook, and youth testimonials.

The Howard Center philosophy and commitment to zero tolerance is further supported by state regulations. The State of Vermont AHS Residential Licensing and Special Investigations Unit (RLSIU) is responsible for licensing all community residential facilities 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 to the program and must include “...*child/youth grievance process...policies regarding zero-tolerance for sexual abuse, procedures for reporting suspected incidents of child abuse and neglect, etc.*” (“State of Vermont, DCF Licensing Regulations for Residential Treatment Programs,” Standard 414). The Transition House program is required to undergo a licensing process every two years.

The Howard Center agency has a designated Agency PREA Coordinator, Mr. Dave Kronoff. The Howard Center has two programs (Park Street and Transition House) that are required to be PREA compliant. Interviews indicate Mr. Kronoff has a clear understanding of his role as it relates to PREA and has sufficient time and authority to develop, implement, and oversee agency efforts to comply with federal PREA standards. The Agency PREA Coordinator position appears in the Howard Center organizational chart and is available on the agency’s public website.

Similarly, the Transition House has a designated PREA Compliance Manager, Ms. Kelly Ramos Arango, who is responsible for ensuring facility compliance with these federal standards. Although Ms. Ramos Arango is also the Team Lead, interviews and observations indicate she has sufficient time to perform the PREA-related job responsibilities. Several factors play into this determination including that the Transition House is a small facility (maximum capacity of four youth) making it less cumbersome to implement changes. Interviews confirmed that the Program Director, Ms. Maisha McCormick, and the PCM Ms. Ramos Arango are committed to ensuring youth safety. Interviews and additional evidence support the perspective that the PREA Compliance Manager has the authority and autonomy to make PREA-related decisions that directly impact the Transition House program.

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

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

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

Additional evidence that Howard Center and the Transition House program have a solid infrastructure to support PREA, is found in the Transition House organizational chart. The agency and program level charts indicate the job titles "Transition House PREA Compliance Manager" and "Howard Center PREA Coordinator." Interviews with the PREA Compliance Manager and Agency PREA Coordinator support they have enough time and authority to perform PREA related responsibilities. Additionally, the Howard Center Executive Director articulated during his interview that keeping youth safe while in the care of Howard Center is a top agency priority.

The fact that PREA related duties are included in job descriptions coupled with the previously described evidence, allows the auditor to conclude that Transition House has exceeded this PREA standard.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The Howard Center does not contract with private entities for the confinement of youth. Although the State of Vermont Department of Children and Families contracts with the Howard Center to provide residential treatment services for youth in the Transition House, for the purpose of this report the Howard Center 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
	<p>Evidence Used in Compliance Determination:</p> <ul style="list-style-type: none"> • Agency’s Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operation Manual • Transition House Staff Handbook • Transition House Policy 4.0 “Staffing Needs and Monitoring Staffing Plans” • Transition House Policy 4.0 “Emergency Procedures” • State of VT Residential Treatment 1:1 Staffing Funding Request Form • Unannounced rounds log • Facility schematic/layout • Facility staffing schedules • RLSI licensing report verifying Transition House is in compliance with State of VT youth to staff ratios of 1:4 • Documentation of Annual Staffing Plan review covering all areas required by PREA (reviewed 2020, 2021, and 2022 annual reviews) • Interview with Program Director/PREA Compliance Manager • Interview with Agency PREA Coordinator • Interviews with intermediate and high-level staff who conduct unannounced rounds • Observations during facility tour <p>Currently, the Transition House exceeds PREA staffing ratios which require a minimum staff-to-youth ratio of 1:4 at all times. Youth are never left unsupervised and there is always at least one staff on shift. The Transition House Staff Handbook states, <i>“The T House is staffed at 1:4 staff-to-client ratio at all times. Because of our program’s individualized and independent, our staffing pattern increases to a ratio of 1:2 and in some cases 1:1 in order to support and supervise community-based activities.”</i> Review of the staff schedule, interviews with youth and staff, as well as auditor observations while onsite verified this staff to youth ratio is maintained.</p> <p>Youth and staff interviews revealed the Transition House supervision policy is followed – e.g., a 1:2:1 direct care staff shift pattern. Monday through Friday the program has one staff member on shift from 7 AM to 2 PM; two staff on shift from 2 PM to 10 PM; and one staff member on shift (10 PM to 7 AM). The Program Director, Clinician, Case Manager, and the PCM/Team Lead work Monday through Friday. The Transition House program does not deviate from their staffing pattern. As needed, program level managers will fill in as needed. In addition, the Transition always has a Director On Call seven days a week. In the event of a staffing shortage to emergency or staff illness, the Director on call is responsible for arranging coverage and/or responding to the program in person.</p> <p>The purpose of the Transition House is to prepare youth for transition back into the</p>

community. For this reason, youth earn increasingly more responsibility and independence as they progress through the program. It is important that the reader understand that accompanying this increased independence is a decrease in staff supervision of youth. The program uses a system called Collaborative and Proactive Solutions which allows youth to earn privileges while ensuring youth safety. Details are provided in the Transition House Staff Handbook and in the Transition House Youth Handbook.

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

The Transition House Staff Handbook describes several types of supervision while youth are in the house (i.e., Arm’s length; Direct; Whereabouts in the House; Spot Checks, etc.). Staff are required to know where youth are at all times (in the house and in the community). Clients are allowed to ask staff for unsupervised time in their bedroom but are never allowed in one another’s bedrooms. The staff handbook clearly dictates, *“...if two clients are upstairs, their bedroom doors should be closed and they are not hanging out in the hallway or in each other’s rooms.”* Staff and youth interviews confirmed that if there are two youth upstairs a staff member must be present (even if the youth are in their rooms). This is also true if two youth wish to play video games in the basement. The verbal expectation set by the Program Director in team meetings and through coaching is that staff periodically check on all youth throughout their shift.

The Howard Center PREA policy supports provisions in this standard by specifically addressing supervision of youth, minimum staffing requirements, unannounced rounds, and requiring all programs to have a local staffing plan. This policy also requires facilities to review their staffing plan at least annually to ensure staffing and supervision is adequate. The auditor reviewed three Annual Staffing Plan Reviews for Transition House (2020, 2021, and 2022). Review of annual staffing plan review minutes verified that these formal reviews occur a minimum of annually. In addition, these reviews provided significant evidence that key factors are discussed and that improvements are made to ensure youth and staff safety.

Due to the nature of the program youth supervision is not equal to that needed in more secure juvenile justice facilities. However, youth and staff interviews confirmed that staff checked on them periodically throughout their shift and that staff are expected to have “eyes on ears on” during waking and bedtime hours. Night staff are expected to be in the staff office located on the second floor and to remain aware of youth whereabouts throughout the night (i.e. listening for door

chimes which would indicate a door has been opened). While night staff are permitted to sleep while on shift, they are also required to conduct bed checks at least three times per night. Bed checks require staff opening the youth's bedroom door and viewing the youth from the doorway. Staff are required to document any issues in the youth's electronic health record. As previously mentioned, all Transition House windows and doors (except the staff office) are armed with a high-pitched chime that sounds when opened. At night if the front or back door alarm is tripped there is a loud siren that rings out.

As part of the Transition House response protocol and to ensure the program maintains the required staff-to-youth ratio, if there is a crisis (i.e., transporting a youth to the hospital or one-on-one supervision for suicide watch), on-call staff are contacted. On-call staff are required to respond within one hour. The Transition House maintains a minimum of one to four staff-to-youth ratio and has an extensive surveillance monitoring system. In addition, the State of Vermont requires supervision ratios that exceed federal PREA expectations. Youth and staff interviews and auditor observations while on site verified youth-to-staff ratios are maintained.

The Transition House program has 13 cameras strategically placed throughout the three floors of the residence, as well cameras monitoring the outside of the building. The facility tour revealed one blind spot in the kitchen areas by the refrigerator and one area that the program would benefit from a camera (on the porch by the front entrance). Agency level and program level interviews revealed that two additional cameras have been ordered. Due to supply chain issues, delivery of these cameras has been delayed. The Transition House Program Director has access to the T-House video footage and is automatically recorded and stored for up to 6 months. Although these cameras are not monitored 24/7 (there is no "crow's nest" or full-time staff who is responsible for viewing the live feed), the Program Director and other staff can view all rooms in the home from the monitors in the staff office. There is also a second monitor of the first floor in the bike room area that staff can use to assist in monitoring youth.

The Transition House is a two-story residence with a basement (total of three floors). Due to the nature of the program - focusing on youth earning increasingly more independence - youth are permitted to be upstairs at the same time but are not allowed in the bedroom of another resident. If two youth are upstairs one staff member is required to be on the second floor monitoring youth whereabouts. Computer monitors on the first and second floors allow staff to track youth locations. Two staff offices are located on the second floor - one office for "all staff" and one for the Program Director and Mental Health Clinician. As previously mentioned, if two youth are in the basement staff are required to be with youth. The expectation is that staff are "eyes on, ears on" with new program youth and as youth earn trust, staff will graduate to knowing where youth are in the house (with requisite periodic check-ins and monitoring surveillance cameras).

The Howard Center "Policies and Protocols for Addressing the Prison Rape Elimination Act (PREA)" requires a practice of unannounced management rounds. The policy states, *"Each facility will implement a practice of intermediate or higher-*

level staff conducting unannounced rounds for all shifts. Staff will not be alerted to an impending round unless it may interfere with the operation of the facility.” In addition, the Transition House Staff Handbook Supervision Policy states, *“Unannounced ‘rounds’ for all shifts will occur at least 4 times per year to ensure that all program and agency policies and procedures are being followed. This means that a program leader will conduct random checks of all shifts at random. This information will be documented in program’s supervisory files in compliance with PREA expectations. Program leadership should make every effort to ensure that staff are unaware of visits, and staff members may not alert colleagues to unannounced visits.”* These rounds are recorded in an unannounced rounds log. The unannounced rounds log requires the manager to document specific observations such as: Were staff ratios consistent with policy expectations? Were all doors shut and locked? Were there any high-risk behaviors, situations, or activities observed? The auditor applauds the program for being specific and guiding staff on what to look for during these important rounds.

During the onsite visit, the auditor reviewed the “Unannounced Rounds Log” from March 2022 through February 2023. The review revealed the Program Director, PCM/ Team Lead, Clinician, Case Manager, and the Agency Chief Client Services Officer conduct rounds on the weekdays as well as the weekends. Over a 12-month period, a total of 37 unannounced rounds were conducted by designated managers. The average number of rounds was three per month. It is important to note that the overwhelming majority of months included three to five rounds across all days and varied shifts. However, there were two months (April and July 2022) in which only one unannounced round was conducted. To determine whether the practice has been fully institutionalized and whether the issue was a lack of documentation rather than the rounds not being conducted, the auditor pulled three additional unannounced rounds logs - November 2021, January 2022, and February 2022. The review indicated one round was conducted in December 2021; none in January 2022; and one in February 2022. DOJ requires more than one round to be conducted monthly. While the lack of unannounced rounds may be due to a lack of documentation, the auditor must conclude the Transition House is not in compliance on this provision since 5 out of 15 months (33%) did not meet the DOJ requirement of more than one round a month. The program will be required to sure up its process for conducting and documenting these unscheduled management rounds. All staff interviews confirmed they do not know when these management rounds will occur and that the rounds occur during the week and on weekends at varying times.

The auditor reviewed detailed minutes from the past three Transition House Annual Staffing Plan review which were held in February 2020, February 2021, and February 2022. These discussions addressed all areas required by the provisions of this standard. For example, in the Annual Staffing Plan review from February 2023 (examining 2022) the program documented specific considerations in response to a PREA allegation. The annual staffing plan review document states, *“The T House implemented 3 new supervision policies due to findings of inadequacies in 2021. The first policy involves supervision with clients in cars. New policy states the clients are not permitted to be in the back of a car together. During transportation, one*

client can be in the back seat, and one client can sit in the front seat while staff is driving. The exception of this policy is only that of any emergency transportation needs. The second policy is strengthening our overall management of the milieu. This policy states that if there is more than one client on the second floor, even if clients are in their rooms, a staff person should be on the second floor. This is to limit any ability for tampering with alarms or other diverting other supervision policies and procedures (i.e. clients sneaking out of room into other clients rooms). The third policy is another strengthening of basic milieu management. When clients are in the basement, this policy is to ensure strengthened supervision during more relaxed times in the evening, such as group movies. T House employees should ensure no inappropriate contact between residents by either keeping lights on, ensuring clients are not sitting on the same couch, or other supervision requirements. The T House implemented 1 new policy regarding investigation procedures. Due to the age range T House is licensed for can create situations where a minor is a perpetrator and the victim is above 18. Due to current investigation procedures, Vermont DCF sexual abuse investigator would not investigate this. Additionally, due to context of allegation the local police department may decline to investigate further. In this instance, PREA Compliance Manager will proceed with investigation of allegation." The auditor applauds the program for documenting in detail specific changes to policy and practices based on data for the purpose of detecting and preventing incidents of sexual abuse and sexual harassment.

Corrective Actions:

- The Transition House is required to increase the number of rounds per month (minimum of two per month) across all days and shifts. It is important that the person conducting the rounds clearly document the time at which the round was conducted. The program is required to submit a minimum of three months of logs to demonstrate the program has institutionalized this practice.
- The program is required to update its policy in the Staff Handbook to reflect current practices, as the handbook currently states that four rounds are conducted per year.
- The program is also required to submit meeting minutes from the weekly leadership meeting in which the Program Director or PCM clearly communicate the expectation for these rounds to the Case Manager and Clinician (who also conduct rounds). The program will be required to submit these minutes to the auditor as confirmation that clear expectations have been set.

During the corrective action period, the program held a leadership meeting on March 27, 2023 to discuss the outcome of the PREA audit. Meeting minutes were submitted to the auditor for review. The meeting minutes indicate a discussion about the expectation to increase the unannounced rounds and that these rounds be conducted on a more consistent basis. The Transition House team determined that the unannounced round schedule will be determined during a leadership

	<p>meeting each month. This was documented in the leadership meeting minutes (which are not shared with all staff). This new process will better ensure the Program Director’s expectations are met - that at least three rounds are conducted per month across differing shifts.</p> <p>To further verify that this practice is now in place, the program submitted unannounced rounds logs for March, April, May, and June. There were six rounds conducted in March; four in April; six in May; and three in June. These rounds were conducted across all days of the week and across varying shifts.</p> <p>The auditor has determined the Transition House has institutionalized this practice and is now in compliance with this standard.</p>
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Transition House Staff Handbook (2/2023) - Searches and Room Checks • Transition House Staff Handbook (2/2023) - Supervision Policy • State of Vermont DCF Residential Licensing Standard 727 • Interviews with random direct care staff across all shifts • Interviews with random sample of youth • Observations during facility tour <p>The Transition House program does not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening). The Transition House Staff Handbook upholds, <i>“The Transition House does not complete ANY physical searches (including strip searches, visual body cavity searches, and pat down searches) at any time for any reason. If a staff person has reason to believe that a client has contraband upon returning to the program that they are unwilling to turn in, staff should ask the client to wait outside or within direct supervision of staff until the staff person can consult with a supervisor.”</i> Youth and staff interviews revealed that this policy is closely followed - the program does not conduct any pat frisk or strip searches. As the handbook describes, the program does conduct regular pocket checks in which youth are asked to empty their pockets when returning from the community. In addition, room searches are conducted, although staff and youth reported these were not done frequently or consistently. Youth and staff interviews verified there is no physical contact between staff and youth or between youth.</p> <p>Youth residing in the Transition House have privacy when using the bathroom and when changing their clothes. The main house has two bathrooms - one in the</p>

basement and one on the second floor (in addition to the independent apartment which has its own bathroom). Only one youth is permitted to be in the bathroom at any given time and the door must be closed. The Transition House Staff Handbook "Searches and Room Checks" states, *"Clients have the right to privacy in their bedrooms and the bathroom; Clients have the right to have undisturbed time for themselves in their rooms, as well as the right to shower, change and use the bathroom without another resident or staff seeing them."* In addition, the handbook requires staff to knock prior to entering a client's bedroom or bathroom and wait for a response prior to entering. This requirement to knock and announce is an expectation for all staff, regardless of if staff are male or female. The State of Vermont DCF Residential Licensing requirements further support compliance with part (d) of this standard. State regulations dictate, *"...a residential treatment program shall provide toilets and baths or showers which allow for individual privacy unless a child/youth requires assistance"* (Standard 727). Youth interviews confirmed that youth have privacy when showering, toileting, and changing clothes. Additionally, the program has a "Staff On" bulletin board that hangs in the hallway on the second floor. This information board allows youth to see a photograph of the staff member and helps youth understand who will be on shift each day of the week.

That said, youth stated that staff of the opposite gender do not consistently announce themselves when arriving on shift/entering the house or when they walk upstairs. The program will be required to implement a practice of announcing oneself when arriving on shift and/or prior to entering the second floor.

