



EFFECTIVE SYSTEM  
INNOVATIONS

June 15, 2015

Woodside Juvenile Rehabilitation Center (WJRC)  
26 Woodside Drive  
Colchester, VT 05446

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

To Director Jay Simons,

I am pleased to inform you that the State of Vermont's Woodside Juvenile Rehabilitation Center (WJRC) has achieved full compliance with federal Prison Rape Elimination Act (PREA) standards. The dedication by WJRC leadership, staff, the agency PREA Coordinator, and other Agency of Human Services (AHS) staff during the six-month corrective action period has resulted in a number of successes, detailed in the Final PREA Auditor Summary Report attached.

Especially noteworthy is having executed a number of formal Memoranda Of Understanding (MOU) with partners and providers. The three MOUs recently enacted ensure that victims are offered rape crisis and follow-up services; victims are examined by Sexual Assault Nurse Examiners (SANE) staff; and there is a coordinated response to and investigation of all sexual abuse and assault allegations. Establishing MOUs requires a tremendous amount of time and resources since each of these agreements involves an extensive drafting process as well as several instances of review. Combined with the streamlined facility procedure to prevent, detect, and report sexual abuse, these efforts demonstrate a high level of commitment and professional cooperation.

The auditor commends VT AHS Department for Children and Families (DCF) for its efforts in this area and overall dedication to the PREA standards. You have done a tremendous job. On behalf of youth and families and the Department of Justice (DOJ) thank you for ensuring our youth are safe while in the custody of the State of Vermont.

Sincerely,

Sharon Pette, MSC, GBSS  
Department of Justice Certified PREA Auditor  
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# FINAL AUDITOR'S SUMMARY REPORT

NATIONAL  
PREA  
RESOURCE  
CENTER



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

<b>Name of Facility:</b> Woodside Juvenile Rehabilitation Center (WJRC)			
<b>Physical Address:</b> 26 Woodside Drive East, Colchester, VT 05446			
<b>Date report submitted:</b> Final Report submitted June 15 <sup>th</sup> , 2015 (Initial auditor report submitted 12/15/2014)			
<b>Auditor information</b>			
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<b>Date of facility visit:</b> November 12, 13, and 14, 2014			
<b>Facility Information</b>			
<b>Facility Mailing Address:</b> SAME AS ABOVE			
<b>Telephone Number:</b> 802-655-4990			
<b>The Facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State: <b>Vermont</b>
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> <b>Juvenile Corrections</b>	
<b>Name of PREA Compliance Manager:</b> Sandi Hoffman		<b>Title:</b> Program Evaluation & QA Specialist	
<b>Email Address:</b> Sandi.hoffman@state.vt.us		<b>Telephone Number:</b> 802-655-4990	
<b>Agency Information</b>			
<b>Name of Agency:</b> Agency of Human Services, Department for Children and Families, Family Services Division			
<b>Governing Authority:</b> State of Vermont			
<b>Physical Address:</b> AHS DCF: Family Services Division 103 S. Main St, Waterbury, VT 05671			
<b>Mailing Address:</b> Same as above			
<b>Telephone Number:</b> 802-734-9973 (Lindsay Barron)			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Cindy Walcott		<b>Title:</b> Family Services Division, Deputy Director	
<b>Email Address:</b> Cindy.Walcott@state.vt.us		<b>Telephone Number:</b> 802-769-6502	
<b>Agency Wide PREA Coordinator</b>			
<b>Name:</b> Lindy Boudreau		<b>Title:</b> Juvenile Justice Director	
<b>Email Address:</b> lindy.boudreau@state.vt.us		<b>Telephone Number:</b> 802-655-4990	

## AUDIT PROCESS OVERVIEW

The State of Vermont's Agency of Human Services (AHS), Department for Children and Families (DCF), Family Services Division (FSD) contracted with Sharon Pette of Effective System Innovations (ESI) on October 4, 2014 to conduct an audit of the Woodside Juvenile Rehabilitation Center (WJRC). The purpose of the audit was to determine the degree of compliance with the federal Prison Rape Elimination Act (PREA) standards. The contractor is a certified Department of Justice (DOJ) PREA auditor.

Six weeks in advance of the audit, several posters were hung throughout the facility announcing the upcoming audit. These posters explained the purpose of the audit and provided youth and staff with the auditor's contact information. Pictures were sent to the auditor verifying the posters were hung consistent with DOJ auditing expectations. Within one month of the on-site review, the WJRC Facility PREA Compliance Manager submitted the Pre-Audit tool and supporting documents to the auditor. Prior to the on-site visit, the auditor conducted a comprehensive evaluation of agency policies, facility procedures, program documents, and other relevant materials.

The on-site portion of the audit was conducted over a three day period: November 12<sup>th</sup>, 13<sup>th</sup>, and 14<sup>th</sup>, 2014. During this time, the auditor conducted interviews with facility leadership, staff and youth. The requisite interviews were conducted consistent with DOJ PREA auditing expectations in content and approach, as well as individuals selected for interviews (i.e. Facility Director, Facility PREA Compliance Manager, specialized staff, random staff, youth, etc.). In addition, an extensive facility tour was conducted which included both housing units, cafeteria, classrooms, recreation area, and administration/office area. While on the tour, the auditor was permitted access to all areas of the facility.

At the close of the on-site visit a total of 14 interviews with staff (including leadership) and 10 interviews with youth were conducted. Youth were randomly selected to participate in the interview process by obtaining a current roster of youth and selecting every third name. This same list was also used to identify specific populations of youth. For example, one youth was identified as having lower intellectual functioning and two youth were identified as English as the Second Language (ESL). These special population youth were interviewed, although some of them were not initially selected through the random sampling process. A random sampling process was also used to determine staff interviews. WJRC leadership accommodated the auditor's request to interview specific staff and covered youth supervision while staff were participating in the interview process.

While at the facility, the auditor also reviewed youth case records, training records, investigative reports, and additional program information and documents. A random sampling method similar to that described above was used to review youth records. In addition, all training records of staff and all investigative reports of sexual abuse or assault were reviewed by the auditor.

To obtain information about rape crisis and advocacy services provided at WJRC, a phone interview was conducted with a representative from Disability Rights Vermont. Following the onsite audit, a phone interview was held with the Director of the Agency of Human Services Investigations Unit (AHS IU). In total there were 16 staff interviews conducted during the audit process (on-site and following the on-site visit).

On the final day of the on-site audit, a one hour debriefing meeting was held with WJRC leadership staff. The purpose of this meeting was to summarize preliminary audit findings. During this process, specific feedback was provided and included program strengths and areas for improvement as it related to PREA standards.

Thirty days following the on-site portion of the audit, an initial audit findings report was submitted to the WJRC Superintendent and the AHS Agency PREA Coordinator. At this time, on November 15, 2014, WJRC entered into the six month corrective action period to address deficiencies in five PREA standards.

## SUMMARY OF AUDIT FINDINGS

The dedication by WJRC leadership, WJRC staff, the agency PREA Coordinator, and other AHS staff during the six month corrective action period has resulted in **Woodside Juvenile Rehabilitation Center (WJRC) achieving full compliance with federal PREA standards.**

The ongoing commitment to the improvement process and achieving standard compliance was repeatedly demonstrated through frequent communication with the auditor, timely post-audit document submission, WJRC implementing all audit recommendations, and implementing the majority of “considerations for enhancement” put forth in the initial audit report. During the corrective action period, additional documents were submitted to and reviewed by the auditor. Feedback and guidance to WJRC leadership and the agency PREA Coordinator was provided to help remedy challenges. At the end of the six month corrective action period WJRC had implemented all auditor recommendations and provided ample documentation supporting compliance.

Among the State of Vermont’s and WJRC’s key accomplishments post on-site audit is the creation of service agreements in the form of executed Memorandums of Understanding. These formal MOUs provide the foundation and sustainability for existing practice. The three MOUs recently enacted ensure victims are offered rape crisis and follow-up services; that victims are examined by SANE staff; and that there is a coordinated response and investigation of all sexual abuse allegations. Establishing MOUs requires a tremendous amount of time and resources since each of these agreements involves an extensive drafting process as well as several instances of review. The auditor commends VT AHS DCF for its efforts in this area and overall dedication to the PREA standards.

In addition, among WJRC accomplishments is a streamlined facility procedure that addresses preventing, detecting, and reporting sexual abuse (Procedure 111, “Response to Allegations of Abuse and Neglect”). This streamlining effort required consolidating three separate procedures and incorporating information from several other procedures into one document to more directly capture PREA standards. Having one procedure will facilitate a better understanding of PREA expectations by staff. By creating a “one stop shopping” approach, staff can focus their attention to one document that explains PREA practices and sets clear expectations of responsibilities related to the detection, reporting, and handling of youth reports of sexual assaults and abuse.

