



EFFECTIVE SYSTEM INNOVATIONS

January 15, 2020

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

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

To Mr. Jay Simons,

The accompanying report includes the feedback you have provided. I am pleased to inform you that the **Woodside Juvenile Rehabilitation Center (WJRC) has achieved full compliance with the federal Prison Rape Elimination Act (PREA) standards.** The dedication exhibited by you and your team as well as by the State of Vermont Department for Children and Families (DCF) agency has resulted in a number of successes during the corrective action period. These achievements are detailed in the attached "Final Auditor's Summary Report."

Among the many noteworthy activities implemented in the past three months are:

- Revising several policies to support your existing practices and to provide more clear guidance on the facility's coordinated response plan;
- Adopting the practice of documenting how vulnerability risk information is used to make placement decisions;
- Ensuring all interns, contractors, and staff acknowledge their understanding of the PREA training through written signature;
- Clarifying expectations regarding how unannounced rounds should be conducted by communicating this information verbally and through written memo to designated staff; and
- Developing an Excel spreadsheet to track all variables required in the U.S. Department of Justice Survey of Sexual Victimization.

The auditor commends the Woodside Juvenile Rehabilitation Center (WJRC) and the State of Vermont Department for Children and Families (DCF) agency for its dedication to the PREA standards. You have done a tremendous job. On behalf of youth, families, and the Department of Justice (DOJ) I thank you for ensuring youth are safe while in the care of your program.

Sincerely,

Sharon Pette, MSC, GBSS
Department of Justice Certified PREA Auditor
Sole Proprietor/Principal Contributor, ESI
Email: sharon@rapidesi.com
Work: 212-677-5093/ Cell: 503-910-9873

**Prison Rape Elimination Act (PREA) Audit Report
Juvenile Facilities**

Interim Final

Date of Report January 15, 2020

Auditor Information

Name: Sharon Pette	Email: sharon@rapidesi.com
Company Name: Effective System Innovations (ESI), LLC	
Mailing Address: P.O. Box 134	City, State, Zip: Tarrytown, NY 10591
Telephone: 212-677-5093	Date of Facility Visit: October 21, 22, and 23, 2019

Agency Information

Name of Agency State of Vermont Department for Children and Families, Family Services Division (AHS DCF FSD)	Governing Authority or Parent Agency (If Applicable) State of Vermont Department for Children and Families, Family Services Division (AHS DCF FSD)		
Physical Address: 103 Main Street (Osgood Building)	City, State, Zip: Waterbury, VT 05676		
Mailing Address: SAME AS ABOVE	City, State, Zip: Click or tap here to enter text.		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: https://dcf.vermont.gov/youth/PREA			

Agency Chief Executive Officer

Name: Christine Johnson, Deputy Commissioner of Family Services	
Email: Karen.Shea@vermont.gov	Telephone: 802-241-0904

Agency-Wide PREA Coordinator

Name: Lindy Boudreau, Juvenile Justice and Adolescent Services Director	
Email: Lindy.Boudreau@vermont.gov	Telephone: 802-241-0875
PREA Coordinator Reports to: Suzanne Shibley, Policy Operations Manager	Number of Compliance Managers who report to the PREA Coordinator: 1

Facility Information

Name of Facility: Woodside Juvenile Rehabilitation Center (WJRC)

Physical Address: 26 Woodside Drive East

City, State, Zip: Colchester, VT 05446

Mailing Address (if different from above):
Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: <https://dcf.vermont.gov/youth/PREA>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe): CARF

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: PREA Audit 2017; Performance-based Standards (PbS)

Facility Administrator/Superintendent/Director

Name: Jay Simons, WJRC Director

Email: Jay.Simons@vermont.gov

Telephone: 802-338-4600

Facility PREA Compliance Manager

Name: Christopher LaFlam, Program Evaluation and Quality Assurance Specialist (PEQAS)

Email: Christopher.LaFlam@vermont.gov

Telephone: 802-655-4990

Facility Health Service Administrator N/A

Name: Andrea Allen, Nurse Manager

Email: Andrea.Allen@vermont.gov

Telephone: 802-338-4602

Facility Characteristics	
Designated Facility Capacity:	30
Current Population of Facility:	5
Average daily population for the past 12 months:	10
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	10-17 years
Average length of stay or time under supervision	109 days
Facility security levels/resident custody levels	Secure
Number of residents admitted to facility during the past 12 months	93
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	85
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>10 days or more</i> :	68
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe:
Number of staff currently employed by the facility who may have contact with residents:	58
Number of staff hired by the facility during the past 12 months who may have contact with residents:	7
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	18
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	23

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	<p>2</p>
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	<p>3 Units: Green/West unit; Blue/East unit; and Stabilization Unit. At the time of the onsite audit only the Green/West unit had residents living on it</p>
<p>Number of single resident cells, rooms, or other enclosures:</p>	<p>20</p>
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	<p>0</p>
<p>Number of open bay/dorm housing units:</p>	<p>0</p>
<p>Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):</p>	<p>0</p>
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	1
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: Chittenden Unit of Specialized Investigations (CUSI) <input type="checkbox"/> N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	1
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: State of VT Department of Human Resources (if staff involved) and Residential Licensing and Specialized Investigations Unit (youth-to-youth allegations) <input type="checkbox"/> N/A

Audit Findings

Audit Narrative

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) in August 2019 to conduct the government mandated PREA 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. This is the third PREA audit WJRC has undergone since 2014. The initial PREA audit was conducted in November 2014 and the second audit took place in April 2017.

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. More specifically, a total of eight notification fliers were posted throughout the building including each of the unit bathrooms (west and east), on the staff office windows (facing into the living unit day room), the main hallway, dining hall, school hallway, and administration area bathroom. Pictures and a complete list of the number/location of fliers were sent to the auditor verifying the posters were hung consistent with DOJ expectations. No correspondences from staff or youth were received prior to the onsite audit.

On September 12, 2019, approximately five weeks before the onsite review the PREA auditor held a conference call with the WJRC Program Director and Facility PREA Compliance Manager to discuss expectations and to answer any questions they had. Within two weeks of the on-site review, the WJRC Facility PREA Compliance Manager submitted the Pre-Audit Questionnaire (PAQ) and supporting documents to the auditor through the online PREA auditing system. 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 two-day period (total of 25 hours): Monday and Tuesday October 21st and 22nd, 2019. During this time, the auditor conducted an extensive tour of the WJRC facility including a walk-through of the residential living units, classroom areas, nurse's station, administrative area, gymnasium, dining hall, and outside recreational area, to name a few. During the tour, the auditor gathered relevant information about programming, supervision, video surveillance cameras, and daily operations through conversations with the WJRC Program Director, Mr. Jay Simons. While onsite, the auditor observed a one zero tolerance poster hanging in the main hall. More detailed information about the facility and programming as it relates to the PREA standards is provided in the body of this report.

While onsite, the auditor conducted interviews with agency leadership, facility managers, staff, youth/residents, volunteers, and contractors. The requisite interviews were conducted consistent with DOJ expectations in content and approach, as well as the method for selecting individuals to be interviewed (i.e. specialized staff, random staff, contractors, volunteers, etc.). The auditor used a list of staff who have contact with residents (organized by title, cottage, and shift) and using a stratified sampling process, selected staff to be interviewed and files to be reviewed. Staff selected for interviews represented individuals across all shifts (including weekends and weekdays). In addition, the onsite visit included interviewing contractors, volunteers, randomly selected youth, and targeted youth. Interviews also included the SANE Coordinator/Manager from the University of Vermont Medical Center (UVMC) and representatives from advocacy organizations. While onsite, the auditors were provided access to

youth electronic and paper case files to perform the requisite reviews. Appropriate access to human resources records were also provided to the auditor.

During the two-day onsite visit and through phone interviews conducted post-onsite visit, a total of 35 interviews were conducted with facility managers, direct care staff, educators, agency leadership, investigators, individuals who conduct unannounced rounds, staff who are responsible for intake activities, and youth. The auditor conducted the interviews with the two victim advocacy organizations (Hope Works and Disability Rights Vermont) via phone following the onsite audit due to difficulty with scheduling during the onsite visit (i.e. staff and youth schedules were made priority in terms of interviews to complete while onsite). More specifically, interviews were conducted with:

- 1 Agency PREA Coordinator who is also the State of VT DCF Juvenile Justice Division Director (Ms. Lindy Boudreau)
- 1 WJRC Program Director (Mr. Jay Simons)
- 1 Facility PREA Compliance Manager (Mr. Chris LaFlam)
- 1 Human Resources Manager/Specialist
- 1 Clinical Chief
- 1 Assistant Director of Facility Operations
- 2 Clinical Supervisors (Clinicians)
- 13 direct care staff (Youth Counselors)
- 3 Educators (2 Teachers and 1 Education Coordinator)
- 1 Nurse Manager
- 2 Investigative staff (the lead Residential Licensing and Investigation Unit Social Worker and an investigator with the State of Vermont Department of Human Resources Investigation Unit)
- 1 Contracted Psychiatrist
- 1 SANE Coordinator/Manager from the University of Vermont Medical Center
- 2 Volunteers
- 2 representatives from community victim advocacy agencies (Hope Works and Disability Rights Vermont)
- 2 youth (total population at the time of the review was three youth; one youth refused to be interviewed)

All youth were encouraged but not required to participate in the audit interview process. At the time of the review there were no youth who identified as lesbian, gay, bi-sexual, transgender, questioning, or intersex (LGBTQI) or youth who identified as English as a Second Language (ESL). Therefore, these populations are not represented in the audit results. A random sampling process was also used to determine staff interviews. WJRC leadership accommodated the auditor's request to interview specific staff and youth for 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 assaults occurring in the past 18 months were reviewed by the auditor. At the auditor's request and to better ensure confidentiality, no investigative reports, youth case files, or personnel records were sent prior to the onsite visit.