Corrective Actions Required:

- The program will be required to remind staff of the opposite gender to announce themselves when entering the house for the first time on shift. This is particularly important prior to going upstairs where the youth's bedrooms and bathrooms are located. Transition House is required to submit meeting minutes reminding staff of the opposite gender announcement requirement and a meeting roster with attendee signatures. As part of this discussion, it will also be important that staff understand the importance of making sure the white board with staff on shift is up-to-date. It will be necessary to remind substitute staff of these requirements as well. Since substitutes/part-time staff are not on shift often, the program will be required to send the substitute staff an email explaining the requirement and asking them to confirm email receipt and understanding.

During the corrective action period, the Transition House held an all-staff meeting on March 22, 2023 for the purpose of updating staff on the outcome of the PREA audit and to clarify/reinforce leadership expectations. Meeting minutes were sent to the auditor verifying staff were reminded of the need to announce themselves when entering the Transition House. Staff were also reminded to move the picture magnet to the appropriate side of the staff shift board when they arriving or completing their shift. To ensure clear expectations were set for all staff, the PCM sent the auditor screenshots of text messages that were sent to the substitute/part-time staff

	<p>members reiterating this information. All part-time staff confirmed receipt of the text messages.</p> <p>The auditor determines the program is now in compliance with the provisions in this PREA standard.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Agency Policy Prohibiting Physical, Emotional, and Sexual Abuse and Sexual Harassment of Clients in the Operations Manual • Transition House Staff Handbook - Intake Process • Agency’s Policy on Accessibility in the Operations Manual • Agency Procedure for Providing Communication Assistance for Individuals with Disabilities and/or Limited English Proficiency • List of interpreters in the Howard Center "Approved Howard Center Interpreters for Spoken, Signed, and Written Languages Other Than English • HC service agreement/contract with Language Line Solutions (executed 8/2017) • Interview with Howard Center Executive Director • Interview with Program Director • Interview with Case Manager • Interview with Clinician • Interviews with random direct care staff across all shifts <p>The agency takes appropriate steps to ensure that residents with disabilities (i.e., residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) or are limited English proficient have an equal opportunity to participate in the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Howard Center has a contract with the Language Line which provides interpreter services telephonically and can interpret over 120 languages. The auditor reviewed the contract with Language Line to verify the agency has a formal agreement to provide these services. The agency “Policy on Accessibility” upholds that when English is not a client’s primary language, translation services will be provided. In addition, the policy also specifically states that accommodations should be made regarding written materials. For example, these may include <i>“reading the material to that person, having material printed in large print and having pictures and graphics added to the text to make information more understandable.”</i> This is further</p>

supported by information found in the Transition House Staff Handbook which states, *“Howard Center maintains contracts with interpreters and signers as well as tele-interpretive services. All information can be translated for clients or made available at the time of intake. Staff should support clients in order to ensure comprehension.”* Furthermore, the Agency PREA policy states, *“Howard Center’s PREA facilities shall use professional translators, staff translators and or oral presentations to ensure that residents with limited English proficiency and residents with disabilities understand and are able to use the facility’s grievance system. Staff shall not rely on residents at the facility to serve as interpreters or readers, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first responder duties, or the investigation of an allegation of sexual misconduct.”*

Interviews revealed that although the Transition House program has not had a resident with a disability or who is limited English proficient to date and therefore, has not had to access these services. However, interviews with program leaders verified they are aware of the process they would use to obtain the necessary translation services as needed. Interviews with program managers, direct care staff, and Howard Center leaders all verified they would not allow residents to interpret for other youth, except in emergency situations. The auditor confidently concludes that Transition House leadership guarantees all clinical and physical needs of youth are met while in the program, including providing necessary special accommodations. Further supporting these standard provisions, the Transition House Staff Handbook explains, *“The Howard Center has a contracted tele-interpreter service that is available 24/7/365. Flyers outlining how to obtain these services as are posted at each of the phones in the program. If you have questions to this, please utilize supervision on how to access....Clients are prohibited from providing translation for each other....Due to best practice and assurance of accurate communication, clients and their families are prohibited from providing interpretation services for each other...This prohibition is waived in the event of exigent circumstances.”*

On the day the youth arrives to the program, the Program Director or Team Lead meets with youth and families to review written program materials. Among the information provided is the resident handbook which describes the program rules and their rights. Within ten days of arrival, the Team Lead meets with the new resident to review the resident handbook, review the PREA pamphlet, and have youth watch the PREA education video. Youth are required to complete a short knowledge quiz on the material covered – i.e., zero tolerance, mandated reporting, how to file a grievance, etc. Interviews with the Program Director and PCM/Team Lead verified that the Transition House staff would make the appropriate accommodations necessary to ensure all youth with disabilities received this information within the 10-day requirement. This would likely be achieved by using the contracted translation services (i.e., Language Line).

The Transition House and the Howard Center agency are committed to ensuring all individual client needs are met. During an interview with the Howard Center Executive Director, Mr. Bob Bick, he explained that he strives to ensure that all

	<p>youth (i.e., English Limited Proficiency, cognitive functioning, cultural backgrounds, etc.) are afforded the same rights and protections as other individuals. He explained that the agency dedicates extensive resources to providing translation services but believes this is money well spent to ensure youth safety and progress in treatment. Other agency and facility leaders, including the Agency PREA Coordinator and Transition House Program Director, shared similar perspectives on the importance of providing translation services. Direct care staff who were interviewed knew of translation services and to not to allow residents to translate for staff or one another.</p> <p>During the corrective action period, the program recognized a need to reinforce that youth are never allowed to translate for staff except in exigent circumstances. Although not required by the auditor, the program held an all-staff meeting on 3/22/23 for the purpose of updating staff on the outcome of the PREA audit. During this time, the Program Director and PCM took the opportunity to reinforce expectations related to PREA standards. Meeting minutes were sent to the auditor to verify discussion topics. Meeting minutes indicated that staff were directed that if a client needed interpretation services staff are required to use the Language Line. To ensure clear expectations were set for all staff, the PCM sent the auditor screenshots of text messages that were sent to the substitute/part-time staff members reiterating this information. All part-time staff confirmed receipt of the text messages.</p> <p>The evidence allows the auditor to confidently conclude T-House is in compliance with provisions in this PREA standard.</p>
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Agency Personnel Policy 107 “Pre-Employment Screening (Internal and External)” and accompanying form • Howard Center supplement form “PREA Release and Questionnaire” as part of application • Howard Center and the American Federation of State, County, and Municipal Employees AFL-CIO Howard Mental Health Chapter of Local #1674 collective bargaining agreement (Effective July 1, 2021) • Contract between Howard Center and State of Vermont requiring background checks and prohibiting use of anyone with substantiated abuse, neglect, or exploitation • State of Vermont AHS DCF Licensing Regulations on background checks

- Interview with Human Resources staff (Director and Employee Relations Manager)
- Interview with Program Director
- Personnel file reviews confirming all staff, volunteers, and contractors have criminal background checks (upon hire and a minimum of every five years, DCF RLSI requires every three years)

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

The PREA standard provisions state:

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

(b) The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

(c) 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 online application for employment captures the requirements of provisions (a)

and (b). All applicants are required to answer questions regarding previous misconduct. More specifically the online application states: *“Howard Center will not hire or promote anyone who may have contact with residents who: (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described above. Howard Center will consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents. Have you ever had a substantiated sexual abuse or sexual harassment complaint filed against you as described above? [] Yes [] No Have you ever resigned during a pending investigation of alleged sexual abuse or sexual harassment as described above? [] Yes [] No....I hereby authorize Howard Center to contact all prior institutions where I have worked for information on 1) any substantiated allegations or convictions of sexual abuse or sexual harassment; 2) any civil or administrative adjudication of the any of the activities described above or 3) any resignation during a pending investigation of alleged sexual abuse or sexual harassment.”* This form is e-signed by the applicant and submitted along with a completed application. The Agency PREA Coordinator submitted documentation (i.e., email and screen shot) of the application section of the online application to verify compliance.

File reviews verified that all new staff must complete the PREA Release Form prior to hire. In the summer of 2021, the agency implemented a practice that requires individuals applying for a promotion to complete the PREA Release Form (with the information previously described). File reviews indicated that there were four people promoted within the random sample of staff files selected (i.e., N=16; 10 fulltime staff; three substitutes/part-time staff; and three people who left employment in the past 12 months). Of these staff there were four individuals promoted during the sampling period. None of these individuals had completed a PREA Release form prior to being promoted. However, three of these individuals were promoted prior to August 2021, when the new practice was implemented. The fourth individual had an old application attached to their file and therefore the system was not triggered to have the applicant complete the PREA Release Form. The auditor is confident that the new automated process is in place and that the agency is working out the kinks in the process. If there are any promotions during the corrective action phase within the Transition House, the program will be required to submit relevant documentation for promotions to demonstrate the process has been firmly established.

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

conducts background checks and requires all staff and contractors to sign the PREA Release and Questionnaire prior to hire, it does not use this questionnaire prior to issuing promotions. The Howard Center also does not gather this information for candidates for promotion through *"...written applications or interviews...and in any interviews or written self-evaluations."* The agency will be required to make these adjustments during the corrective action period.

As previously mentioned, prior to the onsite review the auditor conducted remote file reviews with Howard Center Human Resources staff. The auditor randomly selected a sample of personnel files to review, making sure all job classifications were represented. Since Transition House is so small, the auditor reviewed all current employees (N=16; 10 fulltime staff and three substitutes/part-time staff) and 33% of the staff that left the Transition House within the past 12 months (N=9). Approximately 76% of all personnel files were reviewed (i.e., N=25; current employees and those individuals who left employment in the past 12 months). There were no volunteers or contractors in the Transition House program in the past 12 months. Staff file reviews revealed that all current Transition House criminal background checks are conducted prior to beginning work with youth and subsequently every two years. This exceeds federal PREA expectations which require background checks be conducted once every five years.

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

Additional evidence supporting compliance with this standard includes the Howard Center Personnel Policy 107 *"Pre-Employment Screening (Internal and External)."* This policy states that employment of individuals will be prohibited (in certain Howard Center Programs) *"...if a) the individual's name appears on any sexual offender registry or registry of listings of substantiated abuse cases; (b) the applicant has a conviction or employment history of child or client abuse, neglect or mistreatment; or (c) the individual has a criminal history that negatively affects his/her ability to carry out the functions of the job offered, all as determined in the sole discretion of the hiring authority and Director of Human Resources."* Interviews with the Howard Center Human Resources Director verified that incidents of substantiated sexual harassment are considered when determining whether to hire or promote individuals.

In addition, interviews with the Human Resources Director and the Employee Relations Manager verified the Howard Center requires all employees to report any

criminal activities and/or professional misconduct throughout the duration of their employment. This information is provided in various policies including “Pre-Employment, Post Accepted Offer Screening Authorization and Release” form. The form clearly states that *“failure to notify their supervisor within 24 hours or as soon as practical thereafter, of a significant change in status, may result in disciplinary action up to and including termination.”*

The formal collective bargaining agreement between the Howard Center and the American Federation of State, County, and Municipal Employees AFL-CIO Howard Mental Health Chapter of Local #1674 further supports the hiring and promotion guidelines mandated by federal PREA standards. The agreement, effective July 1, 2021, explicitly states, *“Termination could result from unsatisfactory job performance, violation of Agency policy or acceptable standards of behavior, including but not limited to the following: Unethical and/or destructive behavior with present or past clients of the Agency...Falsification of client reports or other documentation”* (Section 807, C5). The language in this agreement supports that if an investigation resulted in a substantiated finding for sexual abuse or sexual harassment of a resident, the agency would terminate the staff member. Interviews with Howard Center agency leaders and Transition House staff verified this standard is upheld.

The executed contract between the Howard Center and the State of Vermont provides additional support for compliance with this standard. The contract specifically requires, *“the Grantee agrees not to employ any individual, use any volunteer, or otherwise provide reimbursement to any individual in the performance of services connected with this agreement, who provides care, custody, treatment, transportation, or supervision to children or vulnerable adults if there is a substantiation of abuse or neglect or exploitation against that individual.”* The contract also specifies the abuse registries/databases the contracted agency is required to consult when conducting background checks on potential employees. The auditor applauds the State of Vermont and the Howard Center for its commitment to ensuring the safety of youth in its care.

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

The fact that the Howard Center conducts extensive background checks on all staff, contractors, and volunteers every two years (beyond the State of VT DCF requirement of every three years) coupled with the agency requiring potential employees to complete the PREA Release and Questionnaire form, provides evidence that the Transition House program exceeds expectations on several provisions within this standard. However, as previously mentioned, the Howard

Center will need to ensure its process for gathering PREA Release information from candidates for promotion is firmly in place. Additionally, the Howard Center will be required to gather specific information as part of annual performance reviews.

Corrective Actions

- If there are promotions occurring within the corrective action period, the Howard Center will be required to submit documentation that the PREA Release Form information was completed prior to granting the promotion. This will confirm the automated system is firmly in place.
- Howard Center is required to establish a formal process for gathering information regarding previous misconduct outlined in provisions (a) through written self-evaluation or interviews as part of their annual reviews of current employees. Annual reviews must also gather attestations from staff confirming their understanding that they are required to disclose any misconduct. The program should consider (although not required) memorializing this practice into policy to set clear expectations moving forward

During the corrective action period, the Howard Center updated the annual PREA training to include a slide to specifically address the requirements in this standard. More specifically, the slide now states, "As a current staff member, as defined by the previous slide, you have a continuing affirmative duty to immediately disclose to the Agency: Any substantiated sexual abuse or sexual harassment made against you, or...If you ever resigned during a pending investigation of alleged sexual abuse or sexual harassment. You also understand that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination." As mentioned earlier in the report, all staff are required to complete an attestation form each year confirming they understand the contents of the training which now includes specific language pertaining to this standard.

In further support of the provisions in this standard, the agency revised the training attestation form to clearly state: "By signing this I am acknowledging my understanding of the following:

- Howard Center has a zero tolerance for any type of sexual harassment or abuse of any kind;
- I have been trained about what to do in the event of an incident or report of sexual abuse and/or harassment;
- I have been trained about warning signs regarding abuse and/or harassment;
- I understand there is a policy prohibiting any type of retaliation in the event of a disclosure and/or allegation;
- I understand that I am a mandated reporter under Vermont law

The employee has a continuing affirmative duty to immediately disclose to the Agency:

- Any substantiated sexual abuse or sexual harassment made against them, or
- If they ever resigned during a pending investigation of alleged sexual abuse or sexual harassment.

They also understand that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

There may be agency disciplinary action and/or legal consequences for not following federal and state law as well as agency policies;

By Entering my staff NT login and password I understand that I am entering my digital signature. I have completed the Training, understand the policies, and agree to comply.”

During the corrective action period, the Agency PREA Coordinator reported this form is now being used for all new Transition House employees as well as current ones (on an annual basis).

To further support PREA requirement, during the corrective action period the Howard Center added specific language to all Transition House and Park Street job descriptions. The job descriptions now state, “The employee has a continuing affirmative duty to immediately disclose to the Agency: Any substantiated sexual abuse or sexual harassment made against them, or if they ever resigned during a pending investigation of alleged sexual abuse or sexual harassment. They also understand that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.” Since employees undergo a performance review each year the Howard Center has implemented a practice of including the attestation form (duty to disclose) each year as part of the performance review. The program implemented this practice shortly after the onsite review. Additionally, the Howard Center is working on creating a more automatic system to ensure that staff who are considered for promotion are required to completed the duty to disclose form.

The auditor applauds the program for its commitment to ensuring compliance with this standard.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Used in Compliance Determination:</p> <ul style="list-style-type: none"> • Agency’s Policy on Accessibility Architectural and Environmental Barriers in

- the Operations Manual addresses the physical accessibility of our buildings
- Howard Center Camera Surveillance Policy
- Interview with Agency Director
- Interview with Chief Client Services Officer
- Interview with Program Director
- Observations during facility audit tour

Since the last PREA audit in 2021, the Transition House ordered two additional cameras although due to supply chain issues these cameras have not yet arrived. The program plans on installing one camera to address a blind spot in the kitchen to the right of the refrigerator and one camera that will serve as additional coverage for the front door (on the porch). There are currently a total of 13 cameras placed strategically throughout the facility. There are two computer monitors which staff use to see all angles - one upstairs in the staff office and other on the first floor in the bike room. The auditor applauds the program for considering youth safety when making any physical modifications to the program. Interviews with the Program Director, PCM, and agency leaders provides evidence that managers are committed to ensuring the safety of staff and youth. At the time of the onsite review, besides installing two new cameras (when they arrive), the Transition House was not planning any additional expansions or modifications.