The chart below displays the results from the initial audit report and compares it with the number of standards in compliance at the close of the six month corrective action period. The chart reflects WJRC’s achievement of 100% compliance with federal PREA standards.

<b>Category</b>	<b>Initial Report Total</b>	<b>Final Report Total</b>
Number of Standards <b>Exceeded</b>	0	0
Number of Standards <b>Met</b>	35	40
Number of Standards <b>Not Met</b>	5	0
Number of Standards <b>N/A</b>	1	1
<b>Percent of Compliance with PREA Standards</b>	<b>87.5%</b>	<b>100%</b>

An explanation of the findings related to each standard are provided in this report. It is important to note that the intention of this report is to provide the reader with a summary of audit findings and highlight some examples of evidence supporting these findings. The narrative in this report is not an “all inclusive” list of the supportive evidence needed to meet each PREA standard. However, for each standard that was successfully met, interviews, observations, and review of additional documents during the on-site visit verified that practices employed at WJRC are consistent with agency policies and facility protocols. This final report retains much of the language from the initial findings report and also includes information on specific actions taken by WJRC leadership and DCF staff allowing WJRC to achieve full PREA compliance.

As stated in the initial audit findings report, overall, the WJRC exceeded expectations. Some of the highlights from the on-site audit included all youth clearly understanding their rights; all youth knowing how to make a report if they were being abused; and all youth stating they felt staff genuinely cared about their safety and well-being. When several youth were asked the question, “What kinds of things can you get away with here at Woodside?” all youth responded similarly – that youth are under constant and close supervision. In response to the question, one youth captured the sentiment of other residents by stating, “Nothing! There are cameras everywhere and staff are always with you. You can’t get away with anything.”

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

Evidence supports there is exceptionally strong leadership at the WJRC facility. The WJRC Director, Mr. Jay Simons, is professional, well respected by staff, and has a strong positive presence at the facility. It was repeatedly demonstrated throughout the three day on-site visit that Mr. Simons makes himself readily available to staff; that youth and staff respect and trust him; and that he is committed to keeping youth safe and helping youth make positive changes in their lives. It was also confirmed through observations and staff and youth interviews, that Mr. Simons assists his staff and youth whenever they are in need (i.e. helping to verbally de-escalate youth to prevent a crisis, assisting in physically restraining youth as a last resort, etc.). In addition, interviews with staff and youth verified that the Operations Supervisors and all WJRC management and direct care staff are experienced, skilled, and possess a genuine passion for the work they do.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Woodside Juvenile Rehabilitation Center (WJRC) is operated by the State of Vermont’s Agency of Human Services (AHS), Department for Children and Families (DCF), Family Services Division (FSD). The WJRC houses male and female youth between the ages of 10 and 17 years who have been committed on serious crimes and are in need of increased supervision and treatment. The facility is located in Colchester, Vermont and has the capacity to serve 30 youth. On the initial day of the audit, there were 27 youth residing at the facility. On the final day of the on-site visit, the occupancy count was 23 youth. Three of these youth were female and the remaining 20 youth identified as male. At the time of the on-site review, there were no intersex or transgender youth in the program.

The WJRC facility is comprised of one main building and a second building which is enclosed by secure fencing. The administrative offices are located at the front of the facility and all youth are processed at intake through the administrative building. Youth are pat frisked in a locked and secured sally port and then enter into the youth resident area. On this ground floor there is a dining hall (straight ahead from the sally port) and two units (“Green” and “Blue”) – one unit on either side. Each unit contains a day room and two bathrooms, each which is equipped with a single shower. Youth shower alone and are not permitted to enter into the bathroom together. Upstairs from the dining hall and living units there are several classrooms in which youth attend school. During school hours, the majority of classes have less than five youth per one teacher.

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

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

The WJRC has a written facility procedure that sets forth clear expectations with regard to zero tolerance for all forms of sexual abuse and sexual harassment. The “tone” of zero tolerance is observable throughout the facility as evidenced by Zero Tolerance posters, information in the youth handbook, lessons taught in mandatory Life Skills classes, and youth testimonials during interviews.

In addition, the DCF Residential Licensing Unit within the AHS Family Services Division is responsible for licensing all facilities within the state. The regulations put forth by the licensing unit state, *“A Residential Treatment Program shall have written policies and procedures for the orientation of new staff to the program. This orientation 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.”* (excerpt from the “State of Vermont Department for Children and Families: Licensing Regulations for Residential Treatment Programs” section 414, page 17).

AHS DCF has several policies defining sexual harassment and describing how incidents of sexual harassment will be addressed. One such policy is Policy 204 entitled, “Maintaining a Workplace Free from Sexual Harassment.” The WJRC Procedure 104 mirrors the overarching agency policy.

The State of Vermont AHS DCF has a designated agency-wide PREA Coordinator. Shortly after the on-site portion of the audit, Ms. Cheryle Bilodeau took another position within the agency. The Juvenile Justice Director position was accepted by Lindy Boudreau and who is now the official agency-wide PREA Coordinator. Interviews indicate Ms. Boudreau has sufficient time and authority to develop, implement, and oversee agency efforts to comply with federal PREA standards. The agency-wide coordinator’s job description clearly states, *“Responsible to direct, manage, oversee and coordinate agency compliance with the Prison Rape Elimination Act (PREA). Provides guidance and recommendations for compliance with PREA Standards. Serves as the agency’s primary liaison and point person on the Prison Rape Elimination Act and coordinates all of the agency’s compliance efforts and reporting requirements required by the Act. Prepares and responds to inquiries as needed.”* In addition, a contractor with the state of Vermont, Ms. Lindsay Barron, as part of her regular job duties has assisted with the implementation of PREA standards in the state of Vermont.

In addition, the WJRC has a designated PREA Compliance Manager, Sandi Hoffman who functions as the facility’s quality assurance manager. Staff interviews and review of documents (i.e. up to date tracking charts, signed log books indicating unannounced rounds conducted by the facility compliance manager, etc.) revealed Ms. Hoffman has sufficient time to conduct PREA related duties. In response to the initial audit findings, WJRC updated the job specification for the Program Evaluation and Quality Assurance Specialist (Ms. Hoffman’s official title) to support her current practice of PREA related duties.

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

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

The State of Vermont does contract with two community providers (not related to WJRC). State policies and contract language require all contracted facilities to be PREA compliant. However, the WJRC facility does not contract with private agencies for the confinement of residents.

### **§115.313 – Supervision and monitoring**

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

The WJRC facility has a sophisticated camera surveillance system which is comprised of multiple video screens located in the administrative portion of the building. These screens are monitored by a staff member 24 hours a day, seven days a week. Live video footage of any areas can be accessed remotely from their individual computers by the facility Director and other designated staff (i.e. Facility Operations Supervisor). Video footage can be stored for up to 40 days, although in situations of sexual abuse allegations, the facility Director retains video footage on an external hard drive so it may be reviewed as needed.

The majority of the facility is covered by 29 cameras placed strategically throughout the facility. During the facility tour the auditor noted one blind spot in the classroom area and one stairwell that did not have a camera. Mr. Simons, the WJRC Superintendent, had already conducted an extensive analysis of high risk areas and ordered additional cameras to remedy the issue. During the corrective action period, Mr. Simons installed four additional cameras to address the noted blind spots and other areas in which surveillance could be enhanced. Additional surveillance equipment included cameras to monitor several classroom hall areas, the clinical office, and the stairwell. Photographs documenting these new installations were submitted to the auditor.

The WJRC has a formal staffing plan and a staff shift schedule that is prepared three months in advance. Currently, WJRC exceeds PREA staffing ratios requiring a minimum staff-to-youth ratio of 1:8 during waking hours and 1:16 during sleeping hours. The WJRC Procedure 540 entitled, "Supervision of Residents within the Secure Perimeter" states that a 1:5 ratio will be maintained unless the operations supervisor determines a higher ratio is required. In addition, the WJRC Procedure 103 entitled, "Minimum Staff Coverage for Center" states that there will be a minimum of six employees (excluding front desk and kitchen personnel) regardless of the number of youth on each unit. The bed capacity at WJRC is 30 and therefore WJRC exceeds the federal standard for staff-to-youth ratio.

Interviews with youth and auditor observations while on site, verified WJRC compliance in this area. Observations included a maximum of four youth in each classroom at any given time, as well as two staff on the unit when four youth were present. In addition, review of staffing plans indicate that staffing ratios exceed the minimum of 1:8.

WJRC reviews the staffing plan annually to determine whether adjustments are needed. During this review process a number of areas are assessed including staffing patterns, deployment of monitoring technology, and whether additional resources are needed to ensure PREA compliance. This practice is reflected in WJRC Procedure 102, "Minimum Staff Coverage for Center." As a result of this annual review, Mr. Simons recognized a need for additional full time staff and has prepared a formal proposal to AHS requesting these positions.