The audit process also included reviewing 24 youth files (i.e. 3 youth currently in the facility and 21 youth). To select which youth files to review, the auditor used a random selection process, selecting every 4th name on the list of youth who were discharged within the past 12 months (N=79 discharged youth). The

auditor was provided limited but sufficient access to the online case file system and paper files to conduct the requisite file reviews.

As part of the onsite audit process, the auditor reviewed three investigative reports and supporting documentation of sexual harassment and sexual abuse allegations made in the past 18 months (between January 2018 through September 30th, 2019). There was a total of two sexual abuse allegations (i.e. one staff-to-youth and one youth-to-youth) and one allegation involving staff's inappropriate sexual boundaries investigated in the previous 18 months. The list below details the type of allegation and the outcome of each investigation, although more information is provided in Standard 115.371 of this audit findings report.

- One staff-to-youth sexual abuse allegation – Unsubstantiated
- One youth-to-youth sexual abuse allegation – Substantiated
- One staff to youth unhealthy sexual boundaries allegation - Substantiated

The auditor reviewed all investigation information. Since the two allegations of youth-to-youth sexual harassment came through the written grievance process and to determine appropriate response by the facility, the auditor also reviewed a sample of grievances. There was a total of 109 non-sexual related grievances filed within the past 12 months. The auditor selected a sample of 15 grievances to verify the facility responded appropriately, timely, and consistent with federal PREA standards.

As part of the onsite file review process, the auditor also reviewed sample of PREA training records for fulltime WJRC staff (N = 45), temporary staff (N=13), contractors (N=2) and volunteers/interns (N=3). A sample of staff personnel records (n = 22) of part time and temporary staff as well as contractors (N = 3) were also reviewed to determine whether requisite criminal background checks and abuse registry checks were conducted consistent with PREA standards. This represents approximately 37% of all staff and contractor records. Staff records were selected using a stratified random sampling method using a staff roster - i.e. selecting every other and then every third name on an alphabetical list of names (separated out by full-time and part-time). The auditor also reviewed all personnel records of contractors and volunteers/interns currently working in the facility (n = 3).

On the final day of the on-site audit, a one-hour debriefing meeting was held with WJRC Program Director. 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. A second more formal debriefing took place following the onsite audit on November 5, 2019, which allowed the auditor to provide more specific next steps and required actions that will appear in the interim report. Meeting participants in the follow-up debrief included the WJRC Program Director, the Agency PREA Coordinator, the WJRC PCM, the Assistant Director of Facility Operations, and the WJRC Clinical Chief. Throughout the audit review process, as well as in the two debriefing meetings, the agency and program leaders were made aware of next steps. The auditor provided feedback regarding program strengths and areas needing corrective action and explained the corrective action period, expectations, and how she will help support the program in achieving 100% compliance with PREA standards (i.e. assisting in developing a detailed corrective action plan, reviewing documents, and providing feedback, etc.).The conversation included, but was not limited to, describing the expectations for the 45 days following the onsite visit and reminding leaders of the federal requirement that the final PREA audit report must be made publicly available (i.e. posted on the agency's website).

Approximately thirty days following the on-site portion of the audit, on November 25, 2019 an initial audit findings report was submitted to the WJRC Program Director, WJRC PREA Compliance Manager and

the DCF Agency PREA Coordinator. On November 26, 2019, WJRC entered a six-month corrective action period to address deficiencies within seven PREA standards.

A summary of the degree of compliance with the federal PREA standards following the initial onsite visit as well as at the end of the corrective action period is provided in the “Summary of Audit Findings” section of this report. An explanation of the findings related to each standard, as well considerations for enhancement, are provided in the body of this final audit report.

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 need increased supervision and treatment. The facility is located in Colchester, Vermont and has the capacity to serve 30 youth. Over the past 12 months (October 2018 through September 2019) there were 79 admissions, 64 of which were male and 15 were female. Over the last 12 months, the average length of stay at WJRC was approximately 48 days. During the onsite portion of the audit, there were three male youth residing at the facility and no LGBTQI youth.

The WJRC employs nearly 60 staff - 45 full-time staff members and 13 temporary staff. Teachers are State of VT DCF WJRC employees. There are two contractors who have close contact with youth and includes a psychiatrist and a medical health doctor. At the time of the onsite review there was one psychiatric fellow (a Medical Doctor), one master’s level intern from the local St. Michael’s College, and two undergraduate interns from University of Vermont Medical Center. These individuals provide mental health and health services to youth.

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. The main administration area includes a “crow’s nest” in which a staff member monitors all cameras and movements 24 hours a day, seven days a week. Youth are pat frisked in a locked and secured sally port as they enter the youth resident area. On this ground floor, there is a dining hall (straight ahead from the sally port) and three units (“Green/West;” “Blue/East;” and “Stabilization Unit”) – one unit on either side and the Stabilization Unit in the back. Since the last PREA audit in 2017 the facility’s population has been steadily decreasing. As such, the Green/West unit serves as the residential living unit for youth and the Blue/East unit is used for staff trainings. The Stabilization Unit was closed and is no longer used. Each unit contains a day room, a laundry room, and two bathrooms, each which is equipped with a single shower. Youth shower alone and are not permitted to enter the bathroom together. The Green/West unit has 16 individual rooms, allowing youth to sleep separately from one another and affording privacy. There is a staff office with windows that view the majority of individual bedrooms. Upstairs from the dining hall and living units there are several classrooms in which youth attend school. During school hours, when the facility is at full capacity each class has less than five youth per teacher.

To aid in supervision, there are 35 surveillance cameras throughout the facility that cover all buildings, living units, front of the facility and the outdoor recreation area. During the campus tour the auditor noted that all cameras have been positioned in such a way to help eliminate blind spots. Since the last PREA audit, the program added three new cameras to cover transition spaces including upstairs hallway by the classroom and by the clinical supervisor’s door. Interviews with the WJRC Program Director, the WJRC Assistant Director of Operations, and Youth Counselors verified that all staff are formally trained on staff positioning and are aware of these blind spots.

Summary of Audit Findings

The onsite audit provided significant evidence that the Woodside Juvenile Rehabilitation Center (WJRC) has a solid infrastructure that supports its dedication to zero tolerance for sexual abuse and sexual harassment and effective crisis response to allegations. Numerous facility policies, procedures, forms, and practices have been developed and implemented to support the agency's commitment to closely aligning with federal PREA standards. Similarly, the State of VT Department for Children and Families (DCF) has a solid infrastructure to assist in preventing, detecting, and responding to allegations of sexual abuse and sexual harassment. In addition, onsite interviews, file reviews, and observations verified the majority of PREA expectations have been institutionalized at the local level.

The WJRC Program Director, Mr. Jay Simons, has over 27 years in the field of human services including with the State of Vermont Department of Corrections and the Department for Children and Families. Mr. Simons has served as the WJRC Program Director for over eight years. Many staff provided unsolicited comments about Mr. Simons' leadership stating that he is a good leader and cares about youth at WJRC. It was also confirmed through interviews and observations that Mr. Simons leads using a continuous improvement lens and regularly examines program operations and services to identify potential areas for improvement. Similarly, staff interviews verified that the Mr. Simons is experienced, skilled, and possesses a genuine passion for his work.

The State of VT Juvenile Justice Division Director is Ms. Lindy Boudreau, who also serves as the Agency PREA Coordinator. She has worked for the State of VT DCF for over 26 years and has been in her current position as the Agency PREA Coordinator for approximately five years. Prior to the onsite visit, as well as during the site visit, Ms. Boudreau demonstrated she is knowledgeable about the PREA standards and understands the importance of implementing practices to ensure the safety of youth and staff. She has the authority to secure resources and support to achieve full compliance with federal PREA standards. This authority has been highlighted over the past five years. When PREA audits of contracted residential programs and/or WJRC have identified deficiencies, Ms. Boudreau has successfully provided the support needed for all State of VT DCF programs (those which are subject to federal regulations) to achieve full compliance during the corrective action period.