To drive program practices, the Howard Center has implemented a policy on the use of cameras - "HC Camera Surveillance Policy." All evidence allows the auditor to conclude the Transition House is in compliance with this standard.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • State of Vermont DCF Policy 52 "Child Safety Interventions - Investigations and Assessment" • State of Vermont DCF Policy 241 "Residential Treatment Program Licensing and Interventions" • Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual • Howard Center web page Safe Environment Standards shares information about zero tolerance and other PREA info and links to Vermont's policy regarding investigating allegations. • Licensing Regulations for Residential Treatment Programs in Vermont • MOU with Hope Works (6/23/22) • Email from PREA Coordinator to Chittenden Children's Advocacy Center (2/

17/23)

- University of Vermont Medical Center (UVMCC) Sexual Assault Nurse Examiner (SANE) Guidelines
- Transition House Staff Handbook
- Copies of licenses for Transition House Program Director and Clinician
- Interview with RLSI investigator
- Interview with Human Resources Specialist
- Interview with Human Resource Manager and Agency Contract Administrator
- Interview with SANE Coordinator (University of Vermont Medical Center)
- Interview with Howard Center Executive Director
- Interview with direct care staff across all shifts
- Interview with PREA Compliance Manager

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

Although the Howard Center is not responsible for conducting criminal investigations, the agency protocol "Policies and Protocols Addressing the Prison Rape Elimination Act (PREA)" ensures the Transition House follows a uniform protocol for investigating allegations of sexual abuse (although RLSI would lead in these investigations). The policy specifically addresses the process for preserving physical evidence for administrative proceedings and criminal prosecutions. In the event a report of sexual abuse is made, the policy directs the first responder to *"...immediately separate the victim from the alleged abuser. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence (have staff watch area or move all residents and staff away from the area). If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and abuser not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating."* During the onsite visit, staff interviews revealed staff understood the protocol and most staff were able to verbalize the process of separating youth, protecting evidence, calling the Manager on Call for additional guidance, and contacting mental health staff and/or advocates, if a youth reports they have been abused.

In addition to preserving evidence, the PREA policy referenced above also states that the victim will be provided *"an assessment of the victim's acute medical or mental health needs"* and will be offered the opportunity to have a forensic medical examination at the hospital. The policy also instructs staff to *"explain to the victim that the exam is conducted by medical staff trained to provide services to abuse victims and the agency will pay for it...inform the victim that there are victim advocates available to provide support through the examination process and the investigative interviews...and they will also provide emotional support, crisis intervention, information and referral."* The agency policy clearly states that if the

victim chooses to undergo the forensic examination, staff will transport the victim to the University of Vermont Medical Center (UVMHC). The staff member who conducts the transport is responsible for informing hospital staff of the alleged abuse or assault and requesting the youth is examined by a SANE. The policy also states the *“facility will take steps to ensure confidential communications between the victim and the advocates.”* This policy also states the victim will be provided with crisis counseling services and requires staff to contact Howard Center’s Human Resources if the alleged abuser is a staff member, contractor, or volunteer.

The Howard Center Transition House has established a fully executed Memorandum of Understanding (MOU) with a local rape crisis and child advocacy center, HOPE Works. The Howard Center has also drafted an MOU with a local unit of the statewide organization called the Chittenden Children’s Advocacy Center (CAC) which conducts forensic investigations and provides advocacy services to sexual assault and sexual abuse victims. The CAC protocol requires all victims of sexual abuse or assault (within 72 hours of the event) be seen by a SANE at the local hospital (University of Vermont Medical Center - UVMHC). The Agency PREA Coordinator has been actively engaged in outreach (via phone and email) to CAC in an effort to secure a signed agreement. The auditor reviewed emails from the Howard Center PREA Coordinator to CAC for verification of compliance. The auditor also reviewed the executed MOU with HOPE Works.

The Transition House does not employ or contract with a Registered Nurse. Therefore, the Howard Center policy dictates that if a youth alleges sexual abuse, he will be taken to the University of Vermont Medical Center for a forensic examination by a Sexual Assault Nurse Examiner (SANE). Review of the University of Vermont Medical Center’s policies as well as the public website (<https://www.uvmhealth.org/medcenter>), indicate the hospital has SANES who are available 24 hours a day, 7 days a week. The information provided also states that SANE nurses work closely with victim advocates (the Children’s Advocacy Center - CAC), State of Vermont DCF, local law enforcement, and other important parties to ensure victims receive compassionate and comprehensive care. The UVMHC 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 UVMHC also has a Children’s Hospital which employs four nurses who are certified SANES. These individuals are available 24/7 and have specialized training to work with children who have been sexual abused or assaulted. An interview with the SANE Manager for the Forensic Nursing Program at UVMHC verified their practice includes offering Sexually Transmitted Infection (STI) prophylaxis and emergency contraception (if client is female) and contacting HOPE Works for 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 UVMHC policy. The auditor reviewed these policies to verify these practices are part of standard operating procedures.

	<p>As previously mentioned, the Transition House did not have any allegations of sexual abuse or sexual assault in a 24-month period prior to the onsite visit. The UVMMC policies and practices, Howard Center’s draft MOU with the CAC, the executed MOU with HOPE Works, and the agency PREA policy allow the auditor to conclude Transition House is “in compliance” on this standard.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • State of Vermont DCF Policies 50, 51, 52, 56, 57, 60, 66, and 241 • Agency’s Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual • Agency's Adult and Child Abuse Policy • Agency Personnel Policy 225 Complaint and Grievance • Howard Center web page Safe Environment Standards shares information about zero tolerance and other PREA info and links to Vermont’s policy regarding investigating allegations • MOU with Hope Works (6/23/22) • Email from PREA Coordinator to Chittenden Children's Advocacy Center (2/17/23) • Transition House Coordinated Response Plan • Transition House Staff Handbook • Interview with RLSI investigator • Interview with SANE Manager at University of Vermont Medical Center (UVMC) • Interview with Howard Center Executive Director • Interview with Human Resources Specialist <p>The State of Vermont and Howard Center have several policies ensuring that administrative and criminal investigations are completed for all allegations of sexual abuse and sexual harassment. The Howard Center “Policies and Protocols Addressing the Prison Rape Elimination Act (PREA)” directly addresses all provisions put forth in this standard. The policy outlines the requirement of mandatory reporting and the process for contacting DCF Centralized Intake Unit immediately when a youth alleges they have been abused or sexually harassed.</p> <p>The State of Vermont Residential Licensing and Special Investigations Unit (RLSI) is responsible for conducting all investigations of abuse occurring in community residential programs in Vermont. Once an allegation is called into the Centralized Intake Unit there is a process for determining whether a case is “accepted” or “not</p>

accepted” for investigation. All cases that are “not accepted” are required to be reviewed by a supervisor who confirms or denies this decision. If the case is accepted, a Primary RLSI Investigator is assigned and the investigation process begins. If an incident appears that it may result in a criminal case, the investigative lead assigned to the case will contact the local police department. If law enforcement chooses, they will work alongside DCF RLSI to interview the victim and alleged perpetrator.

In the event a youth alleges sexual abuse, staff members are required to immediately contact Centralized Intake and Emergency Services (CIES) by calling Vermont’s Child Abuse Hotline. Interviews with Transition House staff verified they understand they are mandatory reporters. This expectation and protocol are further supported by the agency’s PREA policy and the Transition House Coordinated Response plan, both which require program staff to call the State of Vermont Centralized Intake with all allegations of sexual abuse or sexual assault.

Provisions of this standard are also supported by the Transition House Staff Handbook which reminds staff that state law mandates professionals in the fields of education, childcare, mental health, social services, medicine and law enforcement are required to report all suspected cases of child abuse and neglect within 24 hour, To further support the understanding handbook also states, *“The staff member making the report is also responsible to complete a written incident report of disclosed information. As a Mandated Reporter, a report must be made to the Child Abuse Reporting Hotline through DCF.”* All Transition House staff members who were interviewed as part of the onsite audit 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.

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

The Howard Center Personnel Policy 225 “Complaint and Grievance” guides how the Human Resources unit handles all grievances and includes a description of the investigation process. Interviews with Human Resources staff confirmed that all grievances are investigated. Interviews with the Howard Center Executive Director, the Transition House Program Director, VT DCF RLSI Investigator, and other leaders verified that all referrals are investigated, and all staff are mandatory reporters. The Howard Center agency PREA policy clearly states that law enforcement will assist with sexual abuse investigations when a staff member is involved.

Within the 24-month period from March 2021 through February 2023, there were no

	<p>allegations of sexual abuse (staff-to-youth or youth-to-youth) or allegations of sexual harassment (staff-to-youth or youth-to-youth). As such, the auditor was not able to review recent incident reports and related investigation files. That said, based on the facts that this is Transition House’s fourth PREA audit; information gathered from an interview with the RLSI investigator assigned to the Transition House (which has not changed in eight years); and review of previous incident reports (year 2020) during prior audits; the auditor is confident that all incidents of sexual abuse and harassment are referred to State of Vermont, Centralized Intake. This information is also supported by interviews with the Program Director, PCM, and direct care staff who all understood that they report everything to the appropriate authorities (i.e., Centralized Intake).</p> <p>The Howard Center has a webpage which provides information regarding zero-tolerance and explains who is responsible for investigating allegations of abuse. This website includes a link to the zero-tolerance policy as well as a link to the State of Vermont Policy 241 and Policy 52, which guides the process for investigating allegations of sexual abuse and sexual harassment.</p>
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115.331	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Agency’s Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual • Review of HC online PREA training curriculum and quiz • Licensing Regulations for Residential Treatment Programs in Vermont • Staff PREA Jeopardy training Power Point (refresher) • Review of training records verifying staff completed required PREA training on annual basis • Review of training records verifying staff completed the required attestation form for zero tolerance and mandated reporting • Interview with Agency PREA Coordinator • Interview with Program Director • Interview with PCM/Team Lead • Interviews with direct care • Interviews with specialized staff • Interviews with agency leaders <p>Howard Center’s “Policies and Protocols Addressing the Prison Rape Elimination Act (PREA)” states, “all staff members, contractors, or volunteers working at the PREA facility or having direct contact with residents of those facilities are required to</p>

follow all of the PREA related policies and protocols and participate in all required PREA trainings.” The Transition House PREA training is listed on the New Employee training checklist which ensures new staff complete the required training prior to working alone with youth.

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

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

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

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

federal and state law as well as agency policies. By entering my staff NT login and password I understand that I am entering my digital signature.”

Review of training records indicate Transition House employees (N=19 - 13 full-time and part-time employees (current) and three full-time and part-time former employee records)) have completed the PREA training consistent with federal DOJ expectations. File reviews indicate that 84% of staff completed the training within a week of their hire date. It is important to note that there were three staff (16%) who completed the PREA training did so one month or more after they started their employment at Transition House. Training records and attestation forms verified that staff are required to complete the comprehensive PREA training every year. Although the program is in compliance with this provision, from a best practices perspective the program may benefit from creating a tracking chart or an automated notification system to ensure all staff complete the training upon hire or soon thereafter.

Early in 2021, the Transition House created a PREA refresher training for staff to be completed in addition to the annual Howard Center online class. The refresher training is structured in a Jeopardy style format and staff are required to answer questions related to preventing, detecting, and responding to incidents of sexual abuse and sexual harassment. The auditor reviewed the Power Point presentation used for the refresher training to verify the key requirements are highlighted (I.e., definitions of sexual abuse and sexual harassment; first responder duties; ways for making a report; dynamics of abuse in residential settings; mandatory reporters, etc.).

The Agency PREA Coordinator runs a report periodically throughout the year that allows him to track who has completed the annual PREA training and the date the next training is due. This report is sent to the Transition House Program Director. In addition, the agency sends email reminders to staff for online trainings that are due. The auditor applauds the program for developing tracking and reminder systems to ensure annual PREA training is completed.

During the corrective action period, although not required, the program made enhancements to its PREA training for staff. During the onsite audit there were three out of 19 staff files (16% of FT and PT staff files) that indicated the PREA training was done a month or more after the start date. It was recommended (not a required action) that the program create a tracking system to better ensure this training is completed in a shorter time frame (after hire). The Program Director and Agency PREA Coordinator both verified the new process will involve all new staff completing the online PREA training the first day onsite at the Transition House. This will better ensure new staff are trained on PREA in a timely fashion.

Due to the in-depth nature of the online PREA training, the fact that the agency requires the online training to be completed on an annual basis, and the fact that the Transition House also requires staff to participate in an additional PREA training each year (PREA Jeopardy) allows the auditor to conclude the program has “exceeded” federal PREA expectations outlined in this standard.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Used in Compliance Determination:</p> <ul style="list-style-type: none"> • Agency’s Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual • Review of PREA training forms and curriculum • Professional Services Agreement for an Independent Contractor • Interview with Program Director • Interview with PREA Compliance Manager • Interview with Agency PREA Coordinator <p>At the time of the onsite review, the Transition House did not have any contractors, volunteers, or interns. The Program Director reported that they have not had volunteers or contractors in at least five years (interns are Howard Center employees). Therefore, the auditor was not able to complete a review of contractor and volunteer training records to confirm that they would receive the PREA training consistent with federal expectations. That said, interviews with the Program Director, PCM, and the Agency PREA Coordinator verified that contractors and volunteers would be required to complete the same PREA training provided to new Howard Center employees.</p> <p>Review of contract language from another Howard Center program (Park Street) supports that contractors and volunteers are required to be trained on their responsibilities related to agency’s effort to prevent, detect, and respond to allegations of sexual abuse and sexual harassment. The contract language states contractors agree to <i>“complete all required trainings including refreshers... [and] follow all of the Agency’s PREA-related policies and procedures”</i> (Howard Center Professional Services Agreement for an Independent Contractor, Attachment C or D: <i>“Compliance with the Prison Rape Elimination Act”</i>). This attachment clearly states, <i>“The Provider will, but not limited to: Complete all required trainings including refreshers; follow all of the Agency’s PREA-related policies and procedures; will immediately report all suspected or reported sexual abuse and sexual harassment following the Agency’s protocol; and will contact the Facility PREA Compliance Manager or the Agency’s PREA Coordinator with any PREA questions. The Provider understands that failure to comply with the PREA requirements is grounds for immediate termination of the contract.”</i> An interview with the Agency PREA Coordinator confirmed that if Transition House contracts with any individuals, the potential contractor would be required to complete this form. The auditor applauds the Howard Center for recognizing the value of setting clear expectations regarding zero-tolerance and ensuring that PREA requirements are successfully met by infusing PREA specific language into the legally binding agreement.</p> <p>All contractors and volunteers are required to review the PREA training and</p>

complete the training completion attestation form that is attached to their contract in DocuSign. While T House is not using any contractors, it was confirmed that Park Street (the other Howard Center program that is required to be PREA compliant) uses this process with their contractors. As previously mentioned, the Transition House does not currently have any volunteers currently. However, volunteers are provided a hard copy of the training and attestation form to sign. The attestation form states:

"I [INSERT NAME], acknowledge and agree:

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

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

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

115.333 Resident education
Auditor Overall Determination: Meets Standard
Auditor Discussion
<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> <i>• Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual</i> <i>• Transition House's pamphlet "A Resident and Family Guide to PREA"</i> <i>• Transition House PREA Quiz and Summary Sheet</i> <i>• Transition House Group PREA Review for Clients</i> <i>• Transition House Policy 2.1 "Intake Process"</i> <i>• Transition House Staff Handbook</i> <i>• Transition House poster "PREA Resources and Information" Board with</i>

pamphlet from HOPE Works

- Transition House grievance/suggestion box
- Review Transition House youth PREA education video developed by Idaho State Police
- Translation service is listed in the Interpreters list available on the Howard Center Webpages, Diversity, Equity & Inclusion
- HC contract with Language Line Solutions for translation services
- Youth file reviews demonstrating education provided within 10 days of intake and signed form by youth understanding zero tolerance for sexual abuse and sexual harassment
- Interviews with youth
- Interviews with Team Lead/PCM who is responsible for reviewing PREA information and youth handbook with youth upon arrival (as well as making sure youth watch the PREA video)

The Transition House has several avenues by which youth receive zero tolerance information. When a youth arrives to the program the PCM shows the youth the "PREA Resources and Information" bulletin board located in the recreation area in the main house. This board describes zero tolerance and provides information on how to report abuse including phone numbers. The bulletin board also includes a folder with several pamphlets from HOPE Works (the local victim advocacy organization) and the Transition House's pamphlet titled, "A Resident and Family Guide to PREA." The PCM reviews the "Resident and Family Guide to PREA" in detail with the youth and requires the youth to answer a short knowledge quiz on the content (i.e., zero tolerance, avenues for reporting, etc.). New youth are shown the locked grievance box on the day they arrive.