Review of unit logs indicate frequent unannounced rounds are conducted by agency leadership (i.e. Director, PREA Compliance Manager, and Facility Operations Supervisors). Log books were initialed and the purpose of each round indicated. Interviews with staff and youth supported these documented rounds do occur regularly.

## §115.315 – Limits to cross-gender viewing and searches

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

WJRC does not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. AHS Policy 166 entitled, “Woodside Admission Procedures – Searches” states, “*Searches of youth being admitted to Woodside will be of the least intrusive type necessary to satisfy the safety and security needs of the facility. All searches shall be conducted by the same gender staff of the resident. The only exception is for pat searches and then only if absolutely necessary.*” Information obtained from staff interviews revealed that absolutely necessary corresponds with the definition of “exigent circumstances” set forth in the PREA standards.

The AHS policy 166 details the pat search process. Since WJRC houses male and female offenders, the facility Director ensures adherence to this protocol by assigning a minimum of one female staff to each shift at all times. This guarantees that female youth can undergo the intake process at any time of the day or night without using cross-gender strip searches. All staff and youth confirmed that cross-gender strip searches are not conducted.

At the time of the on-site portion of the audit, there were eleven WJRC staff trained in cross gender and transgender pat searches (i.e. all supervisors, three youth counselors, and three administrative staff). During the corrective action period the remaining security staff were trained in cross gender and transgender pat searches. The WJRC Director submitted training records and staff meeting minutes to verify that all staff were trained. The Strip Search Protocol that is a part of the AHS Policy 166 states, “*Strip searches are NEVER conducted to ascertain the gender of an individual.*” Staff interviews confirmed that when a strip search is warranted, these searches are done in a way that is consistent with trauma informed care. For example, if a strip search is necessary (usually only when a youth is first arriving to facility) staff explain the search process to the youth before conducting the search. Staff are also trained to use neutral instructions such as “lean forward” instead of “bend over” and “stand with your feet apart” instead of “spread your legs.” The auditor applauds WJRC staff for recognizing the special needs of these youth and for ensuring youth feel respected and safe in their new environment.

The facility is designed with two solo showers, one on each side of the unit, allowing youth to shower individually. Video cameras are placed appropriately to monitor the sink area but affords youth privacy when toileting and showering. In addition, unit staff strictly monitor this area to ensure there is only one youth in the bathroom at a time.

At WJRC male and female youth are housed on the same unit and youth have private individual sleeping quarters. Youth are required to change in the bathroom or in their rooms with the door closed. Before entering a youth’s room, staff are trained to first knock and ask if the youth if they are fully clothed. These practices are supported by WJRC Procedure 540 “Supervision of Residents within the Secure Perimeter” which states, “*Privacy is afforded for changing clothes, showering, going to the bathroom, meeting with and calling lawyers and case workers. When staff of a different gender from that of a resident enter an area where the resident may be in a state of undress the staff will knock and announce that they are entering the area. The resident will be given enough time to respond verbally and take action to preserve their privacy.*” All youth interviews indicated that staff follow this facility procedure.



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

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

The agency takes appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The AHS Department for Children and Families (DCF) provides interpreter services through a hotline number which staff members can access at any time.

Current facility practice and subsequent compliance with this standard, is supported by WJRC Procedure 408 entitled, "Access to Services." The procedure states, "*Special needs and accommodations will be outlined in the resident's Individual Plan of Care (IPC)... Woodside staff will engage the services of interpreters, readers, and other types of assistant as necessary. Resident interpreters, readers, and other types of assistants will only be utilized when an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first response duties under PREA 115.364, or the investigation of resident's allegations.*" At the time of the on-site audit, there were two youth identified as English as a Second Language (ESL). Both youth reported that WJRC youth are not asked to translate information from staff to other youth. These two ESL youth verified that the Life Skills teacher reviewed PREA information with them individually to ensure they understood the content.

The geographic region in which the facility is located has a high population of Somalian refugees. WJRC has made significant effort to engage Somalian tribal members when a Somalian youth is placed at WJRC. Mr. Simons accesses interpreter services as needed as evidenced by WJRC arranging for Somali Mai Mai interpreter for the youth's father in order to participate in a treatment meeting (meeting occurred on December 10, 2014).

### §115.317 – Hiring and promotion decisions

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

The WJRC does not hire or promote any individuals who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or juvenile facility. The WJRC also does not hire or promote an individual who has 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 DCF residential program 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 require background checks by consulting three distinct databases: 1) Vermont Criminal Information Center; 2) Vermont Child Protection Registry; and 3) Adult Abuse Registry. Review of documentation during the on-site review revealed WJRC conducts criminal background checks on all employees every three years, exceeding expectations for this PREA standard (the federal standard

requires background checks be conducted once every five years).

In addition, other AHS Department of Personnel policies state that applicants will be disqualified from employment consideration if they have been convicted of a “*felony or other crime involving moral turpitude...[or] has been previously dismissed for any service for delinquency, misconduct or other similar cause*” (sections 7.064 – 7.066). The collective bargaining agreement between the State of Vermont and the Vermont State Employees’ Association (VSEA) states, “*any employee who commits acts/threats of domestic or sexual violence at the workplace...could also be subject to disciplinary action which may include, but is not limited to, dismissal.*” This is further supported by the Department of Personnel policy Section 9.1 entitled, “Immediate Dismissal” which states, “*...an employee may be immediately dismissed for any of the following reasons: gross neglect of duty; gross misconduct...conviction of a felony...abuse of patients, inmates, or students, etc.*” (Section entitled, “General Guidelines”).

#### **§115.318 – Upgrades to facilities and technology**

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

The WJRC Director indicated that prior to planning any substantial expansion or modification to the facility he considers the impact that these renovations will have on the facility’s ability to protect residents from sexual abuse. This information was evidenced by the extensive camera system which was installed in 2012. A recent upgrade to the facility camera system has allowed remote access to any of the camera views from individual computers. The Facility Director and Operations Supervisors have this capability.

While providing a tour of the facility Mr. Simons pointed out the one blind spot in the facility - upstairs by the classroom area. In addition, the stairwell that leads to the yard does not have a camera. As mentioned previously, during the corrective action period, Mr. Simons installed four additional cameras to monitor several classroom hall areas, the clinical office, and the stairwell. Photographs documenting these new installations were submitted to the auditor.

#### **§115.321 – Evidence protocol and forensic medical examinations**

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

The facility follows a uniform protocol for investigating allegations of sexual abuse that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The recently revised WJRC Procedure 111, “Response to Allegations of Abuse and Neglect” (effective May 2015) details the required response to sexual abuse. This procedure requires the Director to notify a Sexual Assault Nurse Examiner (SANE) and a victim advocacy group who provides rape crisis services (HOPE Works) within one hour of an abuse report/allegation (page 3 and 4, section 3).

This same procedure also clearly states how physical evidence should be preserved (i.e. youth will not shower, toilet, drink, change clothes, or brush their teeth) until examined by a SANE. To ensure potential evidence is preserved, staff are formally trained on how to respond to an allegation of sexual assault.

In addition, the State of Vermont has a formal Memorandum of Understanding (MOU) with the University of Vermont Medical Center that ensures a qualified Sexual Assault Nurse Examiner (SANE) will conduct the medical examination in the event a WJRC youth has been sexually abused. The MOU clearly states the UVM Medical Center will *“provide nursing staff that are trained and certified as Sexual Assault Nurse Examiners (SANE) as required by the Prison Rape Elimination Act (PREA) in accordance with State Licensing Regulations...”* (Attachment A, page 4, section D2). This MOU was successfully executed on June 5, 2015.

The State of Vermont has also put into place a formal MOU with HOPE Works, a local advocacy group who provides rape crises services. This agreement also involves HOPE Works providing follow-up counseling, referral and advocacy services as requested by the youth; HOPE Works staff remaining with the Woodside resident throughout the entire process from the time an allegation is made through the medical examination and follow-up; and ensuring all HOPE Works staff are formally trained on PREA. This MOU was officially executed in April 7, 2015.

#### **§115.322 – Policies to ensure referrals of allegations for investigations**

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

WJRC ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 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. The Residential Licensing and Special Investigations Unit (RLSI) and AHS Investigations Unit (AHS IU) are responsible for conducting all investigations of abuse for youth placed at Woodside. Vermont DCF-FSD has several policies (Numbers 51, 52, 54, 66, etc.) that detail the investigation process and the role of RLSI social workers who conduct investigations, although the language and content in these policies best describe situations in which youth are living in the community rather than a secure custody setting.