The WJRC Facility PREA Compliance Manager is Mr. Christopher LaFlam. Prior to the onsite visit Mr. LaFlam provided several policies, forms, and supporting documents to demonstrate compliance with standards through the PREA Resource Center's online audit system. Several additional documents were provided to the auditor onsite as well as following the site visit. Mr. LaFlam and other staff were cooperative and provided the auditor access to the requested documents throughout the audit process.

A summary of the degree of compliance with the federal standards is displayed in the following chart. An explanation of the findings related to each standard is provided below as well as actions the facility took during the corrective action period to achieve compliance with the standard. This detailed information is also provided to the reader within each of the standards that were identified as needed corrective action.

The interim PREA audit report was submitted to the Agency PREA Coordinator and Facility Program Director on November 25, 2019. At this time, the WJRC entered into the corrective action period. Throughout the corrective action period, phone calls and email communications took place between the WJRC PREA Compliance Manager PREA Coordinator to discuss the detailed approach for achieving 100% compliance with standards; provide feedback on the corrective action plan and clarify evidence needed for compliance; and provide auditor guidance on PREA standard interpretation. The majority of documents (i.e. revised policies and forms, training records, etc.) were submitted to the auditor for review via email and prompt feedback was provided to ensure corrective action timelines were met. This regular

document review and ongoing communication increased the likelihood WJRC would successfully achieve compliance with PREA standards by the end of the six-month corrective action period.

A summary of the degree of compliance with the federal standards is displayed in the following chart. An explanation of the findings related to each standard is provided below as well as actions the facility took during the corrective action period to achieve compliance with each standard. This detailed information is also provided to the reader within each of the standards that were identified as needing corrective action.

Category	Total Standards PRIOR to the Corrective Action Period	Total Standards at the END of Corrective Action Period
Number of Standards Exceeded	4 (Standards: 311, 313, 317, and 341)	4 (Standards: 311, 313, 317, and 341)
Number of Standards Met	32 (Standards 312, 315, 316, 318, 321, 322, 334, 335, 342, 351, 352, 353, 354, 361, 362, 363, 364, 366, 368, 371, 372, 373, 376, 377, 378, 381, 382, 383, 388, 389, 401, and 403)	39
Number of Standards Not Met	7 (Standards 331, 332, 333, 365, 367, 386, and 387)	0

Agency/Facility Response to Corrective Actions:

115. 331 “Employee training”

Corrective Actions Required

- To ensure all staff members understand the zero tolerance PREA training received, the facility is required to create an attestation form that staff can sign upon training completion. A sample of signed forms from all staff (full-time and part-time) must be submitted to the auditor to provide evidence of their understanding of the training received.
- Develop a strategy for providing PREA refresher information during the year between the full PREA training. This strategy must include a description of the training content as well as how WJRC will track training completion and understanding of the training.
- Ensure all employees have completed the full PREA training within the past two years and that all employees who are eligible or due to complete the PREA refresher training (during the “in-between years”) do so. WJRC will be required to submit a description of what the refresher training will look like, evidence of training completion by staff, and understanding of the training for all employees (either full training or refresher as applicable).

Corrective Actions Completed:

During the corrective action period, the facility created an attestation form to accompany the staff PREA training. The form states, “I have been trained in and understand my responsibilities under the Prison

Rape Elimination Act to protect the residents at the Woodside Juvenile Rehabilitation Center. I know what sexual harassment and zero tolerance are and I am aware of the reporting mandates.” The form requires staff to print their name, date the form, and sign to formally verify they understand the information and related job responsibilities. As mentioned, during the onsite review there was sufficient evidence (i.e. staff interviews, training tracking chart, etc.) indicating staff had received the formal PREA training every two years as federal standards require. However, the facility did not require staff, contractors, and volunteers to document their understanding of the training. Therefore, following the onsite review, the facility required staff who had completed the PREA training to complete and sign the new training attestation form. In addition, the program added a column to its PREA training tracking system (Excel document) indicating who and when these attestation forms are completed. A sample of signed staff attestation forms were submitted to the auditor for review shortly following the onsite visit.

During the corrective action period, the WJRC also created a PREA refresher training for the “in-between” years. A description of the refresher training was submitted to the auditor for review. The in-between refresher trainings will be conducted during mandatory all-staff meetings. The training will span two-hours and include at a minimum: Reviewing the WJRC Policy 111, mandatory reporting duties, evidence preservation requirements, and the PREA incident review process. These refresher trainings will be conducted by the WJRC Program Director and the Assistant Director of Operations. Individuals who are unable to attend the mandatory refresher training will be offered a makeup session at a later date. Since all staff completed the formal PREA training this year, this refresher training is scheduled to take place in a staff meeting in the spring/summer 2020. The program will document who attends the training, take detailed meeting minutes, and require all staff to complete the training attestation form. WJRC will also use the PREA training tracking system (Excel spreadsheet) to ensure refresher trainings are completed consistent with federal expectations.

During the corrective action period the program revised WJRC Policy 111 to specifically describe expectations regarding staff training. The revised policy now more clearly states, *“The PREA orientation training will be complete prior to unsupervised contact with residents. i) Each person working directly with residents will be trained in the complete PREA module every other year. ii) Each staff person working directly with residents will be provided a refresher course in the years alternating with the full PREA module described in b) below....b) b) All staff, contracted staff, interns and volunteers who interact directly with residents will be provided training as follows: i) Mandatory reporter training; ii) PREA orientation training; iii) Rights of Residents; iv) Woodside staff ethics; v) Sexualized work environment elimination; vi) Responding to sexualized behaviors.”* In addition, the policy also clearly states that staff, interns, and volunteers are required to sign an attestation form that they have received and understand the contents of the training.

Actions taken on behalf of the State of VT DCF and WJRC during the corrective action period allow the auditor to determine WJRC is now in compliance with provisions in this standard.

115.332 “Volunteer and contractor training”

Corrective Actions Required:

- The facility will be required to create a form (or add language to an existing form) that contractor, interns, and volunteers can sign to verify their understanding of PREA-related expectations at WJRC. For example, the form may state, “I understand the zero-tolerance policy for sexual abuse and sexual harassment at WJRC facility. I understand how to report incidents of sexual abuse and/or sexual harassment at WJRC and that I am required to report all allegations and/or suspicion of sexual abuse and sexual harassment allegations immediately.” Completed/signed

forms will be submitted to the auditor for verification of compliance (using a random sample selected by the auditor).

- Improve process for documenting PREA training completion for all volunteers, interns, and contractors to include maintaining a list of volunteers and contractors at the WJRC.
- Ensure all volunteers (i.e. College of Saint Michaels), interns, and contractors have received the training and submit completed acknowledgement forms to the PREA auditor for verification.

Corrective Actions Completed:

During the corrective action period, WJRC enhanced the Confidentiality Agreement it uses to document contractor, intern, and volunteer understanding of rules of confidentiality and the facility's zero tolerance policy. The form now clearly states, *"I understand WJRC adheres to all Prison Rape Elimination Act regulations to prevent any form of sexual harassment and/or sexual abuse of Woodside resident(s). By signing this agreement, I attest that I understand and will adhere to Woodside's zero tolerance policy regarding sexual abuse and sexual harassment. I agree to report any sexual harassment and/or sexual abuse of Woodside resident(s) that I may suspect or directly witness. I understand that reports/allegations of sexual abuse and/or harassment may be made verbally or in writing and may be anonymous or received from third parties. My signature attests that I agree to report all allegations of sexual harassment and/or sexual abuse of a Woodside resident(s) immediately by informing the on-duty Operations Supervisor. In addition, I understand that I am required to call the Child Abuse Hotline **1-800-649-5285** immediately to make the report. I understand that any breach of this understanding is grounds for prosecution fully of the law and at a minimum, WJRC terminating any existing volunteer and/or contractual agreement."* This new language aligns with PREA expectations regarding duty to report, zero tolerance, and individuals attesting to their understanding of the facility's zero tolerance policy.

As evidence of implementation, WJRC submitted completed/signed Confidentiality Agreements for all contractors, interns, and volunteers to the auditor for review. In addition, the auditor reviewed the updated PREA training tracking sheet (Excel) indicating the program now has a process in place to track training completion for contractors, volunteers, and interns (the program has separate tabs for staff, contractors, volunteers, and interns).

As previously mentioned, during the corrective action period the program revised WJRC Policy 111 to specifically describe expectations regarding training for staff, contractors, volunteers, and interns. The revised policy now more clearly states, *"The PREA orientation training will be complete prior to unsupervised contact with residents. i) Each person working directly with residents will be trained in the complete PREA module every other year...All staff, contracted staff, interns and volunteers who interact directly with residents will be provided training as follows: i) Mandatory reporter training; ii) PREA orientation training; iii) Rights of Residents; iv) Woodside staff ethics; v) Sexualized work environment elimination; vi) Responding to sexualized behaviors."* In addition, the policy also clearly states that staff, interns, and volunteers are required to sign an attestation form that they have received and understand the contents of the training.

Due to actions taken during the corrective action period and evidence submitted, the auditor has determined the program is now in compliance with provisions in this standard.