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

To supplement the written youth handbook and to account for various learning styles, the Transition House uses a video about zero tolerance for sexual abuse and sexual harassment. The video is a product of a collaborative effort between the Office of Justice and the Idaho State Police and is catered to a juvenile justice youth audience. The video addresses zero tolerance, definitions of sexual abuse and harassment, avenues to report abuse, steps to take if abused, what the investigation process looks like, retaliation, and other critical information as it relates to PREA. Upon training completion youth are required to complete a short quiz and sign an attestation form acknowledging they understand staff are mandatory reporters and the ways to report abuse while at Transition House. At the bottom of the quiz/form the youth is required to sign and date the form which

states, "I was provided the PREA client handbook, watched the video, completed this quiz and was oriented as to why PREA is part of the T House. I attest that all staff is mandated reporters, I know how to report abuse or harassment and T House has a zero-tolerance policy." These forms are stored in a locked cabinet in the clinician's office. Ultimately, the Transition House PREA Compliance Manager is responsible for ensuring new youth view this video within 10 days of intake. While onsite, the auditor reviewed signed youth forms stating youth had received the PREA training (N=7; 4 current youth and 3 youth discharged in the past 12 months). Review of youth files indicated that all youth had completed the PREA training. However, two youth files indicated they had completed the training after the ten-day requirement (11 days and 27 days). This is approximately 29% of youth files. The program will be required to develop a system to better ensure all youth receive the PREA education within the required timeframe.

Youth interviews verified all current youth (three out of four youth were interviewed since one youth was in the hospital at the time of the onsite review) had viewed the video and understood the ways to make a report of sexual abuse or sexual harassment. The auditor has viewed the video several times for other audits and is familiar with its content and subsequent compliance with PREA standards.

To comply with provision (f) of this standard, Transition House created and implemented ongoing PREA education for youth. This ongoing training involves youth watching the PREA video and the PREA Compliance Manager reviewing important safety information - i.e., zero-tolerance for sexual abuse and sexual harassment; how to report; emotional support services available (HOPE Works); and other important areas related to youth safety. The program has PREA related posters by the PREA Resource Board and upstairs in the hallway by the "staff on shift" whiteboard. The auditor applauds the program for its commitment to continually educating youth about zero tolerance throughout their stay in the program.

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

Corrective Actions

- The program is required to establish a system to better ensure youth PREA education is completed within the ten-day timeframe. The program should continue explaining PREA information to youth at intake; require youth to view the safety video; and have youth complete the quiz and attestation form. The auditor reminds the program that when conducting PREA refresher

training throughout the year, it is important to document these sessions as well.

During the corrective action period, the auditor reviewed the PREA education attestation form/quiz from the one youth intake the program has had since the onsite visit. The youth arrived on 5/22/2023 and the comprehensive youth education was completed that same day. As of late June, the program has not had new youth, and will not have the capacity to serve additional youth until well after the corrective action period has ended. Therefore, the auditor has determined there is enough evidence to support this new practice is in place.

During the corrective action period, the Transition House held an all-staff meeting on 3/22/2023 for the purpose of updating staff on the outcome of the PREA audit. During this time, the Program Director and PCM took the opportunity to reinforce expectations related to PREA standards. Meeting minutes were sent to the auditor to verify discussion topics. Meeting minutes indicate the Program Director clearly reinforced the expectation that if youth needed interpretation services staff are to use the Language Line. Setting this expectation ensures youth will receive the required PREA education information in their native language (or in sign language if needed). To further ensure clear expectations for all staff (full time and part-time), the PCM sent the auditor screenshots of text messages that were sent to the substitute/part-time staff members reinforcing this information. All part-time staff confirmed receipt of the text message.

The PREA auditor has now determined the Transition House is in compliance with expectations outlined in this standard.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • State of VT Statutes Title 33, Chapter 49: Child Welfare Services • State of Vermont DCF Policy 241 • State of VT DCF Licensing Regulations for Residential Treatment Programs • State of VT DCF Policy 52 - Child Safety Interventions - Investigations and Assessments • Certificate of completion for the RLSI investigators responsible for investigations at Transition House (NIC Specialized Investigations course) • Review of the NIC online Specialized Investigations curriculum • Review of training records verifying additional training completed for RLSI Investigators (through DCF and VT state police)

- Interview with DCF RLSI investigator

As previously mentioned, the Howard Center is not responsible for conducting sexual abuse investigations. The State of Vermont Residential Licensing and Special Investigation (RLSI) unit staff are responsible for conducting these investigations and for ensuring investigators complete the required specialized training. If the alleged perpetrator is over the age of 18, the local police department would lead the investigation (not RLSI). An interview with the DCF RLSI investigator assigned to the Transition House indicated the investigator has received adequate training. Review of training records verified that the investigator has completed the fundamentals and advanced training on conducting investigations and has received training on child development, forensic interviewing techniques, and other areas critical to conducting effective investigations. In addition, the RLSI investigator has successfully completed the DOJ endorsed training developed by the National Institute of Corrections, "PREA: Investigating Sexual Abuse in a Confinement Setting." This training, coupled with the previously mentioned trainings allows Transition House to meet provisions put forth in this standard. A copy of training completion certificates were sent to the auditor for verification. Training records are maintained by the State of Vermont RLSI in an electronic training record.

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

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination</i></p> <ul style="list-style-type: none"> • Up-to-date Social Work license for Program Director and rostering documentation for the Transition House Clinician

- Training records and signed forms acknowledging the program clinician received and understands expectations related to PREA
- Interview with the Transition House Clinician
- Interview with Transition House Program Director
- Interview with SANE Manager from University of Vermont Medical Center (UVMCC)

The Transition House employs one Mental Health Clinician (a rostered Social Worker) to work with program youth. It is important to note that the Transition House Program Director, Ms. Maisha McCormick, is also a Licensed Social Worker. 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 did not have any clinical interns working at the Transition House. The Transition House does not employ or contract with any medical staff (i.e., physicians, nurses, etc.). If youth have medical issues or are in need of routine medical care they are transported to urgent care, a doctor's office, or the hospital depending on the extent of the medical attention needed.

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

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 UVMCC SANE Manager verified that there is an established practice of monitoring Continuing Education Units (CEUs) required to maintain SANE certification. The UVMCC 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).

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Agency's Policy on Entries into Client Records in the Operations Manual
- Transition House 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
- Transition House Intake Policy
- Transition House Staff Handbook
- Personnel record review verifying all staff have signed Agreement to Protect the Privacy, Confidentiality and Security of Protected Health Information and Education Records forms
- Interviews with Clinician and the Program Director who are responsible for conducting vulnerability assessments
- Interviews with youth
- Interview with Agency PREA Coordinator
- Interview with Transition House PREA Compliance Manager
- Observations during facility tour that vulnerability information is accessible only to limited staff
- Information obtained when Program Director and Clinician demonstrated how the assessment is conducted

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

Interviews with the Program Director and program Clinician verified the various risk vulnerability factors that are considered at intake and periodically through the year.

The Transition House 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 vulnerability risk screening instrument. These assessments are conducted by the Transition House Clinician. If the Clinician is not available or absent, the Program Director (a licensed Clinical Social Worker) serves

as the backup and would conduct these assessments on new intakes.

The Howard Center Operations "Policy on Entries into Client Records" supports this PREA standard. The policy explicitly states, *"In the Children's Transition House and the Park Stret Program, risk assessments for victimization and abusiveness must be conducted within 72 hours of the resident's admission to the facility and documented in the client health record. Information gathered in these assessments must be used to reduce the risk of sexual abuse by or upon the resident. Re-assessments must be conducted periodically while the resident remains in treatment in the facility."* The Transition House policy "2.0 Intake Procedures" also directs these assessments be completed within 72 hours. During the onsite portion of the audit, the auditor had the Program Director and Clinician show her how they would conduct the vulnerability assessment with a youth. While onsite, the auditor also reviewed vulnerability assessments located in youth electronic files (N=7; four current and three youth discharged in the past 12 months). All youth files contained a completed vulnerability assessment except one that had been sent to Howard Center headquarters to be scanned to the electronic health record system. All vulnerability assessments were completed within the 72-hour PREA requirement.

Interviews with the Agency PREA Coordinator and the Transition House Program Director, PREA Compliance Manager, and Clinician explained that the Howard Center uses an electronic health record system. Hardcopies of the vulnerability tools are stored in a locked filing cabinet in the Clinician's office. These assessments are sent to the Howard Center administrative offices periodically to be scanned into the individual youth records. The auditor observed and verified these completed assessments are stored in a locked cabinet inside the locked Clinician's office.

To further support the protection of sensitive information, staff are trained on confidentiality and informed they are permitted to view only those client records that directly relate to their job responsibilities. Staff are required to sign the Agreement to Protect the Privacy, Confidentiality and Security of Protected Health Information and Education Records. The statement forbids staff copying client records or using client information, other than necessary as it relates to their specific job duties. The form specifically states, *"I understand that I must protect any PII that may come into my possession even though I may not be directly involved in providing services to individuals or families. I will only use and disclose PII with the individual's permission or as permitted by state and or federal laws. I understand that privacy extends beyond the death of an individual. I understand that my obligation to protect PII extends beyond my work at Howard Center...I will follow all agency privacy and security related policies and procedures. I understand that violating the conditions of this agreement or misusing PII obtained from my work at Howard Center, or from agency records, that I may be subject to civil and or criminal penalties under state and federal laws...I understand that any violation of this agreement may result in disciplinary action up to and including termination..."* Interviews with direct care staff verified staff do not access to detailed vulnerability information.

In further support of provisions in this standard, all Transition House job descriptions

	<p>clearly describe staff responsibilities for complying with PREA regulations to include the duty to protect sensitive client information. More specifically, job descriptions for Residential Counselors specifically state, that these staff are responsible “...for the coordination and implementation of behavioral plans, milieu adjustments due to crisis management and supervision of the youth residing in the program as well as ensuring the safety of all residents. In order to adequately supervise youth, implement safety and behavioral plans, respond to crisis situations and fulfill roles as treatment providers, the position will have access to clinical documentation, psychological evaluations and client history including a youth’s history of sexual perpetration and or victimization. The position is required to participate in clinical supervision and must adhere to relevant privacy regulations.” Job descriptions are regularly reviewed as part of the agency’s staff performance review process, which provides an opportunity for supervisors to reinforce these expectations. Direct care staff interviews verified they are required to uphold confidentiality and follow strict guidelines regarding client information (including vulnerability risk information).</p> <p>The auditor concludes Transition House is in compliance with provisions in this standard.</p>
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Used in Compliance Determination:</p> <ul style="list-style-type: none"> • Transition House Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Violent Behavior • The Transition House Risk Assessment, Supervision Changes and Vulnerability Procedure • Howard Center Physical Intervention Policy • Sample of minutes from leadership meetings (8/22/22; 9/12/22; 1/10/23; 1/23/23; 2/06/23; 2/13/23; 2/20/23; and 2/27/23) • Transition House Staff Handbook • Transition House Risk Assessment Policy • Interview with PREA Compliance Manager • Interview with Agency PREA Coordinator • Interview with Clinician and Program Director who are responsible for conducting vulnerability risk assessment and making placement decisions based on assessment information • Interviews with staff who supervise youth 1:1 • Interviews with youth <p>The Transition House has adopted the Vulnerability Assessment Instrument: Risk of</p>

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 Transition Clinician and Program Director indicate the facility considers all factors when determining in which bedroom youth are placed, consistent with PREA standards. The Transition House Clinician is responsible for conducting the vulnerability assessment on youth. During the audit interviews, the Clinician and Program Director explained they gather vulnerability information by interviewing the youth, observing, and consulting referral documents detailing youth's history. This information is used to determine the course of treatment and plays a role in determining where youth will be placed within the program (i.e., which bedroom on the second floor, the independent living quarters, etc.). For example, youth who are at high risk for victimization would be placed in a bedroom closest to the staff office, separate from youth who are high risk for perpetration. Youth who qualify to live in the independent living apartment must demonstrate success in the program and/or at another similar setting. These youth are not placed in the independent apartment based on sexual orientation, although this is one risk factor that is considered when placing youth in the program.

As previously mentioned, bedroom assignments are made based on individual needs and considers the treatment and supervision level required to ensure youth and staff safety. Upon completion of the vulnerability risk assessment at intake and within one week of a youth's arriving to the program, the T-House Clinician meets with youth. Following this meeting, the Clinician incorporates vulnerability information into their clinical notes on the Howard Center electronic record system. As previously mentioned, the auditor reviewed completed vulnerability assessments while onsite. Although it is clear that the program is thoughtful about placing youth within the program based on vulnerability risk, there is a need to increase documentation of the initial discussion and decision regarding new youth. The program will be required to enhance its existing process for documenting initial placement decisions. The auditor is confident the Transition House regularly reviews youth placements, as evidenced by review of several leadership meeting minutes (participants included agency and program leaders) indicating a detailed review of youth vulnerability and current placements.

The Transition House Risk Assessment, Supervision Changes and Vulnerability Policy explains, *"The T House Program Supervisor, clinician and Team Lead are responsible for routinely assessing resident's risk to re-offend and their vulnerability to be offended against....This will be done using informal and formal re-assessment on a monthly basis for all clients. Informal strategies include: Review of daily shift notes and advisor check-ins; completion of daily treatment and IPC goals; individual meetings with residents; feedback from staff and other providers (school, supervisors, etc.). Formal strategies...need to happen on a monthly basis: A completed T House Risks Assessment Measure and a completed risk and vulnerability assessment. This information will be used as a means to assess planned changes in supervision, risk to relapse on high-risk behaviors, vulnerability to be a victim of sexual abuse/harassment, and/or risk to be a perpetrator of sexual*

abuse/harassment. Additionally, this information will be used to identify any changes in supervision, bedroom, bathroom and other placement needs. Attention will be paid to the impact of highly vulnerable youth (for example, residents who identify as LGBTQI and those who've experienced sexual trauma previously). This will be done routinely in the T House Leadership meeting and reflected in the meeting minutes. Changes will be announced and noted in weekly staff meetings. As with any clinically significant information, changes in risk/vulnerability will be documented in the monthly notes completed by the program clinician."

The Transition House does not use isolation. If there is an incident of resident-on-resident abuse, staff are trained to separate the youth, which may require both youth spending time in their individual bedrooms. The perpetrator will be placed on one-on-one supervision with staff. While on restriction, agency policy dictates that youth will continue to participate in programming. More specifically, the Transition House Staff Handbook states, *"If a client is identified as the perpetrator in an allegation of sexual harassment and/or sexual abuse, the program director (or director on call) will work with staff to establish a safety plan to manage for any increased risk in the milieu until the incident can be investigated and an outcome is established. All investigations and responses will follow Howard Center's Policies and Protocols Addressing PREA. If this safety plan results in the isolation of either the perpetrator or the accuser, these individuals will continue to receive their full programming as outlined in their IPC, but with increased support and/or supervision."*

The Transition House policies support the current practice of discussing vulnerable youth such as LGBTQI during leadership meetings and that the Program Clinician is responsible for documenting summaries of these meetings. The program's policy "2.1 Risk Assessment" also explains how information from the vulnerability tool is used to inform treatment and placement decisions. Again, the auditor has reviewed several minutes from these meetings and has concluded this information is considered.

Although Transition House has not yet had a transgender or intersex youth, the auditor reminded the Program Director of the PREA provision requiring these youth be formally assessed for vulnerability risk a minimum of twice per year. The Program Director, PCM, and Clinician stated they were aware of this provision and as previously mentioned, the Transition House discusses vulnerability and risk information for all youth during its Leadership meetings a minimum of twice per year (verified by the auditor by reviewing several leadership meeting minutes).

Corrective Actions Required:

- The Transition House is required to develop a system for 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 Clinician 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 program, youth will be placed in the bedroom closest to staff office.” Another example that is more applicable to documenting decisions based on re-assessment of current program youth is, “[Youth B] moved from upstairs room to the annex apartment on first floor. Given [Youth B’s] clinical need for more independent practice, along with his risk of perpetration [Youth B] will be moved to the room which is separated from the other clients. [Youth B] will have own bathroom in this room and other clients do not have access to this room or bathroom.”

- The program will be required to submit evidence that these new expectations have been communicated to the Clinician. Additionally, if there is a new youth intake during the corrective action period, they will be required to submit the completed vulnerability tool demonstrating the documentation of programming and placement decisions.

As part of the corrective action plan, during the leadership meeting on 5/22/2023, the Program Director discussed changes to the vulnerability assessment process. Meeting attendees included the Program Director, the PREA Compliance Manager, the case manager, the mental health clinician, and other program staff. The meeting minutes were submitted to the auditor to ensure clear expectations have been set. Based on the meeting minutes, the Program Director explained that the vulnerability assessment tool will be discussed in the leadership meeting following each intake. The clinician was designated as the person responsible for bringing the risk score to the leadership meeting. To protect this sensitive information, not all information gathered through the vulnerability tool will be shared with the larger group in the leadership meeting (although attendees are all management level staff). Placement decisions are/will be documented during the weekly leadership meetings and formally documented in the meeting minutes. Meeting minutes also verified all youth were discussed during this meeting, as well as in a previous leadership meeting held on 3/22/2023.