Once an allegation is called into Centralized Intake and Emergency Services (CIES), there is a specific process by which investigations are assigned and conducted. 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 the RLSI or AHS IU investigator to interview the victim and alleged perpetrator.

A comprehensive MOU entitled, “Memorandum of Understanding Regarding Sexual Abuse Investigations” was enacted during the corrective action period. This MOU provides specific details with regard to the investigative process and defines the specific roles of WJRC staff, Centralized Intake and Emergency Services Unit (CIES), Residential Licensing and Special Investigations Unit (RLSI), and the Agency of Human Services Investigations Unit (AHS IU). This MOU adequately reflects PREA standards related to the investigatory process (i.e. steps in the response chain, collaborative effort between the involved parties, etc.).

Within the 12 month period from October 2013 through October 2014, there were a total of eight incidents in which youth alleged they were sexually abused or harassed either at WJRC or at a prior placement. Three of these reports alleged youth were abused by WJRC staff, all cases were investigated, and all concluded in an unsubstantiated finding. All cases that were reported to SIU were investigated except two. One of the cases which was not accepted for investigation involved alleged abuse that occurred in another state. The other case was a sexual harassment case in a youth alleged another youth was sexually harassing him verbally (i.e. racial and sexual comments).

The PREA Compliance Manager has a comprehensive spreadsheet to track the date of the abuse report, when the investigation was completed, on what date the investigation letter was sent, the outcome of the investigation, and the date a youth was notified of a substantiated case (in which s/he alleged).

### **§115.331 – Employee training**

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

All WJRC employees have been formally trained on PREA related topics. All staff are required to read the agency's sexual harassment policy as well as view the "Keeping Kids Safe" (KKS) video created by the Georgia Department of Juvenile Justice. The video addresses zero tolerance for sexual abuse inside secure facilities. Staff are also required to complete an online mandatory reporting training. After completing these trainings, staff are required to sign a form stating they fully understand the Zero Tolerance rule and their responsibilities as mandatory reporters. The WJRC Procedure 214 entitled, "Training Program" requires that all staff must receive PREA training as part of new employee orientation (within 30 days of employment) as well as part of ongoing training/re-certification. Additionally, a revised Procedure 111 entitled, "Response to Allegations of Abuse or Neglect" (effective May 2015) states that all new employees will receive training and that this training will be required on an annual basis. Procedure 111 specifically requires the following trainings: Mandatory Reporter training; PREA orientation training; Rights of Residents; Woodside staff ethics; Sexualize Work Environment Elimination; and Responding to Sexualized Behaviors (Page 8, Section 8).

The auditor reviewed the KKS video as well as agency policies and facility procedures and determined that the required staff trainings addresses the following areas:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Residents' right to be free from sexual abuse and sexual harassment;
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- (6) The common reactions of juvenile victims of sexual abuse and sexual harassment;
- (7) 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;
- (8) How to avoid inappropriate relationships with residents;
- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
- (11) Relevant laws regarding the applicable age of consent.

Interviews with staff indicate they are aware and fully understand their responsibilities as mandatory reporters. At the time of the on-site audit review of training records indicate that not all staff who interact with youth have been trained on PREA. These staff were mostly temporary staff and contracted employees. Shortly after the initial audit report was issued, Mr. Simons ensured all employees who are in direct contact with youth completed the requisite PREA training (including nurses and physicians). A complete tracking sheet with employee names and dates on which the training was completed was submitted to the auditor for verification. In addition, a sample of signed forms indicating staff understood PREA and their responsibility as a mandatory reporter were submitted to the auditor.

### **§115.332 – Volunteer and contractor training**

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

As mentioned above, at the time of the on-site visit the majority of contractors had completed the PREA training although, there were a handful of contractors and volunteers who had not yet completed the requisite training (i.e. physician and volunteers). During the corrective action period, Mr. Simons ensured all contractors and volunteers who have direct contact with youth completed the requisite PREA training (including nurses and physicians). A complete tracking sheet with names and training dates was submitted to the auditor for verification.

WJRC has a process in place to ensure all staff, contracted staff, interns and volunteers are trained prior to having contact with residents. This practice is supported by Procedure 111 entitled, “Response to Allegations of Abuse or Neglect” (effective May 2015) which requires training on the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures each year. More specifically, the following trainings are listed in the procedure: Mandatory Reporter training; PREA orientation training; Rights of Residents; Woodside staff ethics; Sexualize Work Environment Elimination; and Responding to Sexualized Behaviors (page 8, section 8). WJRC uses an Excel spreadsheet to track this information and ensure this standard continues to be met.

### **§115.333 – Resident education**

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

The WJRC’s commitment to ensuring youth understand their right to be safe is exceptional. The facility has several avenues by which youth receive Zero Tolerance policy information. At intake, each youth receives a youth handbook which clearly states, “*You have the right to be free from abuse, neglect, retaliation (“pay-back”), humiliation, harassment, and exploitation*” (page 13). The handbook also describes what to do in the event a youth feels their rights have been violated and provides a description of the formal grievance process.

The facility also has a pamphlet that youth receive entitled, “Safety, Harassment, and Grievance Policy” which summarizes the agency’s policy and provides a hotline number for youth to call if they have been abused. This pamphlet is provided to all youth at intake.

In addition, the facility has designated the Life Skills teacher, Ms. Elder, as the PREA educator for youth. In her role, Ms. Elder ensures youth understand the Zero Tolerance policy and how to report abuse. Ms. Elder has developed a knowledge test specific to PREA related information. After reading the youth handbook, each youth completes the 25 question knowledge test. Ms. Elder then sits down with each youth individually to review the test, drawing particular attention to the questions the youth answered incorrectly. Ms. Elder has created a tracking sheet to ensure all youth have received this training within the targeted ten day time frame.

Review of facility documentation and youth interviews verified all youth placed at WJRC for more than three days received the PREA related education session within one week of arriving to the facility. All youth

interviewed were able to explain how they would report an incident of abuse and/or harassment. In addition, posters throughout the units declare a Zero Tolerance policy and provide a hotline number for Disability Vermont which youth may call if s/he feels their rights have been violated. The state of Vermont has a hotline number staff can call to assist with interpreting PREA education materials, or to schedule an interpreter to come to WJRC in person, whenever needed.

#### **§115.334 – Specialized training: Investigations**

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

The “Memorandum of Understanding Regarding Sexual Abuse Investigations” meets the PREA standards requiring specialized training for investigators. The MOU states, “*RLSI investigators assigned to investigate PREA-related incidents will have completed specialized training in conducting sexual abuse investigations in confinement settings. The training will have included techniques for interviewing juvenile sexual abuse victims, 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*” (page 3). The MOU also requires evidence of completion of these trainings through formal documentation.

The Director of the AHS Investigations Unit (AHS IU) and the FSD Director of Residential Licensing and Special Investigations Unit (RLSI) ensure investigators have received adequate training on how to conduct investigations in confinement settings. Interviews revealed that all staff have received formal training on forensic interviewing of children through the National Children's Advocacy Center (NCAC). In addition, all investigative staff participate in “Child Safety Intervention” training which is provided over a two day period by the South Burlington Police Department. This training provides specific information on assessing youth safety and risk, planning for safety, investigation documentation, and agency specific policies related to the investigation process.

#### **§115.335 – Specialized training: Medical and mental health care**

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

All nurses and physicians who are employed by WJRC are licensed in their respective area of expertise. Interviews revealed mental health and medical practitioners employed by WJRC clearly understand how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and to whom allegations or suspicions of sexual abuse and sexual harassment should be reported. Review of youth records as well as abuse allegation reports, provided additional evidence that medical and mental health staff are trained consistent with PREA standards.

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 to see a SANE/SAFE. This practice is supported by the executed agreement between the University of Vermont Medical Center and the State of Vermont. The MOU states, “*Contractor will provide nursing staff that are trained and certified Sexual Assault Nurse Examiner (SANE) as required by Prison Rape Elimination Act (PREA)*” (Page 4). This is further supported by WJRC Procedure 111 and the executed MOU addressing sexual abuse investigations, which dictate youth will be examined by SANE staff.

## §115.341 – Obtaining information from residents

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

All youth who arrive to WJRC are assessed for risk to self and others within 72 hours. The facility uses the MAYSI 2 (Massachusetts Youth Service Inventory), an objective screening instrument, to gather important youth information related to history and behaviors associated with risk of sexual abuse. The MAYSI 2 is administered by the Clinical Director and records indicate these assessments are done well within the federal requirement of 72 hours. Completion of this assessment is documented on the WJRC Procedures Checklist.