115.333 “Resident Education”

Corrective Actions Required:

- Hang additional zero tolerance posters throughout the facility. Visual displays should also include Hope Works and Disability Rights Vermont posters.
- Reinstate practice of youth receiving the WJRC “End the Silence” pamphlet upon intake. Provide “training” (i.e. formally communicate with staff) on the new practice of reviewing this detailed information with youth and reminding youth that similar information can also be found in the WJRC Youth Orientation manual. Submit documentation (i.e. meeting minutes with participant list) verifying this practice was formally communicated to staff.
- Develop system to ensure the zero-tolerance quiz and youth education video is completed for all youth in the absence of the Life Skills teacher. This may involve designating an individual to serve as a back-up as well as implementing quality control measures to ensure youth education is done consistent with agency and federal PREA expectations.
- Improve the document used to confirm youth viewed the PREA education video – i.e. include the full name of youth and the date the video was viewed. The program may consider adding a column for staff to initial and date as additional evidence youth completed the PREA education.

Corrective Actions Completed:

During the corrective action period, WJRC hung over 40 additional posters displaying advocacy information. These posters included contact information from Hope Works and Disability Rights Vermont. These posters were hung throughout the facility in the main hallway; on the residential living unit; in the hallway outside of the classrooms; the front sally port; the staff office; and conference room, to name a few. Pictures of these posters were sent to the auditor as evidence of compliance.

Immediately following the onsite audit, WJRC reinstated the practice of youth receiving the WJRC “End the Silence” pamphlet upon intake. This expectation was formally communicated during an all-staff meeting held on 12/18/2019. To further memorialize this practice, WJRC updated Policy 111 to specifically require staff to review the “End the Silence” pamphlet with youth at intake. During an all staff meeting held on 12/18/2019, staff were reminded of the requirement to review PREA related information in the WJRC Youth Orientation manual. Meeting minutes and the meeting attendee list (signatures of meeting participants) were submitted to the auditor to demonstrate compliance.

To ensure the youth PREA education includes youth viewing the zero-tolerance video, the program revised Policy 111 to reflect this practice. More specifically, the policy now states, *“Within 10 days of intake each resident will view the PREA education video. The assigned teacher/PREA Compliance Manager will gather new residents, supervise the video showing and have each resident sign off as having viewed the video.”*

During the corrective action period, WJRC enhanced the document used to confirm that youth had viewed the PREA education video. The form now includes the youth’s full name and the date the video was viewed. WJRC has retained the process of having youth sign a document verifying they understand the facility’s zero-tolerance information and how to report incidents of sexual abuse and sexual harassment. A sample of completed forms were submitted to the auditor to verify this new practice is now in place. To ensure all youth receive the PREA education information (i.e. the zero-tolerance quiz and zero-tolerance video), WJRC has designated the PCM as responsible for providing PREA education to youth in the absence of the Life Skills teacher.

Actions taken on behalf of the State of VT DCF and WJRC during the corrective action phase allow the auditor to determine WJRC is now in compliance with provisions in this standard.

115.365 “Coordinated response”

Corrective Actions Required:

- Revise WJRC and agency policies to provide more clear direction regarding the coordinated response efforts, particularly when the program must call local law enforcement. For example, WJRC Policies 111 says staff call Essex police and Policy 519 says call law enforcement but DCF Policy 52 says CIU calls police. The facility may need to provide additional language specifying the process for sexual assaults versus sexual harassment or voyeurism.
- Develop a clear system for ensuring the Sexual Assault Checklist is completed for all allegations of sexual abuse as per WJRC Policy 111 and that this information is stored securely
- Consider creating a quick reference guide on how to respond if a youth alleged they have been sexually abused or sexually harassed.

Corrective Actions Completed:

During the corrective action period, WJRC enhanced its policies (WJRC Policy 111 and Policy 519) to more clearly direct staff on when to engage law enforcement in response to sexual abuse and sexual harassment allegations. The revised policy now also states that Centralized Intake will be responsible for notifying law enforcement.

As part of its efforts to enhance the PREA response protocol/coordination efforts, WJRC created a quick reference guide for staff titled, “PREA/Abuse/Neglect Response Checklist for Staff.” This one-page document provides a step by step account on how to effectively respond to allegations of sexual abuse and harassment. These steps are:

- 1) Verify the resident is safe;
- 2) Notify your supervisor (Supervisor will inform the on-duty Clinical Supervisor of the abuse);
- 3) Separate the alleged victim and perpetrator;
- 4) Encourage the alleged victim and perpetrator to not destroy any evidence by eating, drinking, urinating, defecating, washing their hands, showering; store evidence wearing vinyl gloves in paper bags;
- 5) Secure the area where the alleged abuse occurred (treat the area as a crime scene);
- 6) Call the Child Abuse Hotline and report the abuse 1-800-649-5285.
- 7) Write a report before the end of your shift and give it to your Supervisor.

The “PREA/Abuse/Neglect Response Checklist for Staff” is now posted in the staff office located on the living unit as well as in the staff office. In addition, the reference guide has also been posted to a shared online folder to which WJRC staff have access. This new reference guide was reviewed during an all-staff meeting on 12/18/2019. Meeting minutes and participant sign-in sheets were sent to the auditor as evidence the quick reference guide has communicated and implemented at WJRC.

During the corrective action period, the program revised WJRC Policy 111 to support the new practice of using the Sexual Assault Checklist. The revised policy now states, “*As soon as the on-duty supervisor is aware that an allegation of sexual abuse exists they will retrieve the Sexual Assault Checklist. The Checklist will be followed to ensure all necessary steps are followed....The checklist will be stored in the*

resident's electronic file. This is a restricted electronic file that meets HIPPA standards. The hard copy will be preserved in the resident's file in the administrative area in a locked office in a locked cabinet. The key to this office restricted to administrative staff only." The auditor applauds the program for memorializing practice into policy to convey clear expectations and better ensure continuity in the event of staff turnover.

Changes to Policy 111 and the PREA/Abuse/Neglect Response Checklist" was communicated to staff during the all-staff meeting held on 12/18/2019. This information was shared again in the January 2020 during an all-staff meeting. Meeting minutes were sent to the auditor for verification.

Actions taken on behalf of the State of VT DCF and WJRC during the corrective action phase allow the auditor to determine WJRC is now in compliance with provisions in this standard.

115.367 "Agency protection against retaliation"

Corrective Actions Required:

- Develop a formal process for monitoring retaliation for the requisite 90-day period (or longer if needed). This process should include who will monitor for retaliation, what this process will look like (i.e. weekly check-ins with youth and staff who reported abuse or harassment), where these check-ins will be documented, etc. As part of this process, the program should consider updating Policy 111 or another policy to reflect the more detailed description for monitoring retaliation. The program will be required to demonstrate the individuals responsible for monitoring retaliation have been trained on/notified of these responsibilities and practices.

Corrective Actions Completed:

During the corrective action period, WJRC developed a formal process for monitoring retaliation. To assist the PREA Compliance Manager in monitoring retaliation, the PCM created an Excel spreadsheet to record the youth's name; incident date; date of weekly check-in; and the program's response to youth concerns. Although there have been no reports of sexual abuse or sexual harassment since the onsite visit, the tracking spreadsheet template was sent to the auditor for review and feedback. The PCM and clinical staff will be responsible for checking in with youth who report or allege sexual abuse a minimum of weekly.

To memorialize the practice of monitoring retaliation, the WJRC revised Policy 111 "Response to Allegations of Abuse and Neglect." The policy now describes how it will systematically monitor retaliation for the requisite 90-day period (or longer if needed). The revised policy states, "*The PEQA will check in with residents who have alleged sexual assault each week for 90 days after the incident to assess whether or not there has been retaliation. Any instance of retaliation will be reported immediately to the Woodside CEO. When there is an allegation that the Woodside CEO engaged in retaliation the report will go to the FSD Deputy Commissioner. All resident check ins will be recorded in the unit log and in the PREA tracking sheet.*"

Actions taken on behalf of the State of VT DCF and WJRC during the corrective action phase allow the auditor to determine WJRC is now in compliance with provisions in this standard.

115.386 “Sexual abuse incident reviews”

Corrective Actions Required:

- Expand the current “Sexual Abuse Incident Review” form to include a list of committee members who attended the meeting (requiring signatures preferred) as well as the date the investigation concluded and the date on which the review committee met.
- Develop a system to ensure sexual abuse incident review committee forms are consistently completed and where this information will be stored.