During the corrective action period the program submitted the vulnerability assessment for the one new youth (admission date of 5/22/2023). The program also provided a copy of the detailed clinical note that verified the youth had a formal session with the clinician that same day. The clinical note also stated that the youth’s risk level was high for vulnerability and as a result, the youth would be placed in the bedroom closest to the staff office.

The auditor applauds the Transition House for creating a process to ensure placement decisions include information from the vulnerability risk assessment and that these placement decisions are formally and consistently documented.

The auditor concludes the program is in compliance with these standard expectations.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Used in Compliance Determination

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- State of VT Statutes Online Title 33, Chapter 49: Child Welfare Services
- State of VT Policy 52, Child Safety Interventions
- Licensing Regulations for Residential Treatment Programs in Vermont
- Agency's Consumer Grievance and Appeal Policy
- Agency's Consumer Grievance and Appeal Procedures in the Procedures Manual
- Agency's Adult or Child Abuse Reporting Policy in the Operations Manual
- HC PREA Grievance Form
- Transition House grievance box
- Transition House Youth Handbook
- Transition House Staff Handbook
- Transition House PREA Resources and Information bulletin board
- Interviews with random staff
- Interview with PREA Compliance Manager
- Facility audit tour observations
- Email confirming program responded promptly to the grievance
- HC website explains third-party reporting information

The Howard Center Transition House provides several avenues by which youth may report incidents of sexual abuse, sexual harassment, or retaliation by other residents or staff. The staff handbook states program youth may *"make a verbal or written report to a staff member...may also call Centralized Intake (DCF Child Reporting Hotline), their DCF worker, attorney, Guardian ad Litum or parent."* This information and specific contact information is provided on the "PREA Resources and Information" bulletin board in the Transition House front room/bike area. Interviews revealed that Program Director and the PREA Compliance Manager/Team Lead have keys to the locked grievance box. This box is checked once a day, Monday through Friday. The grievance box is clear so direct care staff can monitor whether there is a piece of paper in the box on the weekend. Direct care staff are directed to visually check the grievance box throughout their shift (although they do not have keys to the box). If it is a weekend, direct staff are required to call the On Call Director to come in and review the grievance. During the onsite review the auditor conducted a test to determine if the grievance box is checked by placing a note in the box while she was alone. The program responded to the auditor via email in approximately a half an hour of placing the note, verifying they had received the grievance box test.

All youth interviewed articulated that if someone was harming them, they would tell a staff member, their DCF worker, their lawyer or contact local law enforcement. All

youth reported they knew about the PREA bulletin board and that they could call the abuse hotline number if someone was harming them.

All youth stated that they are permitted to call their attorneys or make other professional phone calls daily and are afforded privacy during these calls. All of these phone numbers appear on the youth's approved phone list and youth explained they have privacy when making calls to DCF, their attorney, and making an abuse report (i.e., staff would dial the phone and youth would be permitted to take the phone in the basement for privacy). This practice is supported by language in the Staff Handbook which states, "*Clients may always speak with their DCF worker, DCF hotline, Lawyer and GAL without monitoring and/or supervision.*" Staff confirmed that they provide youth privacy when talking with their DCF worker and their lawyers. Staff also stated that they would provide youth with the same privacy if youth requested to call the abuse hotline number or HOPE Works. Youth interviews also verified they understood they are allowed to have privacy when making a report of sexual abuse.

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

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

Youth interviews revealed that all youth feel safe in the program and would feel comfortable approaching Transition House staff or a trusted adult to report any

	<p>incidents of sexual abuse. Youth also verified that in the event of an emergency, such as in the case of reporting abuse, that staff would afford them privacy to make a phone call to any of the individuals on their approved contact list. As previously stated, youth with an attorney verified they have privacy when speaking with their attorney. Similarly, staff interviewed stated if they wished to make a report of sexual abuse or sexual harassment, they could have privacy by closing the door to the staff office and calling their supervisor or the State of VT Centralized Intake.</p> <p>All evidence supports compliance with this standard.</p>
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual • Transition House Staff Handbook • Transition House professionalism protocols • Agency's Consumer Grievance and Appeal Procedures in the Procedure Manual • Agency's Consumer Grievance and Appeal Policy • PREA Grievance Form • Youth interviews • Staff interviews • Pictures of plexi-glass grievance box <p>Youth can file a grievance at any time while at the Transition House and are not required to use an informal grievance process such as attempting to resolve the issue with the staff member who may be the subject of the grievance. The Howard Center PREA policy states, <i>"There is no time limit on when individuals may file a grievance alleging sexual misconduct. All issues related to allegations of sexual abuse and sexual harassment, as well as allegations of retaliation, are grievable. Staff shall not require a resident youth to use an informal grievance process or otherwise try to resolve with staff incidents involving alleged staff sexual misconduct."</i> In addition, the policy also states, <i>"Third parties, including other residents, staff members, family members, legal guardians, outside advocates, and attorneys for the resident, may file grievances on behalf of the resident currently or formerly in custody at facility and may assist the resident in completing the grievance."</i> 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 they</p>

would assist youth with filing a grievance as needed/requested.

The Transition House has a plexi-glass grievance box that is securely locked. Only Transition House managers (Program Director, PCM, and Clinician) have keys to this locked grievance box. Staff interviews confirmed that they are required to visually observe the box periodically throughout their shift. They are required to notify a manager immediately if there is a written grievance in the box. If a grievance is seen on a weekend, staff are required to alert the on-call manager immediately. The on-call manager would immediately come in to review the grievance. Interviews with the PCM, Program Director, and direct care staff confirmed this practice is in place. This practice helps ensure emergency grievances are addressed consistent with PREA expectations (within 48 hours).

The agency PREA policy also addresses other provisions in this standard. More specifically, the policy directs the PREA Compliance Manager to meet with the youth within 24 hours of receipt of a grievance or the next business day, whichever is sooner. The PREA Compliance Manager is also required to meet with the youth again to explain the grievance process within three days. As previously mentioned, while onsite the auditor conducted a check to determine how long it would take for the program to respond to a grievance. The PCM sent an email to the auditor a half hour after the grievance was secretly placed in the box to verify the program responds to all grievances in a timely fashion. All youth interviewed stated that they had not filed a grievance of any kind since being in the program.

Agency expectations as per the agency's PREA policy also include: *"upon completion of the investigation into the grievance the facility PREA Compliance Manager shall explain to the resident the resolution of the matter and the reasons for the decision, documenting any resolution that has already occurred, and recommending or explaining any decisions made pertaining to the grievance. Grievances will be addressed promptly but may require more time to investigate. If more time is needed, then the facility shall render a final decision within 90 days unless the facility needs an extension of time up to 70 additional days. The resident shall be apprised of any time extensions and the date by which a decision will be made in writing."*

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

- *"Grievances that allege the possibility of imminent harm shall be processed in an expedited fashion;*
- *If needed, staff shall assist the resident in writing his or her grievance and explaining the nature of the emergency. The individual who is informed of the grievance shall communicate the grievance and the nature of the emergency to the facility PREA Compliance Manager;*
- *The facility PREA Compliance Manager in consultation with the PREA*

	<p><i>Coordinator shall determine whether the matter is an emergency. If the matter is an emergency, he or she shall investigate the matter and provide the resident with an initial response within 24 hours of the resident's filing of the grievance and a final decision within three calendar days. If he or she determines that the matter is not an emergency, he or she shall explain this to the resident and forward the grievance for processing according to the procedures listed above;</i></p> <ul style="list-style-type: none"> <i>The facility PREA Compliance Manager shall report all emergency grievances involving substantiated cases of alleged abuse or neglect to the PREA Coordinator immediately"</i> <p>There were no allegations of sexual abuse or sexual harassment in the past 24 months. However, based on the PREA audit from two years ago (2021) and interviews with agency staff, facility staff, and youth the auditor is confident that the program responds quickly to all grievances and allegations. This includes meeting with youth as soon as possible and within a 24-hour target timeframe. 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.</p> <p>All staff confirmed they would assist youth with writing a grievance upon request and most stated they would offer this option to youth. In addition, all youth understood they could ask staff or family members for help with filing a grievance.</p> <p>The agency PREA policy also states that staff are prohibited from disciplining or retaliating against youth for filing a good faith grievance. Additionally, the Transition House Staff Handbook states, <i>"Any unfounded allegation or report made in good-faith, will not result in any discipline."</i> Staff interviews confirmed they understand retaliation is strictly prohibited.</p> <p>All of the evidence allows the auditor to determine the program is in compliance with this standard.</p>
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Policies and Procedures Addressing the Prison Rape Elimination Act (PREA) • MOU with Hope Works (executed 6/23/22) • Email from PREA Coordinator to Children's Advocacy Center and draft MOU

(2/17/23)

- Resident and Family Guide to PREA
- Hope Works pamphlet
- Hope Works contact information on the PREA Resources and Information on Resources and Information bulletin board
- Transition House Staff Handbook
- Youth Interviews
- Interview with the Transition House Program Director
- Interviews with random direct care staff interviews

The Howard Center Transition House Street program has a fully executed MOU with HOPE Works (6/23/22) and a draft MOU with the Chittenden Children's Advocacy Center (CAC). These MOUs are comprehensive and clearly outline the specific responsibilities of individual parties. An interview with the Agency PREA Coordinator securing the MOU with the CAC has been challenging. The draft MOU and several emails verifying Howard Center's efforts to enter into the CAC agreement were reviewed by the auditor. The federal PREA standards require an agency to *"maintain or attempt to enter into a memoranda of understanding..."* and therefore, Transition House is in compliance with this provision. The auditor applauds the Howard Center for its persistence and commitment to establishing these MOUs. Interviews with youth indicated that many of them were not aware of these services but stated *"there are phone numbers on the board in the bike room."* During the onsite visit the auditor confirmed that the contact information for HOPE Works and Centralized Intake appears on the PREA Resources and Information bulletin board located in the bicycle room located on the first floor. Although some residents were not completely aware of these emotional support services, all youth reported there were several individuals not affiliated with the Transition House whom they could call for assistance if they were sexually abused or harassed. This included the State of Vermont DCF social worker or the abuse hotline. The Transition House Program Director is encouraged to invite representatives from HOPE Works to speak with program youth and staff about the services they provide.

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

The Transition House Staff handbook states, *"Clients may always speak with their DCF worker, DCF hotline, Lawyer and GAL without monitoring and/or supervision."* While onsite, interviews with all youth and staff verified youth have privacy when talking with their attorneys and other approved contacts (i.e., staff dial the phone for youth and then step away outside of ear shot). No youth currently in the program had made a report of abuse or accessed emotional support services through Hope Works. That said, all youth stated they would have privacy when

	<p>speaking with community advocates.</p> <p>Review of all evidence allows the auditor to confidently determine Transition House is in compliance with the provisions of this standard.</p>
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual • Agency Consumer Grievance and Appeal Policy • Agency's Consumer Grievance and Appeal Procedures • Howard Center webpage Safe Environmental Standards • Transition House Staff Handbook • A Resident and Family Guide to PREA • PREA Resources and Information on bulletin board <p>As described in other sections of this report, the Howard Center has several policies requiring staff to take reports from third parties and requiring them to contact DCF Centralized intake to make the report. The Howard Center's webpage for the Transition House program provides information about the program and agency's zero tolerance policies; process and contact information for third-party reporting; the State of Vermont policy that describes the investigatory process for incidents of sexual abuse; and the Howard Center annual report that includes progress on implementing PREA and sexual abuse incident data. The auditor has reviewed the webpage and all links are in working order. Additionally, 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.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Vermont's child abuse reporting law (Title 33, Chapter 49) • Agency's Policies and Protocols Addressing the Prison Rape Elimination Act

(PREA) in the Operations Manual

- Agency's Adult or Child Abuse Reporting Policy in the Operations Manual
- Transition House Comprehensive Care Core Manual
- Transition House Staff Handbook – Staff Expectations and Professionalism
- Howard Center webpage Safe Environment Standards (<https://howardcenter.org/safe-environment-standards/>)
- Interviews with staff
- Interview with PREA Compliance Manager
- Interview with Program Director
- Interview with Clinician
- Training records confirming staff have completed PREA training and HC Mandatory Child Abuse Reporting training

Vermont's child abuse reporting law (Title 33, Chapter 49) states that if a person has reasonable cause to believe that a child has been abused or neglected, he or she must make a report to the Department for Children and Families (DCF). In support of this law, the Howard Center Home and Community Services Core Manual clearly describes staff responsibilities as a mandatory reporter. The manual explains, *"State law mandates that professionals in the fields of education, childcare, mental health, social services, medicine and law enforcement report all suspected cases of child abuse and neglect. Reports must be made within 24 hours if they have reasonable cause to believe that a child has been abused or neglected. You are a mandated reporter. You are obligated to report suspicion of abuse or neglect of any at-risk population...If you suspect abuse or neglect, it is your responsibility to report it, not to investigate or judge whether or not it merits investigation. The first step is discussing with your supervisor.... It is important to remember that as a provider you are not responsible for determining whether or not abuse or neglect actually occurred. Your responsibility is only to pass on the information to DCF; it is DCF's responsibility to conduct an investigation and make a legal finding."* Following a verbal report to the supervisor, a written incident report must be completed by the end of the work shift. The completed incident report is sent to the Program Director who ensures the appropriate parties are notified (i.e., Family Worker, Clinical Director, DCF, Licensing, Police, CYFS Director, etc.).

Interviews with direct care staff and the program clinician revealed that these individuals are aware of their responsibilities as mandatory reporters and they understand the process for responding to reports of sexual abuse and/or harassment. In addition, the Transition House mental health clinician reported they verbally inform youth of their mandatory reporting responsibilities when they initially meet with a youth. All youth interviews confirmed that youth understand that all staff are mandatory reporters and what the law requires. The Howard Center PREA policy also states, *"Family members, attorneys, guardians and other third parties may file grievances on behalf of resident in writing or verbally by indicating that they have a complaint to any staff member including the Administrator."* This policy language and information from staff interviews provide evidence of compliance with provisions in this PREA standard.

Supporting information regarding the agency's zero tolerance for retaliation is found in the agency policy, "Policies and Protocols Addressing the Prison Rape Elimination Act (PREA)." This PREA policy specifically states, "No facility employee, volunteer or contractor may retaliate against a resident, staff, volunteer, contractor or third party in any way for participating directly or indirectly in the grievance process. Employees, contractors and volunteers shall report any incident of retaliation against a resident, youth, staff, volunteer, contractor or third party for participation in the grievance process, to the facility PREA Compliance Manager who is responsible for monitoring and responding to retaliation." The Howard Center PREA policy also states, "Family members, attorneys, guardians and other third parties may file grievances on behalf of resident in writing or verbally by indicating that they have a complaint to any staff member including the Administrator...reports from third parties or anonymous sources shall be accepted for investigation." This policy language and interviews with staff support compliance with provisions of this PREA standard.

The Howard Center prohibits staff from revealing information related to a sexual abuse report to anyone other than the extent necessary to make decisions related to treatment, investigations, and safety and security. Compliance with this PREA provision is supported by the agency PREA policy which specifically states, "All staff members responsible for investigating grievances shall keep confidential the fact that a resident has filed a grievance and the information contained in the grievance, except for the following: a) Reporting the results of the grievance investigation up the chain of command; b) Complying with mandatory reporting responsibilities; and c) Revealing only as much information as is necessary in order to complete the investigation and resolution of the grievance after discussing with the resident the steps necessary to complete an investigation." Interviews with Transition House staff verified they are only permitted to disclose information about the grievance and/or sexual abuse allegation to investigators, DCF Centralized Intake, and the Program Director. Staff may share very limited information with other staff on duty and only enough to keep youth safe from imminent harm. The agency PREA policy also requires notification to the victim's parents/legal guardians, the DCF case worker, and the resident's attorney. The Transition House Staff Handbook also provides additional support for provisions in the standard by stating, "Apart from those who need to know about the report of abuse, staff are prohibited from disclosing information related to the report made to anyone else."