In addition to the MAYSI 2, all youth who enter WJRC receive a full psychosocial evaluation from the Clinical Director. Review of clinical files indicate that this psychosocial assessment addresses important information in the required PREA areas: Prior sexual victimization or abusiveness; gender nonconforming appearance or manner; identification as lesbian, gay, bisexual, transgender, or intersex, and whether the youth would be vulnerable to sexual abuse; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; intellectual, developmental, and physical disabilities; and the resident's own perception of vulnerability. To support the current practice, WJRC Procedure 400 entitled, "Treatment Planning," requires the Preliminary Plan of Care (PPC) Parts 1 and 2 be completed within two days of intake. This procedure details the requirements of gathering information in the requisite PREA areas.

The facility maintains two separate youth records – one that is accessible to all staff and another which is only accessible to clinical mental health staff. Sensitive sexual abuse information obtained through the psychosocial assessment is provided only to designated staff. This ensures that confidential information is not exploited by staff, contractors, volunteers or other residents.

The WJRC Procedure 400 also requires a review of the Individualized Plan of Care (IPC) must be reviewed every 30 days. The procedure specifically states that this review must include a "*Reassessment of risk of sexual abuse victimization or sexual abusiveness toward other residents.*"

WJRC also has a protocol entitled, "Woodside Threat to Self or Others Risk Assessment" which provides specific questions to ask youth when determining a youth's risk for self-harm or harm to others. This protocol also provides a clear process for when a full risk assessment will need to be completed, whether a multidisciplinary meeting is warranted to develop a safety plan for youth, and clear delineation of roles (i.e. who is responsible for documentation).

The Clinical Director, Dr. Aron Steward, has provided guidance to direct care staff regarding questions clinical staff should ask when assessing whether a youth is at risk to hurt him/herself or others (email dated January 15, 2014). This guidance included a series of 12 questions that will help direct care staff ascertain whether youth are safe. The correspondence also states if a staff member feels a youth is at risk, they are required to notify an Operations Supervisor immediately to develop a safety plan.

Review of random youth records indicated that the MAYSI 2 was completed consistent with PREA standards and agency policy. At the time of the on-site review there were several youth who's "Procedure Checklist" did not indicate a MAYSI 2 was completed. However, after additional review of clinical files and speaking with the psychologist, it was discovered that the absence of these MAYSIs were indicative of documentation issues, rather than an issue of these assessments not being completed.

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

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

The WJRC Procedure “Intensive Stabilization Unit” (no number assigned yet) clearly outlines how the Intensive Stabilization Unit will be used. As per WJRC procedure, youth may be directly placed on the IS unit if the “1) *Sending authority indicates there is an imminent risk to the safety of self or others; 2) Woodside Risk Assessment supports sending authority’s observation/advisement; and 3) In accordance with PREA standards.*” WJRC uses isolation 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.

Review of documentation and interviews with the Clinical Director, WJRC Director and other facility leadership indicated that the facility considers all factors when determining in which unit youth are placed, consistent with PREA standards. Through the intake process (supported by the Treatment Planning policy), a Preliminary Plan of Care (PPC) is generated by using information gathered from a detailed psychosocial assessment and the MAYSI 2 instrument conducted by clinical staff. Review of youth cases verified the PPC includes an assessment of gender expression and the youth’s perception of their own safety.

The Intensive Stabilization Unit (ISU) Procedure “Programming: Section A” states residents are “*entitled to: the same quality of programming offered in the full milieu to include daily large muscles exercise, education, daily visits from medical and mental health staff.*” The procedure also details the process for ensuring youth are not housed on the Intensive Stabilization Unit longer than necessary. The Operations Supervisor is required to notify the WJRC Directly immediately of all ISU placements and each placement is reviewed within 24 hours. The purpose of these reviews is “*to identify specific indicators of safety and specific treatments to achieve safety.*” The procedure also sets forth the requirement that the Clinical Director will conduct a daily review to determine if there is a need to continue placement. In addition, youth must be visited by an Operations Supervisor twice per day and by medical staff once per day. This exceeds the PREA standard which requires a review every 30 days.

In the past 12 months there were no youth placed in ISU as a result of a risk of sexual victimization. However, review of documentation verified that the ISU is used consistent with the WJRC procedure. In addition, youth interviews who have been placed in ISU for short periods, confirmed that daily reviews by the Clinical Director and other leadership staff occur. Youth also reported that while in the Intensive Supervision housing area they receive the same programming as other youth (i.e. education, recreation, meals, etc.).

Interviews with facility leadership indicated that all information obtained during intake is used appropriately in making placement decisions. In addition, the facility is set up in a way, both physically and operationally, that allows all residents to shower separately. Therefore, transgender and intersex residents are never required to shower with other residents.

### §115.351 – Resident reporting

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



WJRC has multiple avenues by which residents can privately report sexual abuse, sexual harassment, or retaliation by other residents or staff. The youth handbook outlines the process for filing a grievance and also encourages youth to inform staff if they feel their rights have been violated. In addition, within the first week of arrival to the facility the Life Skills educator reviews this information with each individual youth.

There are posters hung throughout the facility displaying the Disability Rights Vermont contact information. Disability Rights Vermont are federal advocates who investigate violations of rights and allegations of sexual abuse. All youth interviewed articulated that if someone was harming them, they would tell a staff member or write a letter to the facility Director. The vast majority of youth also knew about the hotline number they could call to talk with someone (only one youth stated that he didn't know about the option of calling someone directly). All youth also indicated that they felt comfortable approaching WJRC staff; that staff genuinely cared about them; and that staff would make sure they were safe. 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 the phone call (staff would dial the phone number). Staff are also able to talk with RLSI or Disability Rights Vermont privately, as each housing unit has two enclosed staff offices.

Youth are permitted to call their attorneys or make other professional phone calls on a daily basis. Each morning staff ask all youth if they would like to make a professional phone call today. Youth are permitted to make these phone calls during the designated calling periods. All youth reported they have never been denied a professional phone call.

The revised WJRC Procedure 111 (effective May 2015) requires in the cases of sexual abuse allegations, staff complete a "long form" facility incident report (as opposed to the "short form" report form or an email). This ensures that WJRC has detailed documentation about these incidents which will aid in the investigative process and better ensure facility procedures are followed.

#### **§115.352 – Exhaustion of administrative remedies**

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

Youth are allowed to file a grievance at any time while at WJRC and are not required to use an informal grievance process such as attempting to resolve the issue with the staff who may be the subject of the grievance. WJRC Procedure 802 entitled, "Grievance Procedure" outlines the administrative procedure for addressing youth grievances regarding sexual abuse. The procedure involves talking with a staff member with whom the youth trusts (i.e. direct care staff or the facility's Clinical Director). Youth are also permitted to write a letter directly to the WJRC Director. The procedure specifically states that the Director will schedule a meeting within seven working days to discuss the grievance and identify a possible resolution. The procedure also requires the Director to respond in writing to the youth within 48 hours of the meeting. Furthermore, if the resident is still not satisfied with the Director's decision, s/he may contact the RLSI or Disability Rights Vermont. This information is also provided in the Resident Handbook. Review of documentation indicates WJRC is addressing sexual abuse grievances in a timely manner.

The majority of grievances were addressed within the 90 day time frame required. However, there was one case which had not been resolved within the 90 day timeframe (due to the case being investigated administratively and criminally). However, a decision with regard to this grievance was made within the 70 day extension period. It is important to note that WJRC responded promptly to ensure youth were kept safe (i.e. placing staff on administrative leave with pay until the investigation was completed). The newly enacted MOU entitled, "Memorandum of Understanding Regarding Sexual Abuse Investigations" (effective June 2015) requires that

“...investigations be completed within the 90-day timeframe, and an extension of up to 70 days will be required” (page 5, section “Shared Responsibilities”).

The Facility PREA Compliance Manager tracks the outcome of the investigation and whether grievances were addressed within the 90 day timeframe on a formal tracking spreadsheet.

#### **§115.353 – Resident access to outside confidential support services**

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

WJRC provides youth access to outside victim advocates for emotional support services related to sexual abuse. Contact information for the advocacy agency, Disability Rights Vermont, is provided in the youth resident handbook. This information is also posted on fliers hanging in the living units. All youth interviewed revealed they are knowledgeable about these services. In addition, the State of Vermont has a put into place a formal MOU with HOPE Works, a local advocacy group who provides rape crises services. The MOU provides adequate detail around the confidential services available. Although evidence revealed there was already a solid working relationship between WJRC and HOPE Works at the time of the on-site review, during the corrective action period a formal comprehensive MOU was officially executed.

Youth stated they are afforded the opportunity to contact their lawyers on a daily basis (i.e. staff ask youth, “Who needs a professional phone call today?”). All youth stated they are provided privacy when talking with their lawyer and when talking with victim advocates.