Corrective Actions Completed:

During the corrective action period, the program revised Policy 111 to further support provisions in this standard. The revised policy now specifically states, *“Within 30 days of any report or abuse the Woodside Management Team will meet to review the incident. The team will: i) The team will include the Woodside Management Team and others as the CEO determines important to attend. ii) The team will utilize the Sexual Abuse Incident Review to document discussion and decisions. All incident review participants will sign the form. Sexual Abuse Incident Review forms will be maintained in the PREA file in the restricted Administration section of the Woodside electronic drive.”*

In addition, a new form was created to better address and document the provisions in this standard. The form titled, “Sexual Abuse Incident Review: Review Team Questions” provides specific questions to discuss when conducting a sexual abuse incident review. The questions include: 1) *Does the allegation or investigation indicate a need to change policy or practice to better prevent, detect, or respond to sexual abuse?* 2) *Was the incident or allegation motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was otherwise motivated or caused by other group dynamics at the facility?* 3) *Are there physical barriers at the site of the alleged abuse that may enable abuse?* 4) *Examine the staffing patterns on different shifts. Any there any concerns?* and 5) *Could the monitoring technology be augmented to supplement supervision by staff?* This new form also requires participants to verify their attendance by signing and dating the form. These forms will be stored by the PCM in a locked filing cabinet in his office. Although there have been no allegations of sexual abuse since the onsite audit, the auditor is confident that appropriate staff have been informed and the “Sexual Abuse Incident Review: Review Team Questions” will be used moving forward.

As previously mentioned, during the corrective action period, the PCM created an Excel spreadsheet to better track retaliation check-ins, date of PREA incident, and other PREA related variables. This tracking sheet includes a specific column labeled, “Sexual Abuse Incident Committee.” The tracking sheet template was submitted to the auditor for review and verification.

Actions taken on behalf of the State of VT DCF and WJRC during the corrective action phase allow the auditor to determine WJRC is now in compliance with provisions in this standard.

115.387 “Data collection”

Corrective Actions Required:

- At a minimum, WJRC is required to reinstate the formal practice of maintaining the PREA data Excel spreadsheet which provides information on each of the factors found on U.S. Department

of Justice Survey of Sexual Victimization: Substantiated Incident Form -Juvenile (SSVI-J) (version published 9/20/2018). In addition, PREA standards require a standardized instrument be used for data collection and therefore, VT DCF should consider requiring WJRC to complete the above-mentioned survey for incidents of sexual abuse and sexual harassment.

Corrective Actions Completed:

During the corrective action period, WJRC created an Excel spreadsheet to track all required DOJ PREA-related variables. Follow-up communications with the WJRC Program Director and PCM verified that the PCM will maintain the spreadsheet for each allegation of sexual harassment and sexual abuse throughout the year. At the end of each calendar year, the aggregated information will be sent to the State of VT DCF PREA Coordinator and upon request, to DOJ.

Actions taken on behalf of the State of VT DCF and WJRC during the corrective action phase allow the auditor to determine WJRC is now in compliance with provisions in this standard.

Although **not required**, WJRC went beyond the minimum expectations and implemented some additional protocols and processes to better ensure youth are safe. Examples of additional PREA-related enhancements made during the corrective action period are provided below (although not an exhaustive list).

- **Standard 115.313** –Developed detailed guidance of what to look for when conducting unannounced rounds. This information was communicated to Operation Supervisors and Shift Supervisors via formal memo on 1/12/20. These written guidelines included making sure all doors are securely locked; staff are positioned for “eyes on, ears on” supervision; cameras are in working order; and verifying resident and staff conversations are appropriate. The memo also provided guidance to staff on what information to log in the unit log book as well as how to report immediate safety concerns.
- **Standard 115.342** – The program has enhanced its current practices of documenting how vulnerability tool information is used to place youth on units and in particular rooms on the unit. The process involves the person who completes the vulnerability tool providing recommendations and considerations for placement within the facility. These recommendations are written directly on the tool. The facility had one intake during the corrective action period. The completed vulnerability assessment was submitted to the auditor verifying placement recommendations are now documented directly on the assessment tool. The WJRC Clinical Chief will continue the practice of reviewing the completed tools and ensuring these tools are uploaded to the restricted internal online folder.

In addition, during the corrective action period the program also revised Policy 111 to clearly support provisions for standard 115.341 and 115.341. More specifically, the revised policy now states, *“The assessing staff will indicate housing decisions and staff instructions based on assessment findings on the bottom of the assessment form. Any instructions noted on the PREA Vulnerability Assessment Instrument will be transferred to the residents’ Personal Safety Plan.”*

- **Standards 115.351 and 115.352** – WJRC revised its youth and family manuals to clearly state, *“there is no time limit to file a grievance at Woodside. It does not matter if the complaint happened recently or some time ago.”* In addition, the manuals were updated to reflect the phone numbers and mailing addresses for four advocacy avenues including, Disability Rights Vermont, Hope Works, State of VT DCF Residential Licensing and Special Investigations Unit (RLSI), and Office

of the Juvenile Defender. The youth and family manuals also now more clearly state that family members can report on behalf of youth.

This final PREA audit findings report reflects State of VT Woodside Juvenile Rehabilitation Center (WJRC) is 100% compliant with federal PREA provisions.

PREVENTION PLANNING

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

115.311 (a)

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

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.311 (c)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- State of VT DCF Policy 8.0 “Disciplinary Action and Corrective Action”
- State of VT DCF Policy 9.1 “Immediate Dismissal”
- State of VT DCF Policy 3.1 “Sexual Harassment”
- WJRC Policy 111 “Response to Allegations of Abuse and Neglect”
- WJRC Procedure 202 “Employee Selection and Promotion”
- WJRC Youth Orientation Manual
- WJRC Family Orientation Manual
- WJRC pamphlet “End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment – PREA.”
- WJRC Policy 217, “Ethical Standards for Woodside Counselors: Principle 6: Legal and Moral Standards
- WJRC Procedure 104 “Maintaining an Environment Free From Sexual harassment”
- WJRC “New Employee Orientation and Training Log”
- State of Vermont Department for Children and Families: Licensing Regulations for Residential Treatment Programs
- Job description for the State of VT DCF Juvenile Justice Director’s job description
- WJRC Program Evaluation and Quality Assurance Specialist (PEQAS)/ WJRC Facility PREA Compliance Manager job description
- State of VT DCF agency organizational chart
- Interview with State of VT DCF Agency PREA Coordinator
- Interview with WJRC Program Director
- Interview with WJRC Human Resources Manager/Specialist
- Interview with State of VT Department of Human Resources Investigator

The WJRC has a written facility procedure that sets forth clear expectations regarding zero tolerance for all forms of sexual abuse and sexual harassment. Zero tolerance information is messaged in the youth handbook and through lessons taught in mandatory Life Skills classes. Youth and staff interviews while onsite verified the message of zero tolerance has been effectively communicated. During the facility tour the auditor observed only a few “zero tolerance” posters throughout the facility - one in the Life Skills classroom and another in the dining hall. The facility will be required to hang additional posters throughout the facility and in common areas during the corrective action period (listed as a “Required Action” under standard 115.333). The auditor did notice three Disability Rights Vermont posters displaying contact information on both residential living units and in the dining area. There were no posters with the local advocacy agency Hope Works seen in the facility, although this information is provided in the youth manual (for more information see standard 115.353).

WJRC Policy 111 “Response to Allegations of Abuse and Neglect” specifically describes the resident orientation provided by a staff member to the youth within first 24 hours of arriving to Woodside. Some of the activities listed in the policy are: A resident’s right to be free from abuse, neglect, retaliation, humiliation, and exploitation; how to report abuse; expectations regarding personal boundaries/respecting the boundaries of others; how to file a grievance; and how to make a report of abuse that includes telephone numbers and addresses of the Child Protection hotline, Disability Rights Vermont, and the Residential Licensing and Special Investigations Unit (RLSIU). This policy also provides definitions of sexual abuse between residents and a staff member, contractor, of volunteer. Having one facility policy or procedure provides a “one stop shopping” approach for staff, thereby allowing staff to consult one document to obtain guidance on their responsibilities related to the detection, reporting, and

handling of youth reports of sexual assaults and abuse. As required by PREA, the Zero Tolerance policy is posted on the DCF website.

WJRC “New Employee Orientation and Training Log” is a form used to help ensure all staff members are trained on the agency’s zero-tolerance policy. This form lists the mandatory training titles, trainers name, and the date the training is completed. The WJRC Policy 111 “Response to Allegations of Abuse and Neglect” is listed among the required trainings.

Definitions required in this PREA standard can be found in several facility procedures including but not limited to WJRC Procedure 202 “Employee Selection and Promotion” and WRJC Policy 111 “Response to Allegations of Abuse and Neglect”. In addition, the facility has other policies that further support provisions in this standard. WJRC Policy 217, “Ethical Standards for Woodside Counselors: Principle 6: Legal and Moral Standards states: *“The Woodside Counselor does not exploit persons over whom s/he has supervisory, evaluative, or other authority such as clients, students, supervisees, and employees. He or she: Does not coerce personal or sexual favors; does not engage in any type of sexual activities or intimacies with clients or former clients. Furthermore, the Woodside Counselor does not accept as clients any persons with whom s/he has engaged in sexual intimacies; does not engage in sexual or other harassment; does not engage in or condone practices that are illegal, inhumane, or demeaning; and when aware of unethical conduct or of unprofessional modes of practice, report such violations to the appropriate authority.”*

The Vermont Human Resources website (<https://humanresources.vermont.gov/labor-relations/equal-opportunity/sexual-harassment>) states, *“Sexual harassment is a form of discrimination on the basis of sex and is, therefore, prohibited in the workplace by both state and federal law, as well as the collective bargaining agreements between the State of Vermont and the Vermont State Employees' Association, Inc. It is also unlawful to retaliate against an employee for filing a complaint of sexual harassment or for cooperating in an investigation of sexual harassment.”* The AHS Policy 3.1 “Sexual Harassment” provides detailed information regarding definitions of and related to sexual harassment, the process for filing a complaint, etc. Interviews with agency leadership, facility managers, and WJRC verified the agency and facility has zero tolerance for sexual harassment and sexual abuse within the facility.