Provision (e) of this standard requires the Program Director or designee to contact the alleged victim's parents or legal guardians; case worker if youth is under the guardianship of the child welfare system; and youth's attorney or legal representative within 14 days of receiving the allegation. In the past 24 months there have been no allegations of sexual abuse or sexual harassment at Transition House. Therefore, the auditor was not able to confirm whether the program is in compliance with this provision. However, during the 2021 PREA audit, the auditor reviewed incident and investigation reports and verified allegations are reported and thoroughly investigated consistent with mandatory reporting laws and State of Vermont licensing regulations (i.e., making a verbal report to DCF Centralized Intake

	<p>within 24 hours). In addition, the investigation reports reviewed in 2021, verified that the victim’s legal guardian and case worker were notified immediately following the incident. During the current PREA audit (2023), interviews with the RLSI Investigator and Transition House leaders provided sufficient evidence that staff are well aware of these PREA requirements and there is a solid practice in place.</p> <p>Evidence reviewed indicates Transition House notifies the necessary parties when an incident occurs consistent with Howard Center policy and federal PREA standards.</p>
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Agency’s Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual • State of Vermont DCF Policy 241 • Interview with HC Human Resources Director • Interview with HC Human Resource Specialist • Interview with Program Director • Interview with PREA Compliance Manager • Interview with Howard Center CEO • Interviews with randomly selected direct care staff <p>Onsite interviews revealed staff were formally trained on and understand how to ensure youth are kept safe in the event they are at imminent risk for sexual abuse. This process involves taking immediate action to separate the alleged perpetrator and victim. The Howard Center policy “Policies and Protocols Addressing the Prison Rape Elimination Act (PREA)” supports this practice by dictating, a staff member accused of sexual abuse will be immediately suspended with pay. In the event that a volunteer, intern, or contractor was accused of sexual abuse they would be directed to leave the facility immediately.</p> <p>In the past 24 months there have been no allegations of sexual abuse or sexual harassment. Interviews with the Program Director/PREA Compliance Manager, Agency PREA Coordinator, Director of Human Resources, and Human Resource Specialist confirmed that in the event a staff member was alleged to have sexually abused a youth, the staff member would be immediately escorted out of the facility and placed on administrative leave. In the event of a youth-on-youth sexual abuse allegation, the program would immediately separate the youth and ensure youth were properly supervised by staff to guard against self- harm or harm to others. Staff interviews revealed they understand the coordinated response protocol which</p>

	<p>includes immediate action and then following up to ensure safety longer term (i.e., changing youth bedrooms, providing one-on-one staff supervision until the investigation concluded, etc.). Staff also reported there is a checklist in the binder located in the staff office that provides a step-by-step outline of how to respond to a youth allegation of sexual abuse.</p> <p>Interviews verified Transition House practice is consistent with agency policy and federal PREA guidelines. There is sufficient evidence supporting that Transition House staff would respond immediately and appropriately to allegations of sexual abuse.</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Agency’s Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual • Howard Center Operations Manual – Adult and Child Abuse Reporting • State of Vermont DCF Policy 241 • Interview with Howard Center CEO • Interview with Program Director • Interview with PREA Compliance Manager • Interview with RLSI Investigator <p>The Transition House has not had an incident in which a youth disclosed they were sexually abused while in a prior placement/facility in the past 24 months prior to the onsite review. However, Transition House and agency leaders interviewed all indicated that if this were to happen, a report would be made to Centralized Intake and DCF Residential Licensing Special Investigations Unit. RLSI would be responsible for contacting the superintendent/program director of the youth’s prior placement within 72 hours. In support of this testimony, the State of Vermont DCF Policy 241 “Licensing Residential Treatment Programs and Regulatory Interventions” states, <i>“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.”</i> In addition, the Howard Center PREA policy re-iterates that DCF is responsible for reporting the allegation to the facility in which the abuse allegedly occurred. Interviews with the Agency PREA Coordinator, Transition House Program Director, and the RLSI Investigator confirmed this practice is firmly in place.</p>

	<p>The State of Vermont Policy 241 also clearly states, “....federal PREA regulation 28 CFR § 115.363 requires program/facility heads to report to other program/facility heads if they learn of allegations of sexual abuse in other programs (both in-state and out-of-state)....If an employee of an RTP informs RLSI of suspected child abuse/neglect, RLSI will confirm a report was made to Centralized Intake and Emergency Services...If the alleged abuse occurred outside of Vermont, RLSI staff will confirm a report was made to the appropriate investigative agency in the state where the abuse occurred and/or make a joint report with the RTP staff person.”</p> <p>Review of the evidence provides verification that the Transition House is in compliance with this standard provisions.</p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Used in Compliance Determination:</p> <ul style="list-style-type: none"> • Agency’s Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual • HC Operations Manual – Adult and Child Abuse Reporting • Checklist for Coordinated Response to Incidents of Sexual Abuse (Park Street and Transition House) • HC online PREA training curriculum for staff • Interviews with staff including first responders • Interview with human resources staff • Review of incident reports verifying immediate action was taken in response to allegations of sexual abuse <p>As described earlier in this report, the Howard Center’s “Policies and Protocols Addressing the Prison Rape Elimination Act (PREA)” provides specific details on how first responders are required to respond when a youth alleges sexual abuse. These steps include separating the alleged victim and abuser and ensuring the alleged victim and abuser do not take any actions that could destroy physical evidence (i.e., washing, brushing teeth, changing clothes, eating, or using the bathroom). Interviews revealed staff are knowledgeable of their first responder duties, including how to best preserve physical evidence.</p> <p>There have been no allegations of sexual abuse that involved a staff member or another resident while a youth was at the Transition House in the past 24 months. However, in the previous PREA audit (2021) the auditor reviewed two allegations of youth-to-youth sexual abuse and two allegations of youth-to-youth sexual harassment. This previous review of incident and investigation reports provided evidence that Transition House youth (victim and perpetrator) are separated until</p>

	<p>the investigation is completed. Interviews with staff during the current audit (2023), verified that if the incident involved a staff member, staff would have a duty to protect youth and therefore, the alleged perpetrator (staff member) would be asked to leave immediately. The auditor is confident this practice is understood by all staff and has been fully institutionalized.</p>
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115.365	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Agency’s Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual • Transition House Staff Handbook • Transition House Coordinated Response Plan • HC Checklist for Coordinated Response to Incidents of Sexual Abuse • HC Checklist for Coordinated Response to Incidents of Sexual Harassment • Post Incident Checklist Following an Allegation of Sexual Abuse • Online staff PREA training records • Program Director interview • PREA Compliance Manager interview • Agency PREA Coordinator interview • Staff interviews <p>The Transition House Staff Handbook provides specific direction on how to handle crisis situations. This process includes using de-escalation techniques, making sure youth are safe, contacting the Supervisor on call, and completing an incident report.</p> <p>The Transition House also has a written coordinated response plans and checklists for responding to incidents of sexual abuse and incidents of sexual harassment. The response plans and checklists outline responsibilities of staff first responders, the program supervisor, the PREA Compliance Manager, Howard Center human resources staff, the Agency PREA Coordinator, and the State of Vermont DCF. All staff are formally trained on their responsibilities upon hire and during the required annual staff PREA training. Review of staff PREA training records verified all staff have been trained on the program’s coordinated response protocol. Interviews revealed staff know how to appropriately and immediately respond to allegations of sexual abuse and sexual harassment. The agency PREA policy also provides detailed information on steps first responders must take when an allegation of sexual abuse is made.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidenced Used in Compliance Determination:</p> <ul style="list-style-type: none"> • Howard Center and the American Federation of State, County, and Municipal Employees AFL-CIO Howard Mental Health Chapter of Local #1674 collective bargaining agreement (effective July 1, 2021) • Agency’s Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual • Personnel Policy Section 210 Suspension • Interview with Howard Center Executive Director • Interview with Director of Human Resources <p>The collective bargaining agreement between the Howard Center and the regional bargaining unit (“Collective Bargaining Agreement Between Howard Center and American Federation of State, County, and Municipal Employee AFL-CIO Howard Mental Health Chapter of Local #1674” effective July 1, 2021) allows for the removal of staff who have been alleged to have sexually abused a resident while awaiting the outcome of an investigation or while waiting for a determination of the extent of the discipline. The legally binding agreement clearly states, <i>“Termination could result from unsatisfactory job performance, violation of Agency policy or unacceptable standards of behavior, including but not limited to the following: a) Unethical and/or destructive behavior with present or past clients of the Agency, provided the employee knew or reasonably should have known that the individual is a present or past client of the Agency.”</i> If a staff member sexually abused or sexually harassed a resident, this would qualify as unacceptable and unethical behavior and consequently, the staff would forfeit his/her protection provided in this collective bargaining agreement. Interviews with Howard Center agency leaders verified this collective bargaining agreement is current and the agreement provisions are closely adhered to.</p> <p>Additional support for compliance with this standard is found in the agency PREA policy which states, <i>“Volunteers and contractors accused of sexual abuse will be directed to leave the facility immediately.”</i> In addition, the Howard Center’s personnel Policy Section 210 states, <i>“This is not to prevent a supervisor from immediately relieving an employee from duty when in the sole opinion of the supervisor it is in the best interest of the Agency to do so.”</i> The Transition House Staff Handbook also states, <i>“Staff at the T House are expected to uphold the ethical, professional conduct and personnel policies and expectations outlined extensively in the agency’s Code of Ethics and personnel policies. Failure to do so could result in progressive discipline, and include termination.”</i></p> <p>Evidence reviewed allows the auditor to determine the program is in compliance</p>

with this standard.

115.367 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Used in Compliance Determination:

- Agency’s Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Agency’s Consumer Grievance and Appeal Policy in the Operations Manual
- Agency’s Consumer Grievance and Appeal Procedures in the Procedures Manual
- Agency’s Corporate Compliance Policy
- Agency’s Operations Manual Physical Intervention Policy
- Agency’s Policy to Provide Information About Detecting and Preventing Waste, Fraud, and Abuse, False Claims Recovery, and Whistleblower Protections
- Howard Center Post Incident Checklist Following Allegation of Sexual Abuse
- Howard Center Post Incident Checklist Following Allegation of Sexual Harassment
- Transition House Staff Expectations, Professionalism, and Protocols policy
- Interview with Program Director
- Interview with PREA Compliance Manager (responsible for ensuring documentation of monitoring for retaliation)
- Interview with Clinician
- Interview with Howard Center CEO
- Interviews with direct care staff

Review of agency policies provide evidence that clear expectations have been set regarding the agency’s zero-tolerance approach for monitoring retaliation. The Howard Center PREA policy describes protection of youth against retaliation and dictates, *“No facility employee, volunteer or contractor may retaliate against a resident, staff, volunteer, contractor or third party in any way for participating directly or indirectly in the grievance process. Employees, contractors and volunteers shall report any incident of retaliation against a resident, youth, staff, volunteer, contractor or third party for participation in the grievance process, to the facility PREA Compliance Manager who is responsible for monitoring and responding to retaliation.”*

The Howard Center PREA policy also directs, *“For at least 90 days following a report of sexual abuse or sexual harassment, the facility PREA Compliance Manager will monitor the conduct and treatment of residents or staff who reported the sexual*

abuse looking for any indicators that may suggest possible retaliation and act promptly to remedy it (see Response to Allegations of Sexual Harassment and or Retaliation Protocol below). The facility clinician will be assigned to do periodic check-ins with the resident and/or victim who reported sexual abuse or sexual harassment over a period of 90 days to assess the youth's welfare and if any follow up action is warranted. These check-ins and action steps to address concerns will be documented in the resident's monthly summary. The immediate supervisor of a staff member who made the report of sexual abuse or sexual harassment will do periodic check-ins with the staff member over a period of 90 days to also assess their welfare and if any follow up action is warranted. These check-ins and action steps will be documented in supervision notes. Any concerns or follow up recommended during this 90-day period will be reported to the PREA Compliance Manager by the facility clinician or staff member's supervisor. Monitoring will continue beyond 90 days if the initial monitoring indicates a continuing need." The auditor applauds the program for setting clear expectations for staff.

Other policies that support the zero tolerance for retaliation include the Howard Center "Consumer Grievance and Appeal Policy and Procedures" which states, "*staff will be trained on the consumer complaint, grievance and appeal policy and procedures upon hire and annually thereafter. Any individuals initiating or pursuing a complaint, grievance or appeal will be free from any form of retaliation.*"

Interviews revealed staff understand what to look regarding retaliation and that they are required to report suspicion and/or incidents of retaliation to their supervisor and to DCF Centralized Intake.

There is evidence (i.e., staff interviews, meeting minutes, etc.) to verify that youth are continuously assessed and interactions between residents are regularly evaluated through weekly Transition House team meetings. Onsite staff interviews verified they are required to take immediate action to end the retaliation if they observe these behaviors or if a youth reports (or the victim) they are being retaliated against. All staff explained that incidents of retaliation are included in their mandatory reporting obligations. An interview with the Clinician supported that they would be responsible for formally documenting periodic check-ins with youth for at least 90 days following a report of sexual abuse. The auditor reminds Transition House that this documentation must include, at a minimum, the date, time, and a short description of the check-in (i.e., youth's safety and welfare was assessed; follow-up actions needed such as bedroom changes, 1:1 supervision, etc.).

As stated earlier, following the onsite visit the Transition House held a leadership meeting on 5/22/23 to update managers on the outcome of the PREA audit. The meeting minutes verified that the clinician will be responsible for documenting interactions with youth on a weekly basis. In addition to documenting that the clinician has met with each youth who disclosed prior sexual perpetration and sexual victimization at intake, the clinician will document any information about possible retaliation against youth who have made a report of abuse in the weekly clinical note.

Although there have been no allegations of retaliation reported by Transition House

	youth, interviews with managers and direct care staff allow the auditor to conclude the program is in compliance with this standard.
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Howard Center Operations Manual Physical Intervention Policy • Interview with Program Director • Interview with PREA Compliance Manager • Interview with staff responsible for 1:1 supervision of youth • Interviews with youth • Interview with Transition House Clinician • Interview with PCM <p>The Howard Center policies prohibit the use of isolation. More specifically, the HC Operations Manual Physical Intervention Policy states, <i>“locked seclusion may not be used.”</i> As previously described in this report, Transition House will separate youth for safety reasons (i.e., one-on-one supervision) but all youth continue to receive education, large-muscle exercise, and regular visits from the program clinician. Staff and youth interviews verified youth are never placed in isolation and if there is a need for separation from the group, youth are provided the required services. Incidents of sexual abuse and sexual harassment by Transition House youth are viewed as a lapse in treatment and addressed immediately. Transition House is in compliance with this PREA standard.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Agency’s Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual • State of VT Statutes online, Title 33, Chapter 49 Child Welfare Services • State of Vermont DCF Policies 50, 51, 52, 56, 57, 60, 66, and 241 • RLSI Regulations 118, 119, 120, and 121

- Agency Personnel Policy 225 Complaint and Grievance
- Operations Manual Consumer Grievance and Appeal Policy
- Agency Consumer Grievance and Appeal Procedures
- HC Post Incident Checklist Following an Allegation of Sexual Abuse
- Certificate of Training Completion for RLSI investigator - NIC Specialized Investigation Training
- Interview with DCF RLSI investigation staff (staff to youth sexual abuse)
- Interview with HR Director
- Interview with HR Specialist (staff to youth sexual harassment allegations and retaliation)
- Interview with PREA Compliance Manager
- Interview with Agency PREA Coordinator

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

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

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

When a report has been accepted for investigation of child sexual abuse the RLSI Investigator contacts the 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. As previously mentioned, the Howard Center has a draft MOU with CUSI and the Children's First Advocacy Center.

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

In the past 24 months there were no allegations of sexual abuse or sexual harassment. As such, the auditor was unable to review investigation files. However, it is important to note that the auditor had reviewed several investigation reports during the last audit in 2021. The review confirmed that all incidents were reported to State of Vermont DCF Centralized Intake as required and that the investigations were comprehensive. 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.

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

The Howard Center PREA policy also states, with regard to cases of sexual harassment "*Reports from third parties or anonymous sources shall be accepted for investigation. All reports will be handled promptly, thoroughly and objectively.*" In

cases in which there have been allegations of sexual harassment against staff, volunteers, and contractors and any allegations of retaliation, the Howard Center's Human Resources, in coordination with the Agency PREA Coordinator, conduct these investigations.

AHS DCF policies do not require RLSI to investigate incidents of sexual harassment between youth. However, although a sexual harassment allegation would not be "accepted" as a report of sexual abuse, RLSI is notified of these reports and often delegates agency leaders (i.e., Agency PREA Coordinator) to investigate the incident. RLSI ensures these incidents are properly investigated by closely monitoring the program. When a sexual allegation is made, the Program Director speaks with the RLSI Investigator to discuss the Transition House procedure and residential regulatory standards. The Transition House Program Director will 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 there is one Howard Center investigator who is responsible for investigating allegations from the Transition House. However, the agency PREA Coordinator and the Park Street PCM serve as backup investigators, as they have received the specialized investigation training required.