At the time of the on-site review WJRC had a verbal agreement with Disability Rights Vermont to provide these services. An interview with a manager at Disability Rights Vermont revealed there are some discrepancies in the number of total abuse allegations recorded by the facility and those in the state database. This is due to the fact that youth have several avenues by which they may report - through the internal grievance process or directly to Disability Rights Vermont.

#### **§115.354 – Third-party reporting**

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

The WJRC has a policy that requires all staff to take reports from third parties and to report them immediately to RLSI. The youth handbook also provides contact information for Disability Rights Vermont and RLSI.

In addition, on the state of Vermont AHS website there is contact information for the Child Victim Treatment Director for the VT Center for the Prevention and Treatment of Sexual Abuse. The webpage describes the “Center is mandated by Vermont law to coordinate and oversee the state’s systematic response to sexual assault and child sexual abuse. It is jointly administered by the Department of Corrections and the Department for Children and Families.” However, the website does not specifically provide information to the public about how to report suspected abuse in facilities.

### **§115.361 – Staff and agency reporting duties**

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

Vermont's child abuse reporting law (Title 33, Chapter 49) states that if a person has reasonable cause to believe that a child has been abused or neglected, he or she must make a report to the Department for Children and Families (DCF). In support of this law, the WJRC has several procedures that clearly state all individuals who work at WJRC are mandatory reporters and that they are required to report allegations of sexual abuse immediately to Centralized Intake and Emergency Services (CIES) and their supervisor. WJRC Procedure 111 states, "*Any Woodside staff member who receives a report....will complete a report to the Vermont Child Abuse Hotline...this includes reports made on behalf of any resident by third parties including, but is not limited to resident peers, families, or others with whom the residents have contact*" (Page 3, Section 3e). This is further supported by the "MOU Regarding Sexual Abuse Investigations" and the WJRC Procedure 802, "Grievance Procedure" which also references disclosures from staff, residents, or third parties of abuse. Interviews with staff revealed they are aware of their responsibilities as mandatory reporters and they understood the process for handling a youth who alleges sexual abuse or harassment.

Review of facility incident reports as well as investigation reports indicate staff promptly report allegations of abuse. In the past 12 months, there were a total of eight incidents in which youth alleged they were sexually abused or harassed either while at WJRC or while youth was at a prior placement. Three of these reports were alleging abuse by WJRC staff; three reports were alleging youth-to-youth sexual harassment and/or abuse; and two reports were alleging abuse in other programs. An extensive review of investigation reports indicated that staff in all cases, except one, contacted CIES immediately to report the allegations of abuse. There was one incident in which a WJRC staff member waited several days before reporting the abuse. Upon discovering this deviation from the facility protocol, the WJRC Director formally documented the incident in the staff file and required the staff member to attend additional training. Since this situation, the staff member has made additional abuse reports and has done so immediately as per protocol. The auditor concludes that the diversion from the facility procedure was an anomaly and that facility leadership has enacted measures to ensure prompt reporting (as evidenced by the remaining seven reports).

### **§115.362 – Agency protection duties**

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

Staff interviews revealed staff were formally trained on and understand how to ensure youth are kept safe in the event they are at risk for imminent sexual abuse. This process involves taking immediate action to separate the alleged perpetrator and victim and is detailed in facility procedures. During the on-site review, investigative reports verified WJRC practice is consistent with established protocols. More specifically, in one instance in which a youth alleged to have had sexual intercourse with a female staff member, the staff member who fit the youth's description was sent home until an investigation could be conducted (youth would not reveal the staff's name). In addition, the only other female staff member on shift was instructed not to be in contact with the youth (which was not difficult since she was working on the other unit). Evidence indicates WJRC responds immediately to sexual abuse allegations, particularly those involving imminent risk.

WJRC Procedure 400, "Treatment Planning" states the Individual Plan of Care (IPC) must be reviewed every 30 days and must include a reassessment of risk or sexual abuse victimization or sexual abusiveness toward other residents. This process ensures youth continue to be safe and free from immediate danger. In addition, all youth meet with a mental health therapist a minimum of once a week.

#### **§115.363 – Reporting to other confinement facilities**

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

There were two incidents in which a youth alleged that they were sexually abused while in a previous placement. Review of both investigation reports as well as an interview with the WJRC Director revealed that the previous placements were contacted to alert them to the abuse allegations.

WJRC Procedure 111 supports current practice: "*When an allegation of abuse is reported to have taken place at another residential placement...the Woodside Director will notify the Director of the program where the abuse allegedly occurred within 72 hours of the report being made*" (Page 4, Section 3K (ii)).

#### **§115.364 – Staff first responder duties**

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

WJRC Procedure 111 "Response to Allegations of Abuse and Neglect" details the steps first responders are required to take when a youth alleges sexual abuse. These include separating the alleged victim and abuser and ensuring the alleged victim does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. All interviews revealed staff are knowledgeable of their first responder duties, including how to best preserve physical evidence. All staff are trained on this procedure upon hire and again during annual refresher training.

In the past 12 months, the allegations reported at WJRC were alleged to have occurred beyond the timeframe that would allow adequate preservation of physical evidence (i.e. in a previous placement OR youth stated sexual activity occurred over a month prior to the youth making the report). The current spreadsheet maintained by the WJRC Facility PREA Compliance Manager includes important notification periods consistent with PREA standards (i.e. family notified, youth informed, etc.)

#### **§115.365 – Coordinated response**

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

WJRC has a facility plan to coordinate actions taken in response to a sexual assault incident among staff first responders, medical, and facility leadership. Interviews with the facility Director and other staff revealed they understand their duties in responding to allegations of sexual abuse. Compliance with this standard is met through an executed agreement, "Memorandum of Understanding Regarding Sexual Abuse Investigations" and WJRC Procedures 111 "Response to Allegations of Abuse and Neglect." These documents provide specific information regarding coordinating actions in response to sexual abuse.

In addition, WJRC has implemented a protocol for reviewing incidents, in which all staff involved in the incident along with the Director, the PREA Compliance Manager, Operations Shift Supervisors, and other facility leadership and direct service staff review video of the incident. During this review process the team examines staff positioning and discusses ways in which they could have prevented the incident, and/or intervened in a more effective way. This review process occurs once per month. If there was an allegation of sexual abuse, the team would review video footage, incident reports, and case files to determine if PREA standards were successfully met with regard to coordination.

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

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

The AHS collective bargaining agreement (Section "Disciplinary Action" page 12) allows for the removal of staff who have been alleged to have sexually abused a resident and have contact with youth while awaiting the outcome of an investigation or while waiting for a determination of the extent of the discipline. It also allows the state to forgo the typical process of progressive discipline in the cases of gross misconduct or negligence.

#### **§115.367 – Agency protection against retaliation**

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

Review of unit log books during the on-site visit, verified that the Facility PREA Compliance Manager conducts regular "check-ins" with youth who have reported abuse at least once a month. She also reviews clinical notes to ensure youth are seen by a mental health clinician. Youth who have alleged abuse are also discussed during weekly leadership team meetings to ensure there has been no retaliation or additional adverse consequences of alleged sexual abuse. In addition, the Facility PREA Compliance Manager monitors youth behaviors by reviewing weekly point sheets that may serve as an indicator of youth having issues. Interviews and review of critical documents verified the Facility PREA Compliance Manager takes monitoring retaliation seriously and that she employs several strategies for ensuring youth are safe from harm. The auditor applauds WJRC for monitoring retaliation so diligently and adopting the practice of monitoring retaliation from the time an allegation is made through a youth's discharge from the facility. To support WJRC practice Procedure 111 states, "*Woodside PEQAS (Program Evaluation Quality Assurance Specialist) will conduct periodic checks to ensure that residents who allege sexual assault are free from retaliation*" (Page 8, Section 7f).

As mentioned previously, the Facility PREA Compliance Manager has a spreadsheet on which she tracks critical information related to PREA compliance. This spreadsheet includes important dates such as: Date youth

received the PREA education information; date in which the PPC and the MAYSI 2 were completed (provides the risk of abuse or victimization information); and the date a formal letter was sent detailing the results of the investigation. This spreadsheet is updated a minimum of twice a month, as information is available.

The WJRC Procedure 111, “Response to Allegations of Abuse or Neglect” also describes an extensive review process that occurs at the conclusion of sexual abuse investigations. The review team is responsible for evaluating whether there is need of policy or practice revisions; whether staffing levels were a factor in the event; whether there were physical barriers that facilitated the abuse; whether technology would enhance supervision; and whether the abuse was motivated by race, ethnicity, gender expression, etc. This information is summarized in a formal report with detailed findings and recommendations. Although there have been no substantiated allegations of sexual abuse at WJRC, interviews with facility leadership indicate they understand the procedure and will immediately enact this practice in the event of a substantiated allegation.