The DCF Residential Licensing and Investigations Unit (RLSIU) 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).

The State of VT DCF Policy 8.0 “Disciplinary Action and Corrective Action” and DCF Policy 9.1 “Immediate Dismissal” explain the agency’s response to an employee’s violation of agency policies. According to Policy 9.1 employee may be immediately dismissed for gross neglect of duty or gross misconduct. Interview with the HR Manager/Specialist, WRJC Program Director, Department of Human Resources Investigator, and other agency leaders verified that sexual harassment and sexual abuse would qualify as cause for immediate dismissal if the outcome of the investigation substantiated the allegation.

The State of Vermont AHS DCF has a designated Agency PREA Coordinator. This title is carried by the Juvenile Justice Director, Lindy Boudreau. The agency has incorporated language to support PREA

responsibilities. More specifically, the Juvenile Justice Director’s job description describes this position is *“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 this Act. Prepares reports and responds to inquiries as needed.”* The auditor applauds DCF for ensuring clear expectations are set by memorializing PREA related duties in a formal job description.

Interviews verified that the Agency PREA Coordinator has sufficient authority and time to ensure DCF programs comply with federal PREA standards. Over the past five years, in situations in which audits highlighted PREA-related program deficiencies for contracted residential programs and/or WJRC, Ms. Boudreau has successfully provided the support needed for all State of VT DCF programs (those which are subject to federal regulations) to achieve full compliance with PREA standards during the corrective action period.

The WJRC has a designated PREA Compliance Manager, Mr. Christopher LaFlam, who functions as the facility’s Program Evaluation and Quality Assurance Specialist (PEQAS). Staff interviews and review of documents (i.e. signed logbooks indicating unannounced rounds conducted by the Facility PREA Compliance Manager, etc.) support that Mr. LaFlam has sufficient time to conduct PREA related duties. In addition, Mr. LaFlam’s job description includes PREA related responsibilities – i.e. *“Duties include...quality assurance activities designed to monitor program efficacy and compliance with Prison Rape Elimination Act (PREA)...integrates into Woodside Standard Operating Procedures Manual current collective operational and evaluation standards set by PREA”* and requires *“considerable knowledge of PREA.”* The Woodside Organization Chart shows the PEQAS and the PREA Compliance Manager title.

The facility has successfully met all provisions of this standard. Since clear expectations have been set by incorporating PREA expectations into the Facility PREA Compliance Manager and the Agency PREA Coordinator job descriptions and the auditor has determined WJRC “Exceeds” expectations on this standard.

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

115.312 (a)

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

115.312 (b)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Sample contract with a contracted community residential program
- Interview with Agency Juvenile Justice Director (who is also the Agency PREA Coordinator and who oversees the contract with community residential programs who must be PREA compliant)

The State of Vermont DCF contracts with several providers to house and treat juvenile justice youth in the community. State policies, contract language, and residential licensing standards all require contracted programs to be PREA compliant. In addition, contract language from the State of VT DCF require programs to collect data on sexual abuse incidents (see standard 115.387 for additional information). Since the State of Vermont DCF requires all contracted programs to be PREA compliant, WJRC is complying on this standard.

Standard 115.313: Supervision and monitoring

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.313 (b)

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

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA

- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

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

115.313 (e)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- “Woodside Detention Program Minimum Staffing” – Memo/analysis report sent to Deputy Commissioner Ken Shatz on September 11, 2017
- “Woodside Staffing Analysis” – Memo/analysis report sent to Deputy Commissioner Karen Shea on January 14, 2019
- WJRC memo/staffing analysis report sent to FSD Deputy Commissioner Christine Johnson on September 13, 2019
- “Woodside Staffing Analysis” dated September 20, 2019
- WJRC shift schedule (rotating every three months)
- WJRC Policy 102 “Minimum Staff Coverage Requirements for Center”
- Sample of emails to PCM from the WJRC Program Director and WJRC Assistant Director of Operations verifying unannounced rounds were completed
- Sample of monthly Environmental Checklists (12 months)
- Interview with WJRC Program Director
- Interview with WJRC PREA Compliance Manager
- Interviews with managers who conduct unannounced rounds including the WJRC Assistant Director of Operations and Shift Supervisors
- Interview with Agency PREA Coordinator
- Review of unit logbooks verifying unannounced rounds by higher level managers
- Observations during facility tour

The WJRC facility has a sophisticated camera surveillance system consisting of 34 cameras placed strategically throughout the facility. A staff member monitors each of the cameras 24 hours a day, seven days a week at the front desk located in the administrative portion of the building. Live video footage of any areas can be accessed remotely from 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.

During the onsite facility tour, the auditor noted five blind spots, to which Mr. Simons was already aware. Mr. Simons explained that he is planning on adding an additional camera to the stairwell in the center of the building, one in the sally port towards the gymnasium, and another inside the gymnasium to capture activity beneath the door. There are two known blind spots in the weight room and no cameras in the small recreation area or in the stairwell leading to the recreation area, although this stairwell is only accessed during mandatory fire drills. Mr. Simons has conducted an extensive analysis of high-risk areas and since the 2017 PREA audit and three additional surveillance cameras were installed. Interviews with the Assistant Director of Operations and Youth Counselors verified that staff are provided with training on staff positioning including where they are to be positioned while supervising youth in the weight room and gymnasium.

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. Since the last audit in April 2017, the average daily youth population was approximately 10. The staffing plan was developed based on a capacity of 30 youth. Despite the decrease in the number of youth in the facility, WJRC has maintained the same number of staff on each shift which far exceeds the PREA staffing ratios. Observations onsite verified there were at least four Youth Counselors supervising the three youth in the facility. Review of several staffing analyses

and plans coupled with youth interviews allows the auditor to conclude WJRC has exceeded the staff-to-youth ratio set forth in the PREA standards.

To support this practice WJRC has Policy 102 “Minimum Staff Coverage Requirements for Center” which clearly states, *“In accordance with the Prison Rape Elimination Act Standards and the Department for Children and Families Residential Licensing and Special Investigations Unit regulations, the Woodside building will have a minimum of six (6) employees (excluding front desk and kitchen personnel) regardless of the number of youth on each unit. Of these six (6), three (3) must be permanent classified employee. During sleep hours, at least one staff person must be awake in each program at all times....Only permanent classified employees or temporary employees may provide direct supervision of residents.”* This same policy also states, *“a staff to youth ratio of one staff to five residents will be maintained during resident waking hours and one staff to sixteen residents will be maintained during overnight hours.”*

As previously described, the residential living unit is designed with two solo showers, one on each side, which allows youth to shower individually. Bathroom and laundry room doors are locked at all times and cannot be accessed without staff. Interviews confirmed that staff ensure there is only one youth in the bathroom and/or laundry room at a times.

WJRC reviews the staffing plan annually to determine whether adjustments are needed. During this review, several areas are assessed including staffing patterns, deployment of monitoring technology, and whether additional resources are needed to ensure PREA compliance. The most recent annual staffing plan review/analysis was conducted on September 20, 2019. The auditor reviewed the staffing analysis and confirmed all requisite areas were adequately discussed and addressed.

This practice of conducting a staffing analyses each year is directed by WJRC Policy 102 “Minimum Staff Coverage Requirements for Center.” This policy states, *“Each year during the first month of the fiscal year the Director, Assistant /directors, PEQA and Education Coordinator will meet to conduct an annual staffing plan review. This team will assess staffing patterns, deployment of monitoring technology and whether additional resources are needed to ensure PREA compliance.”* WJRC also has a reporting template it uses to document the staffing discussion that covers all requirements listed in provision (a) of this standard.

Review of a random sample of unit logbooks indicate frequent unannounced rounds are conducted by agency leadership (i.e. Director, PREA Compliance Manager, Assistant Director of Operations, and Shift Supervisors). The auditor randomly selected three logbooks of a total of eight to review while onsite. There were six rounds conducted in January; ten rounds between 4/12/19 and 5/23/19; sixteen rounds in September; and six rounds between 10/01/2019 and 10/12/19. Logbooks were initialed and the purpose of each round indicated. Interviews with staff and youth verified that these documented rounds occur regularly, on weekends, and across all shifts (i.e. 5:55 AM, 9:30 PM, etc.). Staff interviews verified they are not alerted as to when higher level managers will come on the unit.