In situations involving youth-to-youth sexual harassment or sexual abuse allegations that are not accepted for abuse investigation by RLSI, the Transition House Program Director and Agency PREA Coordinator would conduct the investigation. Shortly after the onsite audit, the agency revised the PREA policy and procedures to include the following language: "If DCF and/or the police refuse to open an investigation into an allegation of sexual abuse, then the facility PREA Compliance Manager, in coordination with the PREA Coordinator, will conduct an administrative investigation of the allegation." Interviews with the Agency PREA Coordinator and the Transition House Program Director verify the way in which sexual harassment investigations are conducted is consistent with federal guidelines and agency policies. More specifically, the Howard Center PREA policy explains:

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

Interviews revealed that polygraph tests are not used by AHS to determine whether a victim's allegation is true by DCF RLSI, Howard Center, or Chittenden County Unit for Specialized Investigations (CUSI). In addition, the AHS RLSI does not terminate a sexual abuse investigation if a youth recants the allegation. This practice is supported by policy language in VT DCF Policy 241 which states, "...once a report has been accepted for a child safety intervention, the assessment or investigation must be commenced per Policy 52. The child safety intervention will not be terminated if the child or youth recants the allegation." Similarly, in sexual harassment investigations, Howard Center PREA policy specifically states, "The investigation will not be terminated based solely on the source of the allegation recants or departure of the alleged abuser or victim from the program or employment. The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as a resident or staff." Interviews with Howard Center and Transition House leaders confirmed adherence to the agency policy.

Review of AHS DCF agency policies and RLSI staff interviews verified that there is significant effort on behalf of investigators to determine whether staff actions or failures to act contributed to abuse. Sexual abuse investigations are conducted promptly and once an investigation is completed, information is summarized in a written report that contains a thorough description of physical, testimonial, and documentary evidence. These final reports are stored in the electronic system, FSDNet. Consistent with PREA expectations, the VT DCF Policy 241 directs, "Written reports of child safety interventions include descriptions of physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The division retains all written reports and documentation related to child safety interventions in FSDNet forever (which exceeds the requirements outlined in 28 CFR 115.371(j))." At the conclusion of sexual abuse investigations, a formal letter detailing the outcome of the investigation is sent to the program in which the youth reside, indicating whether the report was substantiated or unsubstantiated. Although there have been no sexual abuse allegations that were investigated by RLSI in the past 24 months, an interview with the RLSI investigator confirmed these practices are followed closely. In addition, the auditor has reviewed investigation reports in previous years (2021) conducted by the same RLSI Investigator currently assigned to the Transition House.

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

In addition, the State of Vermont Policy 241 "Licensing Residential Treatment Programs and Regulatory Interventions" addresses several critical pieces of the

investigation process that align with PREA standards. For example, the policy:

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

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

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

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

It is important to note that that the agency PREA policy clearly states: *“The Agency and the PREA facility will cooperate with any external investigation. The facility PREA Compliance Manager will periodically contact the external investigators for information about the progress of the investigation.”* Further support of this standard is provided by policy language which holds the Facility PREA Compliance Manager responsible for *“periodically contact the external investigators for information about the progress of the investigation.”* This policy language offers additional evidence for provision (m).

Additional policy language supports the expectation that *“the investigation will be prompt, thorough and objective. Upon request from external investigators, the Agency may delay its internal investigation and shall endeavor to remain informed of the progress of the external investigation.”* This further supports PREA standard

	<p>provision 115.371 (a).</p> <p>The Howard Center investigation/incident report template ensures all required notifications are made. The report template includes the following information:</p> <ul style="list-style-type: none"> • Offering youth to call DCF worker, their lawyer, their family member, and emotional support services (i.e., Hope Works); • Clearly listing the witnesses and providing specific information and statements regarding what they observed/experienced; • Clearly listing the evidence used in the determination (interviews with victims, perpetrators, and staff members; review of video; etc.) • More clearly stating the program’s response to keeping youth safe and preserving evidence (separating youth and instructing youth not to shower, use bathroom, etc.); • Indicating the outcome of the investigation and the date the investigation was completed; • Indicating when youth was notified regarding the outcome of the investigation (date and time) and who made the notification; • Documenting the date, time, and who made notifications to the parent/guardian, lawyer, and Centralized Intake; • Indicating the detailed plan for retaliation (i.e., who will monitor, how often, what check-ins will look like, etc.); • Detailed areas for discussion that are required by standard 115.386; • Date of the sexual abuse committee to provide evidence of the 30-day timeframe required by provision 115.386 (b); • List of individuals who attended the sexual abuse committee meeting to provide evidence for compliance with provision (c). <p>There have been no allegations of sexual abuse or sexual harassment in the past 24 months. That said, the auditor is confident that agency and facility leadership will utilize the existing template in the event of a sexual abuse allegation. The auditor determines the program is in compliance on this standard.</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • State of VT DCF Policy 241 • Agency Operations Manual Policies and Procedures Addressing the Prison Rape Elimination Act (PREA) • Interview with DCF RLSI Investigator

	<ul style="list-style-type: none"> • Interview with PREA Compliance Manager • Interview with Agency PREA Coordinator • Interview with Transition House Program Director <p>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, <i>“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.”</i> An interview with the RLSI Investigator, HR personnel, and the Transition House Program Director verified this standard is used when substantiating allegations of sexual abuse and sexual harassment.</p> <p>Past reviews of investigation reports from the 2021 PREA audit also provides additional evidence that the burden of proof used by the program is lower than that required by federal PREA standards.</p>
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115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • State of VT DCF Policy 241 • Agency’s Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual • Interview with Program Director • Interview with RLSI Investigator <p>The Howard Center PREA policy provides evidence of compliance with provisions of this standard. The policy states, <i>“If a staff member is alleged to have committed the sexual abuse then the resident must be informed when the staff member: 1) will no longer work in the facility, 2) no longer employed at the facility, 3) has been indicted on a charge related to sexual abuse at the facility, or 4) has been convicted on a charge related to sexual abuse in the facility. If another resident is alleged to have committed the sexual abuse, then the victim will be informed when the alleged abuser has been indicted on a charge related to sexual abuse in the facility or has been convicted on a charge of sexual abuse in the facility. All such notifications shall be documented.”</i> This agency PREA policy also holds the PREA Compliance Manager responsible for ensuring he receives the findings of the investigation by stating,</p>

“Following the investigation of an allegation of sexual abuse facility staff will request from the investigators information so we may inform the resident of the outcome of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded.”

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

Although there have been no allegations of sexual abuse at the Transition House that have been accepted for investigation for RLSI during the past 24 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 Program Director of the facility in which the youth currently resides. If the youth is a ward of the state, a formal letter is sent notifying the youth’s DCF case worker. Victims are notified of the determination, regardless of the investigation outcome (i.e., whether the case was substantiated or unsubstantiated). Since the State of Vermont does not include an “unfounded” investigatory finding, notifying the victim regardless of the outcome is required to achieve compliance with this PREA standard.

The Transition House uses the Post Incident Checklist to ensure all PREA provisions and notifications are tracked and met. The checklist clearly states, *“Date and summary of who gave notification of the outcome (of the investigation) to the victim and perpetrator....Dates of notifications to parents/guardians, attorney, and Centralized Intake.”*

The auditor reviewed the document and verbally confirmed with the Program Director that this checklist is used in the event of sexual abuse and sexual harassment allegations. The auditor determines the program is in compliance with this PREA standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Used in Compliance Determination:

- 3 Vermont Statute Annotated (V.S.A), 128 “Disciplinary action to be reported to the Office”
- State of VT RLSI regulations
- Agency’s Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Agency’s Policy Prohibiting Physical, Emotional, and Sexual Abuse and Sexual Harassment of Clients in the Operations Manual
- Agency Policy Adult and Child Abuse Reporting
- Agency Personnel Policy 237 Violence Prevention and Weapon-Free Workplace Policy
- Agency Personnel Policy 212 Immediate Discharge
- Howard Center and the American Federation of State, County, and Municipal Employees AFL-CIO Howard Mental Health Chapter of Local #1674 collective bargaining agreement (executed July 1, 2021)
- Transition House Staff Handbook
- Interview with Howard Center Executive Director
- Interview with Director of Human Resources
- Interview with Human Resource Specialist
- Interview with Transition House Program Director
- Interview with Agency PREA Coordinator
- Interview with PREA Compliance Manager

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

Agency policies and practices are also reinforced by the formal collective bargaining agreement between the Howard Center and the American Federation of State,

County, and Municipal Employees AFL-CIO Howard Mental Health Chapter of Local #1674 (effective July 2021). This legally binding agreement upholds that any behavior deemed unethical and/or destructive to past or current clients will be grounds for discipline up to and including termination (Section 807). In addition, the state licensing regulations specifically direct that a residential treatment program may not continue to employ any licensed professional who has been substantiated for child abuse or neglect (“AHS DCF Licensing Regulations for Residential Treatment Programs in Vermont,” Standard 402).

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

To date, the Transition House program has not had any staff member alleged to have sexually abused or sexually harassed youth in the program. Interviews with Howard Center Human Resources Director and Human Resource Specialist confirmed that any staff member alleged to have sexual abused a youth would be placed on administrative leave immediately and if, at the conclusion of the investigation process the allegation was substantiated, the staff member would be immediately terminated. In the event an allegation of staff-to-youth sexual harassment was substantiated, the Human Resources Director reported that the agency’s response would be to prohibit the staff member from working directly with any youth and likely terminate their employment with the Howard Center. She also stated that if during a personnel investigation there was evidence that there may be criminal charges, she would contact local law enforcement immediately. This information was verified by the Human Resources Specialist.

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

of a pending appeal.” As a licensed community residential care program, the Howard Center is governed by State of VT statute and is therefore, required to report terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by licensed professionals (staff, contractors, or volunteers) who would have been terminated, to all licensing boards.

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

In addition, the State of Vermont DCF Policy 241 requires RLSI to notify any licensing bodies of substantiated allegations of sexual abuse when licensed or credentialed staff, contractors, or volunteers 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.”*

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

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Vermont Statue Annotated (V.S.A), 128 Disciplinary action to be reported to the Office • Agency’s Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual • Agency’s Policy Prohibiting Physical, Emotional, and Sexual Abuse and Sexual Harassment of Clients in the Operations Manual • Agency Personnel Policy 237. Violence Prevention and Weapon-Free Workplace Policy

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

The Transition House does not currently have contractors, volunteers, or interns. However, during the previous Transition House PREA audit (2021) the auditor reviewed forms that contractors and volunteers are required to complete. Howard Center policies require all contractors and volunteers sign an attachment to their contracts titled, “Compliance with the Prison Rape Elimination Act (PREA).” The requisite attachment states, *“The Provider understands that failure to comply with the PREA requirements is grounds for immediate termination of the contract.”* Interviews with agency leaders and the Transition House Program Director verified that violations of the signed agreement by contractors and volunteers would automatically result in prohibiting these individuals from working with program youth.

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

In addition, the State of Vermont DCF Policy 241 requires RLSI to notify any licensing bodies of substantiated allegations of sexual abuse when staff, contractors, or volunteers are alleged perpetrators. The Howard Center’s PREA policy also states, *“Any staff member, volunteer, intern, or contractor terminated by Howard Center for criminal behavior related to an allegation of sexual abuse will be reported to law*

	<p><i>enforcement and, if applicable, to the appropriate licensing body. The Chief Client Services Officer will contact the licensing body to report the alleged criminal behavior. An external consultant may be contacted for the purpose of performing an investigation, and agency legal council will be notified. Reports will be documented in the Agency's compliance database, LaborSoft."</i></p> <p>Interviews with HR staff, the Transition House Program Director, Howard Center 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 Transition House who have violated these policies.</p>
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual • Agency's Consumer Grievance and Appeal Policy in the Operations Manual • Agency's Consumer Grievance and Appeal Procedures in the Procedures Manual • Transition House Youth Resident Handbook • Transition House Staff Handbook • PREA Kids and Families pamphlet • Interview with Program Director • Interview with mental health clinician • Interviews with direct care staff <p>The Transition House prohibits all contact between residents. This information is provided in the youth resident handbook stating, <i>"...clients are prohibited from any form of sexual behavior or activity with other residents. Any report of sexual contact, abuse or harassment must be reported to the program supervisor and/or director on call for investigations."</i> This information is supported in several Howard Center policies. Transition House staff and DCF RLSI interviews verified in the past 24 months there have been no criminal or administrative findings of guilt for resident-on-resident sexual abuse at the Transition House. Interviews with Transition House leaders and direct care staff revealed that in the event of an allegation of sexual abuse these incidents would be treated as a lapse in treatment. Safety plans would be immediately developed and the perpetrator and victim would be kept separate until the investigation was completed.</p> <p>The Transition House Staff Handbook supports this treatment lapse approach by</p>

clearly directing, *“Sexual abuse and harassment behavior will be viewed as ‘treatment lapse’ and the client, their team and support people/family will convene to review recommendations for treatment and discuss fitness of a community-based program like the Transition house. All disciplinary actions will be the result of legally initiated consequences. T-House will address this behavior through increased support, treatment, education or referral to a high level of care/specialized program for youth with sexually harmful behaviors”* The staff manual also states that if a youth must be isolated to ensure youth safety (either alleged perpetrator or victim), *“these individuals will continue to receive their full programming as outlined in their IPC, but with increased support and/or supervision.”* As per agency policy, a youth is never placed in isolation.

As previously mentioned, the Transition House Staff Handbook clearly states that a report made in good faith will not result in discipline. The Howard Center *“Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) Operations Manual”* provides further support of provisions in this standard by stating, *“Facility staff shall not discipline or otherwise retaliate against youth for filing a good faith grievance.”*

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

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

Agency policies, staff interviews, and review of youth files, provide sufficient evidence to determine Transition House is in compliance with the provisions put forth in 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:

- Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual
- Agency's Policy on Individual Plans of Care and Individual Support Agreements in the Operations Manual
- Completed Transition House Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Violent Behavior
- Transition House Intake Process Policy
- Transition House Staff Handbook
- Review of clinical notes in youth files verifying all youth with history of victimization and perpetration were seen within 14 days of intake
- Interview with Clinician
- Interview with Program Director
- Job description for Transition House Clinician

The Transition House requires specific documents to accompany youth when they are referred to the program for services. Among these documents are various assessments that include mental health evaluations, legal court documents, Individual Education Plans (IEP), medical records (i.e., date of last medical examination), and other important documents. The Transition House has an intake process that includes individual meetings with the Program Director, Clinician, and PCM; establishing individual treatment goals; reviewing the program handbook with youth; and educating youth on PREA (i.e., pamphlet, video, quiz, and attestation). The intake process also includes the Clinician completing the Howard Center's Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Violent Behavior (adapted from Florida Department of Juvenile Justice). The Transition House uses this information along with the referral documents to develop a Crisis Plan within three days of arrival, as per Howard Center policy. While onsite, review of youth files indicate youth are assessed at intake using the Howard Center's vulnerability risk assessment.

The Transition House Staff Handbook states, "*Clients that disclose any past abuse will be offered a follow up with a medical provider to occur no later than 14 days in the future.*" While onsite the auditor reviewed clinical files for all youth currently residing in the program (N=4) and a sample of youth discharged from the program within the past 12 months (N=3). Youth interviews verified that youth see and talk with the Clinician daily and at the very least, several times a week. However, while it is the auditor's understanding that the Clinician 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 57% (four out of seven files) of the vulnerability assessments indicated prior sexual victimization or prior sexual perpetration. Howard Center's policy requires the Clinician to document the various interactions with youth in a Monthly Clinical Note. Since the monthly note may have been written 30-45 days after the completed vulnerability assessment and coupled with the fact that the Clinician is not required to document all dates the

youth was seen for a clinical session, the auditor is unable to determine compliance with this standard. Therefore, the program will be required to establish a clear process and expectations for documenting the follow-up session for youth who disclose prior sexual victimization or perpetration are seen within the 14-day timeframe.

To ensure that sexual victimization or abusiveness information is protected, the Transition House retains the completed vulnerability assessments in locked filing cabinet in the Clinician's office. The auditor observed the completed vulnerability assessments locked in a cabinet in the Clinician's office (which is locked at all times). In addition, the Howard Center stores this information electronically in the youth's medical record. Although these completed assessments are uploaded to the youth's electronic case record (to which staff have access), all Howard Center staff are required to sign an Agreement to Protect the Privacy, Confidentiality and Security of Protected Health Information and Education Records upon hire, providing extra protection of sensitive information (as described in other sections of this report). Staff interviews supported that client information is protected and staff adhere to privacy information policies and expectations. The auditor determines that the program is sufficiently protecting this sensitive information consistent with this federal PREA expectation.

Corrective Actions:

- The program will be required to establish a process for ensuring documentation of clinical sessions within 14 days of arrival for youth who disclose prior sexual victimization and prior sexual perpetration. The program will be required to document this new process (revising policy or protocols) and ensure these new expectations are clearly communicated to the program Clinician. The program will be required to send the auditor evidence these tasks have been completed in order to be deemed "in compliance" with this standard.