#### **§115.368 – Post-allegation protective custody**

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

The WJRC Procedure entitled, “Intensive Stabilization Unit” details how this unit will be used. The facility does not use isolation as punishment. In addition, Procedure 111 states, “...Isolation of the victim will be used as an absolute last resort” (Page 3, Section 3a). Facility procedures coupled with youth and staff interviews revealed the use of isolation is consistent with PREA *Standard §115.342: Placement of residents in housing, bed, program, education, and work assignments.*

#### **§115.371 – Criminal and administrative agency investigations**

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

There is a clear delineation of responsibilities among investigators. The AHS Investigations Unit (AHS IU), which is housed under the Secretary of the Agency of Human Services, is responsible for investigating child abuse allegations in which staff are alleged (“Chapter 49”). The Residential Licensing and Special Investigation Unit (RLSI), which is housed in the Family Services Division (FSD), is responsible for investigating allegations involving two or more youth (in which the contact took place between the youth).

FSD has a number of policies that address the process for conducting investigations (e.g. Policies 50, 51, 52, 54, 60, etc.). While many of these policies address some of the PREA standards they are not reflective of investigations conducted in juvenile justice facilities (i.e. many of these policies reflect investigations in community settings in which social workers investigate abuse including interviewing families). However, AHS Policy 51 clearly defines sexual abuse - “*if it appears that force, threat, or coercion is used to victimize the child; or the victim did not have the ability or opportunity to consent*” (page 8). In addition, this policy details the criteria for determining if a report of sexual abuse is a valid allegation and therefore would be “accepted” by AHS IU to be investigated.

When a mandatory reporter calls the Vermont Child Abuse Hotline, a central intake unit worker records the information in a statewide database, FSDNet. A determination is made to “accept” or “not accept” the case as an incident of child abuse. If the case is accepted, an investigator will be assigned. There are two levels of reviews (both by supervisory staff) to determine whether a case is accepted. If the case is “not accepted” by both reviewers, then the case will not be investigated and is expected to be resolved at the local level. However, if the allegation involves a staff member the AHS Investigations Unit will review the case and if it meets the policy criteria, will assign a Primary Investigator. If the case is accepted and it appears there is a potential for criminal prosecution, the AHS IU Director or Primary Investigator contacts the local police department to launch a joint investigation. During the course of the investigation, if evidence substantiates allegations of sexual abuse, the case is immediately referred to legal counsel to make a decision as to whether to pursue criminal prosecution.

Under Vermont law, AHS IU and RLSI are not required to investigate every allegation of “sexual abuse” as defined under the federal definition of abuse. PREA standards uphold that two youth in a program cannot consent to sexual activities and therefore the incident must be investigated. This differs from the Vermont definition which does not consider youth-on-youth sexual activities to be “abuse.” However, VT AHS policy dictates that if the youth-to-youth interactions indicate “*the alleged perpetrator used force, threat or coercion to victimize the child and/or the victim did not have an opportunity to consent*” (page 8) or if “*there is a five year developmental or chronological age differential*” (page 9) this is considered abuse.

Of the eight sexual abuse allegations reported to AHS IU or RLSI in the past 12 months, two cases were not investigated. One case was not accepted for investigation due to the fact that the incident was alleged to have taken place in another state. In this case, AHS investigators contacted the previous placement to alert them to the allegations. The other case in which an investigation was not conducted was one that involved verbal sexual harassment between youth (no physical contact). By definitions set forth in Policy 51 sexual harassment between youth are not required to be investigated by AHS IU. Interviews revealed that all reports meeting the AHS policy criteria of abuse are investigated. However, an interview with the Director of AHS Investigations Unit revealed, in all cases in which youth alleged to be the victim of sexual abuse by another youth are investigated.

With regard to administrative investigations, the AHS IU is responsible for conducting administrative investigations. At the time an allegation is accepted for investigation (through Centralized Intake and Emergency Services) the Director of AHS IU is notified and will determine if an administrative investigation is warranted. AHS IU has a clear protocol entitled, “Referral and Acceptance Protocol for Employee Misconduct Investigations” which details the process for determining whether a case is “accepted” or “declined.” In addition the protocol specifies that PREA violations will be coded as a “1” indicating it is a priority case and must be acted upon immediately.

At the time of the on-site review, the Agency of Human Services Investigation Unit, which is responsible for investigating staff misconduct and Chapter 49 cases (such as staff on youth abuse), had developed a MOU specific to sexual abuse investigations with the VT Department of Corrections. In June 2015, a MOU entitled, “Memorandum of Understanding Regarding Sexual Abuse Investigations” was put into effect with WJRC. This MOU provides specific details with regard to the investigative process and the specific roles of WJRC staff, Centralized Intake and Emergency Services Unit (CIES), Residential Licensing and Special Investigations Unit (RLSI), and the Agency of Human Services Investigations Unit (AHS IU). This MOU reflects facility compliance with PREA standards related to investigations (i.e. specialized training of investigatory staff, preserving evidence, victims not submitting to polygraph testing, etc.)

Review of investigation reports, agency policies, and interviews verified that there is significant effort on behalf of investigators to determine whether staff actions or failures to act contributed to abuse. Investigations are conducted promptly as evidenced by investigation reports and supported by agency policy and protocols. 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 sent to the “Appointing Agency” which, in the case of WJRC, is the Department of Children and Families.

Interviews with the Directors of AHS IU and FSD RLSI indicated that staff who are conducting investigations have received at least a two day training that includes child development, interviewing techniques, and other areas critical to conducting effective investigations. In addition, the vast majority of staff have been formally trained by the National Center Advocacy Council on forensic interviewing of children. Review of training records verified that all staff have been trained on the fundamentals of conducting investigations and several investigators have been trained in advanced interviewing techniques. This practice is supported by the “MOU Regarding Sexual Abuse” which states, “*RLSI investigators assigned to investigate PREA-related incidents will have completed specialized training in conducting sexual abuse investigations in confinement settings. The training will have included techniques for interviewing juvenile sexual abuse victims, 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*” (Page 3). The MOU also requires evidence of completion of these trainings by formal documentation.

Interviews revealed that polygraph tests are not used by AHS to determine whether a victim’s allegation is true. In addition, the agency does not terminate an investigation if a youth recants the allegation. This standard is also reflected in the above referenced MOU.

#### **§115.372 – Evidentiary standards for administrative investigations**

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

Interviews with investigative staff indicate that AHS DCF imposes a standard of preponderance of evidence for proof, or a lower standard, when determining whether allegations of sexual abuse or sexual harassment are substantiated. Reviewing detailed investigation reports provided additional support further demonstrating compliance with this PREA standard.

#### **§115.373 – Reporting to residents**

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

All sexual abuse investigations are conducted by AHS IU or DCF RLSI, and often in conjunction with local law enforcement. WJRC Procedure 111, “Response to Allegations of Abuse and Neglect” states “*at the conclusion of the RLSI investigation the resident will be notified of the outcome...the Woodside clinical team will consult with the resident’s social worker to determine the best strategy to make the notification....*” (page 7, Section 7b).

Review of investigation reports and facility tracking sheets allowed the auditor to conclude there is a need to improve communication and documentation related to investigation tracking and notification. There were some discrepancies in the number of sexual abuse reports and some of the dates between the facility tracking sheet and the investigation database, FSDNet. During the corrective action period, the “MOU Regarding Sexual Abuse” was enacted and clearly denotes notification responsibilities.



### §115.376 – Disciplinary sanctions for staff

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

The AHS DCF Policy 204, “Maintaining a Workplace Free From Sexual Harassment” and the WJRC Procedure 104 “Maintaining a Workplace Free From Sexual Harassment” require staff disciplinary sanctions up to and including termination for violating agency’s sexual abuse and harassment policies. Interviews with WJRC staff, Human Resources personnel, and investigative staff indicate that disciplinary sanctions for violating sexual harassment policies are determined based on a variety of factors which include staff member’s disciplinary history and the nature and circumstances of acts committed.

In addition, the most recent collective bargaining agreement states the agency “...may dismiss an employee immediately without two (2) weeks’ notice or two (2) week’s pay in lieu of notice for any of the following reasons: a) gross neglect of duty; b) gross misconduct; c) refusal to obey lawful and reasonable orders given by supervisors; d) conviction of a felony; and e) conduct which places in jeopardy the life or health of a co-worker or of a person under the employee’s care” (page 13). Substantiated incidents of sexual abuse by staff would be subject to these guidelines and therefore, in these cases, WJRC would have the right to immediately terminate staff who have engaged in sexual abuse.

Since there were no substantiated cases of sexual abuse, no WJRC employees have been terminated in the past 12 months for a violation of the facility’s sexual abuse or harassment policies. Interviews with investigators and facility staff indicate the agency closely adheres to its policies and protocols in this area.