During the onsite audit completed WJRC Environmental Rounds Checklists were also reviewed (N=12). Environmental assessments are conducted on a monthly basis by the Assistant Director of Operations. Issues with the facility’s physical structure are identified and documented using the checklist. These assessments are conducted at unknown times and sometimes on the weekends.

WJRC meets all provisions in this standard and exceeds the staff-to-youth supervision ratio provision. Therefore, the auditor has determined that WJRC “Exceeds” PREA expectations on this standard.

Standard 115.315: Limits to cross-gender viewing and searches

115.315 (a)

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

115.315 (b)

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

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No (*the unit has both male and female youth and there is at least one female staff on shift at all times 24 hours a day, 7 days a week*)
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

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

information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.315 (f)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- AHS DCF Policy 166 “Woodside Admission Procedures – Searches”
- WJRC Procedure 508 “Inspections and Searches”
- WJRC “Visual Search Protocol”
- WJRC PREA training materials
- Review of search log for last 12 months
- Facility audit tour
- Interviews with randomly selected Youth Counselors (direct care staff)
- Interviews with residents

AHS DCF 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. Similar information appears in the WJRC training materials which explain, “*a pat search shall be conducted by a person of the same gender as the resident except when circumstances are such that delay would jeopardize the safety of the resident or staff member.*” In addition, WJRC Procedure 508 “Inspections and Searches” states “only staff of the same sex as the resident are allowed to conduct pat searches of a reside – male with male, female with female.” All staff reported they do not conduct cross gender searches of any kind and that there is always a female on shift. During the onsite visit there was one youth who reported that he thought he remembered being searched by a female staff member after his family visited the facility. Since there were only two youth interviewed (one youth declined to be interviewed) and due to the fact that agency and facility policies,

state regulations, prior PREA audits, and staff interviews all support that the facility does not conduct cross gender searches, this auditor has determined WJRC is in compliance for this provision.

During intake process the facility uses the WJRC “Visual Search Protocol” which asks, “*Does the resident identify as transgender/intersex? If yes, what was the resident’s gender preference for search (male or female)?*” The form also requires staff to record the name of the individual conducting the search as well as initial that the search was conducted by the preferred person. At the time of the on-site portion of the audit, all staff reported they had been trained on how to conduct cross gender pat searches and that these would be done only in exigent circumstances. All staff stated that transgender and intersex youth are provided the option of being searched by males or females (whichever they prefer). At the time of the onsite review there were no transgender or intersex youth residing at WJRC.

AHS DCF Policy 166 “Woodside Admission Procedures – Searches” 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 are available to conduct cross-gender searches at the request of a transgender or intersex youth. All staff interviews confirmed that WJRC does not conduct cross-gender strip searches. The WJRC Visual Search Protocol requires staff to contact RLSI (the facility’s licensing and regulatory body) within 24 if a cross-gender search occurs. Review of records from the past 12 months indicate the WJRC had one incident of cross-gender strip searching. Documentation on the WJRC Visual Search Protocol revealed the transgender female preferred to be searched by a female and a female staff searched the youth accordingly. This documentation serves as additional evidence for compliance with this standard’s provisions.

The AHS DCF Policy 166 states, “*Strip searches are NEVER conducted to ascertain the gender of an individual.*” This directive also appears on the “Woodside Visual Search Protocol.” 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 (typically only when a youth is first arriving to facility) staff explain the search process to the youth before conducting the search. In addition, if a comprehensive search must be conducted staff are positioned in an L-shape formation where one staff is interacting directly with youth (instructing youth to place clothes outside of the curtain) and another staff member is viewing the staff but the second staff member cannot see the youth.

WJRC male and female youth are housed on the same living unit. Youth have private individual sleeping quarters. Youth are required to change in the bathroom or in their rooms with the door closed. Each living unit is designed with two solo showers, one on each side, and allowing youth to shower individually. Bathroom doors are locked at all times and cannot be accessed without staff. Staff and youth interviews confirmed that staff ensure there is only one youth in the bathroom and/or laundry room at a time.

Before entering a youth’s room, staff are trained to first knock and ask if the youth if they are fully clothed. Each of the single sleeping quarters have small windows on the door which have curtains that are kept closed at all times. This provides additional privacy. All youth interviews indicated they feel they have privacy.

WJRC has three shifts each three days long. The shifts are:

- Monday 7 AM to Wednesday 3 PM
- Wednesday 2 PM to Friday 10 PM
- Friday 9 PM to Monday 8 AM

Staff are on duty at the facility for three days and sleep for several hours each night. There is a minimum of three staff awake each night to supervise youth and attend to their needs as necessary (one staff member is stationed at the front desk). As stated earlier, WJRC houses both male and female residents and the WJRC policy and practice is to always have a female staff on duty. As such, female and male staff do not announce themselves when they enter a unit because there are always male and female youth/staff on the unit, 24 hours a day, seven days a week. Therefore, the auditor concludes that the requirement to announce oneself does not apply to WJRC.

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

115.316 (a)

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

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

115.316 (c)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- WJRC Policy 111 "Response to Allegations of Abuse or Neglect"
- WJRC Procedure 408 entitled, "Access to Services"
- WJRC Youth Intake Sheet
- State of VT "Notice of Provision of Services Under the Americans with Disabilities Act (ADA) and/or the ADA Amendments Act (ADAAA)"
- Interviews with Youth Counselors (direct care staff)
- Interview with WJRC Program Director
- Interview with DCF Juvenile Justice Director/Agency PREA Coordinator

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 State of VT "Notice of Provision of Services Under the Americans with Disabilities Act (ADA) and/or the ADA Amendments Act (ADAAA)" specifically states that the State of Vermont will "...provide appropriate aides and services leading to effective communication for qualified persons with disabilities so they can participate equally in the State of Vermont's programs, services, and activities..." This policy also states that the individual needing these services will not be responsible for the cost of such services. WJRC has not had youth with physical disabilities that warranted accommodations.

The AHS Department for Children and Families (DCF) contracts for three types of interpretive services: In-person interpretive services; written translation services (i.e. translation of documents, brochures, application forms and any other needed written materials); and telephonic services (i.e. interpretive and translation services for telephone communications). Currently, the State of Vermont contracts with "Telelanguage" to provide interpretation and translation services. The company is based out of Portland, Oregon. The WJRC youth intake sheet includes the Telelanguage contact information so that it is readily accessible for staff. The contact information for Telelanguage services is also posted in the unit staff offices and the WJRC Program Director's office.

The WJRC Procedure 408 entitled, "Access to Services" explains that all youth will be given the opportunity to participate and benefit from the agency's efforts to prevent, detect and respond to incidents of sexual abuse and sexual harassment. Furthermore, the policy explains youth are asked if they have any disabilities or need special accommodations during the intake process. If a youth responds affirmatively to this inquiry, the WJRC Program Director is notified immediately. The Program Director is responsible for ensuring all youth needs are met. In the event the facility received an English as a Second Language (ESL) youth or youth with disabilities, the Program Director or staff would contact Telelanguage or another local interpreter (obtained through the youth's social worker) to assist in working with the youth. In addition, the WJRC Face Sheet specifically asks, "Does the resident require interpretation services?" and provides the translation services contact information. The form also requires intake staff to indicate the date and time these services were requested for those youth in need. At the time of the onsite audit, there were no youth who identified as ESL or as having cognitive or physical disabilities.

WJRC Policy 408 also puts declares, "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." Staff interviews confirmed that they understand the process for accessing translation services at intake or throughout a youth's stay at WJRC. Although English as a Second Language (ESL) youth are not a common occurrence, staff provided examples of accessing translation services for family members of youth who are of Somalian decent. In the past, Mr. Simons has arranged for a Somali Mai Mai interpreter to translate for a youth's father during a treatment meeting.

Standard 115.317: Hiring and promotion decisions

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No

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

115.317 (b)

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

115.317 (c)

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

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

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

115.317 (f)

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

115.317 (g)

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

115.317 (h)

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

Auditor Overall Compliance Determination

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

Evidence Used In Compliance Determination

- “State of Vermont Department for Children and Families: Licensing Regulations for Residential Treatment Programs”

- WJRC Procedure 202 “Employee Selection and Promotion” including Attachment A: “Abuse Substantiation Declaration Form”
- WJRC Policy 111 “Response to Allegations of Abuse and Neglect”
- Department of Personnel policy Section 9.1 entitled, “Immediate Dismissal”
- Department of Personnel policy 8.0 “Disciplinary Action and Corrective Action”
- Department of Personnel policy Sections 7.064 – 7.066
- Collective Bargaining Agreement (CBA) between the State and the Vermont State Employee’s Association (VSEA) - Effective July 1, 2018 — Expiring June 30, 2020
- Vermont state statute “Public policy of the State of Vermont; employment separation agreements” (21 V.S.A. section 306)
- Interview with WJRC Human Resources Specialist
- Interviews with WJRC Program Director
- Review of sample HR records of persons who were hired or promoted (including contractors and volunteers) in the past 12 months verifying criminal background checks and abuse registry checks

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 individuals who have been convicted of engaging or attempting to engage in sexual activity that was facilitated by force, or coercion, or if the victim did not or could not consent. The 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 specific databases: 1) Vermont Criminal Information Center; 2) Vermont Child Protection Registry; and 3) Adult Abuse Registry. All prospective employees are required to sign a “Release of Consent” allowing information of prior convictions to be released to WJRC prior to officially offering the individual a position.