As part of the corrective action period, during the leadership meeting on 5/22/2023, the Program Director discussed changes to the vulnerability assessment process (for specific changes see standard 115.342). Meeting attendees included the Program Director, the PREA Compliance Manager, the case manager, the mental health clinician, and other program staff. The meeting minutes were submitted to the auditor to ensure clear expectations have been set. Based on the meeting minutes, the Program Director discussed with her team a new process for better ensuring compliance with Standard 115.381, which requires a referral to a medical professional or mental health clinician within 14 days of intake when a youth discloses a past history of sexual abuse or sexual perpetration. Once a youth arrives to the Transition House, the mental health clinician will document their interactions with each youth on a weekly basis (previously these notes were done monthly). This will ensure timely documentation when a youth is seen by the program clinician and ensure all youth are seen within 14 days of arrival. The auditor reviewed the vulnerability assessment from the single new youth (conducted on 5/23/2023) that

	<p>was done following the onsite review.</p> <p>During the corrective action period, the program also provided a copy of the detailed clinical note that verified the youth had a formal session with the clinician that same day. The clinical note specifically stated that the youth’s risk level was high for vulnerability and that the youth would be placed in the bedroom closest to the staff office. The auditor also reviewed the clinician’s notes which indicated that the new youth was seen by the clinician on 5/22/23, the same day the youth arrived. The monthly note also indicated that the clinician followed up with the youth one week later to determine if the youth wished to discuss the prior incidents of sexual victimization. The youth declined at that time.</p> <p>The program has demonstrated their new practice is in place and the auditor concludes the Transition House is now in compliance with this PREA standard.</p>
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Agency’s Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual • Draft MOU with Childrens Advocacy Center (CAC) • Executed MOU with HOPE Works • University of Vermont Medical Center - Adolescent and Adult Sexual Assault Nurse Examiner (S.A.N.E.) and Forensic Nurse Examiner Guidelines • Interviews with first responders • Interviews with Transition House Clinician • Interview with University of Vermont Medical Center (UVMC) SANE Coordinator <p>The Howard Center has a policy that ensures victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The agency’s PREA policy explicitly states how to appropriately respond to a youth disclosure of abuse beginning with separating the victim and alleged perpetrator. More specifically, the policy directs staff to <i>“Provide an assessment of the victim’s acute medical or mental health needs; offer the victim the opportunity to have a forensic medical examination at the hospital. Explain to the victim that the exam is conducted by medical staff trained to provide services to abuse victims and will be billed to the resident’s insurance. Any out of pocket expenses will be paid by the Vermont Center for Crime Services Sexual Assault Program; Inform the victim that there are victim advocates available to provide support through the examination process and the investigative interviews and they will also provide emotional</i></p>

	<p><i>support, crisis intervention, information and referral; the victim will be provided with an opportunity to contact the victim advocates or, if requested, a staff member will contact victim advocates on behalf of the victim; if the victim chooses to do the forensic examination, staff will transport the victim to the hospital and will bring the resident's insurance information with them..."</i> Interviews with Transition House staff verified they are aware of the response protocol which includes separating the victim and perpetrator and providing emotional support (i.e. contacting the Clinician and the advocacy center).</p> <p>The Howard Center policy includes sexual abuse victims receiving forensic examinations from an off-site Sexual Assault Nurse Examiner (SANE) at the University of Vermont Medical Center (UVMC). As per the hospital's policy, once a youth is examined they would be offered access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. Since the Transition House is an all-male facility they would not be offered emergency contraception although, emergency contraception is offered as part of the standard SANE exam for females at UVMC. An interview with the UVMC SANE Coordinator verified this practice. Additionally, interviews with Transition House staff revealed they understand the steps to take when a youth alleges sexual abuse, including offering the victim a medical examination and counseling services.</p> <p>As previously mentioned, Transition House also has a draft MOU with the Chittenden County Children Advocacy Center (CAC) and a fully executed MOU with HOPE Works. This MOU states they will provide emotional support services to Transition House 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 to 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.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidenced Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Agency's Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual • Interviews with first responders • Interview with Clinician

- Interview with Program Director

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

Although there have been no sexual abuse allegations in the past 24 months, during the previous PREA audit (2021) the auditor reviewed case files of youth who allege sexual abuse or sexual harassment and are seen by a Clinician immediately following the event. Additionally, as part of treatment at Transition House program all youth meet with a clinician individually a minimum twice a month. Staff and youth interviews verified the meet with the Clinician several times throughout the month.

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

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Used in Compliance Determination:</p> <ul style="list-style-type: none"> • Agency’s Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual • State of VT DCF Policy 241 • HC Checklist for Reviewing Incidents of Sexual Abuse • Interview with Program Director

- Interview with PREA Compliance Manager
- Interview with DCF RLSI Investigator and member of the Transition House Incident Review Committee

The Howard Center PREA policy dictates that all allegations of sexual abuse (except those that have been determined to be unfounded) will be reviewed within 30 days of the conclusion of the investigation. The policy defines the review team to include the PREA Facility Compliance Manager, the supervisor of the PREA Compliance Manager, the PREA Coordinator, the Director of Human Services, the facility staff assigned to the victim or perpetrator, mental health practitioner who works with the victim or perpetrator, and DCF investigators. The State of Vermont Policy 241 also states, that RLSI investigators are required to participate in the sexual abuse incident review committee.

The Howard Center's PREA policy specifically directs the topics to be addressed during the Incident Review Committee. For example, the policy states the committee must consider: If the incident or allegation was motivated by race; ethnicity; gender identity: lesbian, gay, bisexual, transgender, intersex identification, status or perceived status; or, gang affiliation; or resulting from other group dynamics at the facility; whether the staff levels where the incident occurred are adequate; whether monitoring technology should be considered or augmented to supplement staff supervision; and other areas required by the provisions set forth in these standards. The policy also requires a formal summary report be generated to capture the discussion and decisions during this committee meeting.

To ensure all required topics are discussed during the Sexual Abuse Incident Committee, the Program Director uses the Howard Center's Checklist for Reviewing Incidents of Sexual Abuse template. The template includes each of the topics previously mentioned; date of the meeting; the required participants (including upper-level managers, investigators, clinicians, etc.); to whom the PCM should submit the completed form; etc. Since the Transition House has not had any allegations of sexual abuse in the past 24 months the auditor could not definitively determine whether this process is in place. However, interviews with the Agency PREA Coordinator, the Transition House Program Director, and agency leaders verified they are well aware of the 30-day sexual abuse committee requirement. The State of Vermont and the Howard Center both use two categories for concluding the outcome of investigations: Substantiated or Unsubstantiated. The term "unfounded" is not used when describing a possible outcome of an investigation case. PREA standards require all sexual abuse incidents that have been investigated and have been found to be "substantiated" or "unsubstantiated" are subject to a formal review process within 30 days. Since the term "unfounded" is not used, according to PREA standards, all cases of sexual abuse would need to be formally reviewed by the incident review committee. This expectation is supported in the Howard Center and State of Vermont DCF policies. The Transition House will be required to implement these policies into practice.

115.387	Data collection
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 995 376">Evidence Used in Compliance Determination:</p> <ul data-bbox="354 443 1477 810" style="list-style-type: none"> • State of Vermont contract with Howard Center (ending 6/30/2023) • Agency’s Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual • HC data collection forms for reviewing sexual abuse incidents (staff-on-youth and youth-on-youth) • Review of secure folder in which data resides and only the PREA Compliance Managers and Agency PREA Coordinator have access • Review of HC 2022 annual report providing data and discussing recommendations implemented (posted on agency website) <p data-bbox="280 851 1477 1680"> The State of Vermont has included language in its contract with the Howard Center (ending 6/30/2021) requiring collection of PREA related data. The contract specifically states, <i>“In accordance with State Licensing Regulations and §115.387 of the PREA National Standards, contractor will collect accurate and uniform data for every allegation of sexual abuse at Transition House and Transition House. Contractor will aggregate the incident-based sexual abuse data at least annually. Contractor will provide sexual abuse and sexual harassment data, admission and adjudication data, and the most recent version of the Survey of Sexual Violence conducted by the Department of Justice to the State Licensing Authority and Juvenile Justice Director no later than January 30 each calendar year.”</i> There were no allegations of sexual abuse or sexual harassment in the past 24 months. However, the auditor has reviewed copies of completed DOJ surveys that were submitted to the State of Vermont DCF as part of previous PREA audits. The Agency PREA Coordinator is responsible for completing these tools and an interview with him verified he ensures these are completed each year for both Howard Center programs (Transition House and Park Street). The Howard Center has memorialized the practice of annual data collection in its PREA policy. The policy sets forth clear expectations about annual document submission to DCF, using the information from the DOJ survey to make program improvements, and developing an annual report detailing sexual abuse data and related PREA information. </p> <p data-bbox="280 1720 1401 1756"> The Howard Center PREA policy supports provisions in this standard by stating: </p> <ul data-bbox="354 1823 1477 2065" style="list-style-type: none"> • Collect accurate and uniform data for every allegation of sexual abuse at the Park Street and the Transition House programs; • Use a Howard Center tool based upon the current Survey of Victimization Incident Form to collect data: • Review and collect data from relevant available incident reports, investigation files and reports, and sexual abuse incident reviews;

- Aggregate the incident-based sexual abuse data at least annually;
- Provide sexual abuse and sexual harassment data, admission and adjudication data, and the most recent version of the Survey of Sexual Violence conducted by the Department of Justice to Vermont’s State Licensing Authority and Juvenile Justice Director

The Howard Center practice includes using an electronic survey form/database to capture all required data elements set forth by the BJA in the DOJ Survey of Sexual Victimization Juvenile Incident (FORM SSV-IJ). Following an allegation of sexual abuse, assault, and/or harassment, the PREA Compliance Manager enters data into the Howard Center PREA survey form/database (in Survey Monkey). All incidents are documented in the Transition House's specific database/form in Survey Monkey. At the end of each calendar year, a designated Howard Center staff member is responsible for pulling a data report that captures the data elements required in the DOJ Survey of Sexual Victimization Summary Form for Locally or Privately-Operated Juvenile Facilities (FORM SSV-6). The report is sent to the Agency PREA Coordinator, who then sends it on to the State of Vermont (as required per contract). Aggregate data forms as well as the annual report (which displays aggregate data) are posted on the agency’s website (Safe Environment Standards – Howard Center). It is worth noting that the Agency PREA Coordinator checks the DOJ Survey of Sexual Victimization Juvenile Incident (Form SSV-IJ) each year to determine if there are any changes to the form. If the form has been updated a Howard Center staff member updates the Survey Monkey database/tool to ensure they are completing the most recent SSV-IJ. Howard Center maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual incident reviews. All incident information is stored in the Howard Center’s electronic incident database and/or secure folders on the agency's network. Investigation files are kept with DCF RLSIU in the electronic investigation database, FSDNet. Information related to a report of sexual abuse or harassment is maintained in a manual hardcopy PREA file in the Program Director's office.

The auditor confidently determines Howard Center Transition House is in compliance with this standard.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Agency’s Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual • HC annual PREA report on website

- Interview with Agency PREA Coordinator
- Interview with PREA Compliance Manager
- Interview with Howard Center Executive Director

The Howard Center has an annual agency PREA report that highlights progress and compliance with federal PREA standards. The report is titled, “Eliminating Sexual Abuse and Sexual Harassment in Howard Center’s Park Street and Transition House Programs” and is posted on the Safe Environmental Standards website (<https://howardcenter.org/safe-environment-standards/>). The webpage includes reports from 2015-2022. Each annual report includes comparison data for sexual abuse incidents from the prior year. Just prior to the onsite review, the auditor checked the website, and all links are in working order.

The practice of creating an annual progress report is supported by the Howard Center PREA policy which states the agency will, *“Complete annual reports for each facility as well as the Howard Center as a whole and include a comparison of the current year’s data and corrective actions to prior years and evaluate the agency’s progress in addressing sexual abuse; redact from the report any resident identifiable information as well as any information Howard Center believes poses a clear and specific threat to the safety and security of either of the facilities; have these reports approved by Howard Center’s CEO.”* Interviews with the Howard Center CEO, the Director of Home and Community Services, and other agency leaders, confirmed the Agency PREA Coordinator drafts the annual PREA report and that they review and approve the report prior it being posted to the agency’s website. The auditor also confirmed these annual reports were posted on the agency website and the annual reports do not contain specific identifying information about individual youth or staff.

The Agency PREA Coordinator meets with Park Street and Transition House Program Directors and PREA Compliance Managers throughout the year to review PREA data and discuss challenges. Both Program Directors reported that the Agency PREA Coordinator makes himself available for consultation at any time and is readily available during/following allegations of sexual abuse and/or sexual harassment.

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Agency’s Policies and Protocols Addressing the Prison Rape Elimination Act (PREA) in the Operations Manual • Completed Department of Justice Surveys of Sexual Violence posted on the

	<p>HC website</p> <ul style="list-style-type: none"> • Agency’s Policy on Records Retention, Disclosure and Disposition in the Operations Manual • Interview with Agency PREA Coordinator • Interview with PREA Compliance Manager • Interview with agency leaders <p>The Howard Center’s record retention schedule states, <i>“PREA administrative and criminal investigations of sexual abuse and sexual harassment”</i> will be retained <i>“as long as the alleged abuser is still employed by the agency or as long as they are incarcerated, plus 5 years.”</i> In addition, the agency retention schedule states that <i>PREA sexual abuse data will be retained for “10 years after the date of initial collection.”</i> This information is also part of the agency’s PREA policy. All completed data from the Department of Justice Surveys of Sexual Violence are posted on the HC website (years 2015-2022). The auditor checked the links, and all are in working order.</p> <p>The Howard Center PREA policy states that the facility PREA Compliance Manager will be responsible for securely storing any paper files or information related to sexual abuse onsite.</p> <p>Sexual abuse investigation reports are maintained by the State of Vermont AHS in the electronic database FSDNet and currently there is no “expiration date” on accessing these records/reports. The facility and agency retain sexual abuse data consistent with PREA standards.</p> <p>Interviews and review of the website, policies, and completed data forms allows the auditor to conclude the Transition House is in compliance with this standard.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This audit represents the fourth PREA audit for the Howard Center Transition House program. Previous audits were conducted in 2015, 2017, and 2021 and therefore, the Howard Center agency is in compliance with Standard 115.401 (a) and (b) which requires agencies to ensure one-third of its facilities undergo an audit during each audit cycle.</p> <p>The audit was conducted consistent with Department of Justice PREA expectations. Some of the highlights demonstrating compliance in this area include conducting extensive review of program materials, protocols, agency policies, staff records, youth files, various internal/external reports and licensing reports, and conducting a facility tour. The process also included interviews with several staff, contractors, and youth as well as a conversation with the local hospital’s SANE Coordinator and</p>

	<p>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 Howard Center; and other provisions.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor has confirmed that the Transition House final PREA audit reports (2015, 2018, and 2021) have been posted to the agency's Safe Environmental Standards website: http://www.howardcenter.org/Safe-Environment-Standards.</p>

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.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
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	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
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:	yes

	Residents who have speech disabilities?	
	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 communication with residents who are deaf or hard of hearing?	yes
	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	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
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 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 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	Hiring and promotion decisions	

(c)		
	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 maintained by the State or locality in which the employee would work?	yes
	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	yes

	employees?	
	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.)	na
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.)	na
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 (b)	Evidence protocol and forensic medical examinations	
	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?	yes
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 (e)	Evidence protocol and forensic medical examinations	
	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 not responsible for investigating allegations of sexual abuse.)	na
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.)	yes
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
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	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 have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
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	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	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 video regarding: Agency policies and procedures for responding to such incidents?	yes
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 investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
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).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
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).)	yes

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 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.)	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 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 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.)	yes
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
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	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	yes

	the agency attempt to ascertain information about: Age?	
	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	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
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	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	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?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
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 (a)	Resident reporting	
	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	yes

	entity or office that is not part of the agency?	
	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 standard.)	yes
	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 (f)	Exhaustion of administrative remedies	
	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.)	yes

	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 numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	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	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
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	yes

	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?	
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	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	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	yes

	accordance with these standards?	
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	yes

	of sexual abuse, does the agency: Act promptly to remedy any such 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: 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	Criminal and administrative agency investigations	

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	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 criminal referred for prosecution?	yes
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	yes

	does not provide a basis for terminating an investigation?	
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 responsible for conducting administrative and criminal investigations.)	yes
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	yes

	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?	
	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 within the facility?	yes
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 (c)	Interventions and disciplinary sanctions for residents	
	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 the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
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 medical and mental health practitioners?	yes
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	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
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.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na
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	yes

	cooperates with any investigation arising out of the incident?	
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 investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	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	na

	the confinement of its residents.)	
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.)	yes
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 addressing sexual abuse?	yes
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	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
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? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
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.)	no
	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.)	na

	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.)	yes
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 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.)	yes