### §115.377 – Corrective action for contractors and volunteers

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

All contractors and volunteers are subject to agency policies and protocols related to sexual abuse and harassment. There have been no volunteers or contractors in the past 12 months who have violated these policies. However, WJRC Procedure 111, “Response to Allegations of Abuse or Neglect” clearly states that in the event of a substantiated allegation the Woodside Director is responsible for ensuring “...appropriate practice boards at the Vermont Secretary of State’s office is notified” (page 7, section 7 (b) iii) which supports this PREA standard.

### §115.378 – Disciplinary sanctions for residents

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

In the past 12 months there have been no criminal or administrative findings of guilt for resident-on-resident sexual abuse at WJRC. Interviews with the WJRC leadership and line staff revealed staff would take full responsibility in the event youth engaged in sexual activity with another youth. Due to the facility staffing patterns and exceptional camera coverage throughout the facility, youth have very little to no opportunity to engage in sexual activity. Facility staff reported that if two youths engaged in sexual activity, it would be the result of staff not adequately supervising youth and therefore, staff would be subject to administrative discipline or dismissal. Youth would not be punished for engaging in sexual activity but rather, this incident would be addressed through the youth's Individual Plan of Care and counseling with a mental health clinician.

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

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

Within 24 hours of arrival to WJRC, all youth undergo an intake screening process. WJRC follows a standard protocol involving a variety of assessments including, but not limited to, the Massachusetts Youth Service Inventory 2 (MAYSI-2) and a structured clinical interview. These assessments are conducted by the facility Clinical Director and allow important information to be gathered regarding sexual victimization and risk of perpetration. On-site interviews and case file reviews verified that when a youth scores high in sexual victimization and/or risk of perpetration, youth are seen by a mental health clinician within 72 hours of intake. This exceeds the PREA expectation which requires youth who have prior history of victimization or perpetration to be seen by a medical or mental health practitioner within 14 days of intake screening.

Review of case files revealed that sensitive youth information (i.e. related to sexual victimization or abusiveness) is shared only with critical staff and is shared in a way that allows for the most effective interactions between youth and staff. In addition, the relevant information is used to inform treatment plans, security management decisions, including housing, bed, work, education, and program assignments. All staff have access to the Preliminary Plan of Care (PPC) but clinical counseling notes are housed separately from the active youth case file.

**§115.382 – Access to emergency medical and mental health services**

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

WJRC victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, as determined necessary by medical and mental health practitioners. Staff interviews and review of documentation verified WJRC staff are trained as first responders and trained to notify the Operations Shift Supervisor immediately (who then contacts the appropriate medical and mental health practitioners). WJRC procedures include victims of sexual abuse being examined by an off-site SANE or SAFE. Once a youth is examined s/he would be offered access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. WJRC facility medical staff are also qualified to provide these services, however, in the case of alleged rape these services would be provided after the SANE/SAFE examination. The WJRC procedures clearly state this treatment will be provided to the victim without financial cost.

Compliance with this standard is supported by information in WJRC Procedure 111 which states “*STD testing will be provided if deemed medically necessary at no cost to victim.*” In addition, Procedure 405c states, “*Medical staff will offer appropriate treatment services to residents victimized by sexual abuse including but not limited to tests and education pertaining to pregnancy and sexually transmitted diseases.*”

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

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

The WJRC Procedure 405c states, “*Medical staff will offer appropriate treatment services to residents victimized by sexual abuse including but not limited to tests and education pertaining to pregnancy and sexually transmitted diseases.*” In addition, WJRC Procedure 111 entitled, “Response to Allegations of Abuse and Neglect” This same policy also ensures STD testing and medical examinations are provided to youth at no cost to the victim. This same policy also states, “*the Woodside clinical team will provide support as necessary including individual counseling; in case where clinical resources are not available at Woodside those supports will be brought in.*” (page 6; section 6c).

Although there have been no reports of sexual abuse that required medical attention, one youth who alleged he had contracted a sexually transmitted disease (STD) as the result of intercourse with a staff member a month earlier was immediately seen by a doctor. It was concluded that the youth did not have an STD and the allegation was investigated and determined to be unsubstantiated. Review of treatment records indicate there is frequent follow-up by the Clinical Director and the Facility PREA Compliance Manager in all cases in which youth alleged sexual abuse. In addition, interviews with the Clinical Director, a mental health therapist, and a nurse further verify WJRC is operating consistent with federal and agency expectations.

#### **§115.386 – Sexual abuse incident reviews**

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

WJRC Procedure 111, “Response to Allegations of Abuse or Neglect” requires the Woodside Management Team to review incidents within 30 days of the conclusion of every criminal or administrative sexual abuse investigation. The review team is responsible for: 1) determining whether a change to policy or practice to better prevent, detect, or respond to sexual abuse; 2) determining 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 was motivated by other group dynamics at the facility; 3) assessing whether physical barriers in the area may enable abuse; (4) assessing the adequacy of staffing levels in that area during different shifts; 5) assessing whether monitoring technology should be deployed or augmented to supplement supervision by staff; and 6) preparing a report of its findings, including recommendations for improvement and submitting the report to the facility head and PREA Compliance Manager (page 7, section 7c). This expectation is also emphasized in the MOU entitled, “Memorandum of Understanding Regarding Sexual Abuse Investigations” in which it states, “*within 30 days of any report of abuse the Woodside Management Team will meet to review the incident*” (page 2).

In the past 12 months there were no substantiated allegations of sexual abuse. However, the WJRC leadership team meets as a group after an incident occurs to review and learn from the situation. These incident reviews occur at a minimum of once per month. In cases of alleged sexual abuse, the committee ensures each of the areas required by this PREA standard are covered. Staff interviews revealed that they are aware of the facility procedure and participate in the incident review process.

#### **§115.387 – Data collection**

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

WJRC collects uniform data for every allegation of sexual abuse and at a minimum collects data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The facility submitted a completed survey to the Department of Justice in 2013, as required.

The facility maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual incident reviews. The Facility PREA Compliance Manager regularly updates the tracking spreadsheet by gathering information from FSDNet and other sources. Furthermore, WJRC collects additional performance data twice a year through Performance-based Standards (PbS). PbS has several measures related to the safety of youth, including incidents of sexual abuse allegations.

Upon request, the facility will produce required data for the Department of Justice no later than June 30<sup>th</sup> from the previous calendar year.

A formal Family Services Division (FSD) Policy 305 guides WJRC practice by requiring the facility to submit sexual abuse data on an annual basis (no later than January each calendar year).

#### **§115.388 – Data review for corrective action**

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

At the time of the on-site review the agency was in the preliminary stages of creating an annual report to summarize progress with regard to implementing PREA and its facilities response to sexual abuse. During the corrective action period the agency report entitled, “Eliminating Sexual Abuse and Sexual Harassment of Vermont Youth in Custody” was finalized and posted to the agency’s public website. This comprehensive report provides facility sexual abuse data, summarizes agency progress with regard to implementing PREA, and identifies problem areas and corresponding corrective actions.

Effective May 6, 2015, the State of Vermont’s Family Services Division (FSD) enacted Policy 305 which ensures PREA standards related to data collection and reporting are met. For example, the above policy requires the completion of the Department of Justice’s Survey of Sexual Victimization each year as well as requires WJRC and contracted community providers to submit sexual abuse incident on an annual basis. The policy also requires the department to use these data to improve the effectiveness of its sexual abuse prevention, detection, and response. The policy also requires facilities to identify problem areas, take corrective action to remedy these areas on an ongoing basis, and summarize findings and corrective actions to meet PREA compliance.

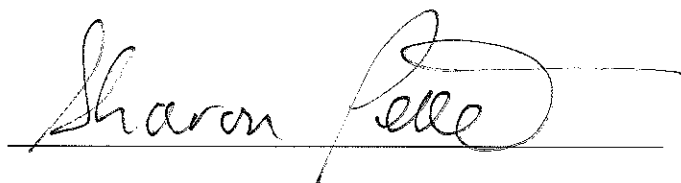
**§115.389 – Data storage, publication, and destruction**

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

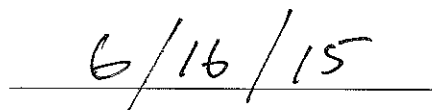
The WJRC facility retains sexual abuse data consistent with PREA standards. The State of Vermont's Family Services Division (FSD) Policy 305 (effective May 2015) requires sexual abuse incident data be collected from all facilities under its control and that these data be retained for at least ten years. This state policy meets all sub standards related to data collection, reporting, public access to sexual information and related PREA standards.

**AUDITOR CERTIFICATION:**

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



**Sharon Pette, MSC, GBSS  
Certified DOJ PREA Auditor**



**Date**