During the on-site review 17 files of full-time (N=45) and five part-time (N=13) staff were reviewed. All files contained criminal background and abuse registry checks upon hire. In addition, files indicated that WJRC conducts criminal background checks on all employees and contractors every three years, exceeding expectations for this PREA standard (the federal standard requires background checks be conducted once every five years).

The 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.*”

PREA standards require an agency and/or facility to provide information on substantiated allegations of sexual abuse and sexual harassment when a former employee has applied for a position with another institution (and WJRC receives a request for this information). An interview with the WJRC Program Director revealed that the State of Vermont only allows him to answer the question if he would hire the

person back. However, if a former WJRC staff member had a substantiated PREA allegation while working in WJRC he is permitted to share this information. This practice is supported by Vermont state statute “Public policy of the State of Vermont; employment separation agreements” (21 V.S.A. section 306) which upholds, *“In support of the State's fundamental interest in protecting the safety of minors and vulnerable adults, as defined in 33 V.S.A. § 6902, it is the policy of the State of Vermont that no confidential employment separation agreement shall inhibit the disclosure to prospective employers of factual information about a prospective employee's background that would lead a reasonable person to conclude that the prospective employee has engaged in conduct jeopardizing the safety of a minor or vulnerable adult. Any provision in an agreement entered into on or after the effective date of this section that attempts to do so is void and unenforceable.”*

In further support of this standard, the Collective Bargaining agreement between the State of Vermont and the Vermont State Employees' Association (VSEA) Article 14 “Disciplinary Action” states, *“the parties agree that there are appropriate cases that may warrant the State: 1) bypassing progressive discipline or corrective action; 2) applying discipline or corrective action in different degrees...”* The WJRC Policy 111 “Response to Allegations of Abuse and Neglect” also supports provision in this standard by declaring, *“Woodside will provide information on substantiated allegations of sexual abuse or harassment involving a former employee upon receiving a request from an institution employer for whom such employee has applied for work.”*

The WJRC gathers information regarding previous convictions and substantiated allegations of sexual abuse and sexual harassment from potential employees. WJRC Procedure 202 “Employee Selection and Promotion” including Attachment A: “Abuse Substantiation Form” states, *Woodside shall not hire or promote anyone who may have contact with residents if that person: Has ever engaged in sexual abuse in a prison, lock up, community confinement facility, juvenile facility, or other institution; has been convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; has ever been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; has ever been substantiated for child abuse or neglect.”* In addition, the policy states that any omissions or providing false information will be grounds for termination. The policy also states that WJRC will consider *“any incidents of sexual harassment in determining whether to promote any current employee.”*

The facility has a two-level screening process of potential employees which gathers information about abuse history. The first step is on the day the applicant is interviewed they are required to complete the “Abuse Substantiation Declaration Form” which specifically asks the questions listed below. The facility also requires all potential volunteers and contractors to complete this form. The questions that appear in the above referenced form are:

- 1) *“Have you ever engaged in sexual abuse in a prison, lock up, community confinement facility, juvenile facility, or other institution?” If the candidate answers “yes,” the candidate will automatically be barred from employment at Woodside.*
- 2) *Have you ever resigned during a pending investigation of alleged sexual abuse or sexual harassment?*
- 3) *Have you been convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? If the candidate answers “yes,” the candidate will automatically be barred from employment at Woodside.*

- 4) *Have you ever been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? If the candidate answers “yes,” the candidate will automatically be barred from employment at Woodside.*
- 5) *Have you ever been substantiated for child abuse or neglect? If the candidate answers “yes,” the candidate will automatically be barred from employment at Woodside.*
- 6) *Have you ever been the perpetrator in an incident of sexual harassment? If the candidate answers yes, the Woodside Director shall consider the incident in determining whether to hire the candidate, or whether to enlist the services of any contractor who might have contact with residents.*

The WJRC Policy 202 “Employee Selection and Promotion” policy states that applicants who do not answer all questions on the application will be screened out (not considered for employment) as well as *“If an applicant makes a false statement of material fact, including responses to screening questions, which misrepresent the applicant’s qualification, they may be disqualified from each posting for which they have applied.”*

The second step in the screening process occurs prior to offering the potential staff member a position during the thorough background check. The WJRC Policy 202 “Employee Selection and Promotion” informs staff that WJRC will contact all prior institutional employers to gather information on substantiated allegations of sexual abuse and/or any resignation during a pending investigation of an allegation of sexual abuse. More specifically, the policy states the individual conducting reference checks with previous employers *“must ask for the following information: a) Information concerning substantiated allegations of sexual abuse or any resignation during a pending investigation of sexual abuse; b) Information concerning substantiated allegations of sexual harassment or any resignation during a pending investigation of sexual harassment; and c) Information concerning substantiated allegations of child abuse or neglect.”*

State of VT requires background checks and child abuse registry checks to be conducted before staff, contractors, or volunteers have contact with youth. These checks are done every three years which is beyond what federal PREA standards require, once every five years. All interviews and file reviews provide ample evidence that WJRC “Exceed Expectations” on this standard.

Standard 115.318: Upgrades to facilities and technologies

115.318 (a)

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

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or

updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Interview with the DCF Juvenile Justice Director/Agency PREA Coordinator
- Interview with the WJRC Program Director
- Interview with WJRC Assistant Director of Operations
- Review of completed Environmental Rounds Checklists (12 months)
- Observations during program audit tour

There is sufficient evidence that the WJRC leadership team considers the safety of youth when planning expansions or renovations to the physical layout of the facility. As previously mentioned, Mr. Simons has installed three additional surveillance cameras in the upstairs hallway and outside the clinical supervisors' office to improve coverage in transition areas. In addition to unannounced rounds throughout the month by designated managers, the WJRC Operations Director conducts a monthly environmental assessment of the entire facility. Observations and suggestions for physical plant modifications are recorded in Environmental Rounds Checklist and discussed with the WJRC Program Director. While onsite, the auditor reviewed 12 months of these completed checklists. Interviews with the WJRC Program Director and Assistant Director of Operations verified there is extensive and ongoing discussions about how to improve safety of the facility.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

115.321 (a)

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

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

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

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.321 (e)

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

115.321 (f)

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

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- WJRC Policy 111, "Response to Allegations of Abuse and Neglect"
- Executed "Memorandum of Understanding: HOPE Works of Vermont and Woodside Juvenile Rehabilitation Center"
- Executed "Memorandum of Understanding Regarding Sexual Abuse Investigations" between Woodside Juvenile Rehabilitation Center (WRJC), DCF Residential Licensing and Specialized Investigation Unit (RLSI), Centralized Intake and Emergency Services Unit (CIES), and Agency of Human Services Investigations Unit (AHSIU)
- Service Contract between the State of VT Department for Children and Families and the University of Vermont Medical Center
- Interview with WJRC Program Director
- Interview with University of Vermont Medical Center SANE Manager/State SANE Forensic Coordinator
- Interview with WJRC Nurse Manager
- Interviews with random sample of direct care staff

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. WJRC Policy 111, "Response to Allegations of Abuse and Neglect" details the required response to allegations of 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 the abuse report/allegation. The policy also directs that STD testing be provided if medically necessary at no cost to the victim.

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. All

direct care staff indicated they received formal training on evidence preservation and understood offering youth victim advocacy services was part of the WJRC response protocol.

The State of Vermont Department for Children has an executed contract for the University of Vermont Medical Center to provide services to WJRC youth beginning July 1, 2019 and ending June 30, 2021. This contract states UVMC "...will provide nursing staff that are trained and certified Sexual Assault Nurse Examiner (SANE) as required by the Prison Rape Elimination Act (PREA) in accordance with State Licensing Regulations and 115.387 of the PREA National Standards." The same executed contract states that UVM will: "Allow for Hope Works counselors to be available upon request." An interview with the UMMC SANE Manager/State SANE Forensic Coordinator confirmed that in situations of sexual abuse or assault allegations, victims are examined by a certified SANE and offered rape victim advocacy services immediately.

The State of Vermont has a formal MOU with HOPE Works, a local advocacy group who provides rape crises services. This agreement details the responsibilities of HOPE Works, which includes:

- Providing follow-up counseling, advocacy services, and referrals as requested by the youth;
- Remaining with the Woodside resident throughout the entire process from the time an allegation is made through the medical examination and follow-up;
- Ensuring all HOPE Works staff are formally trained on PREA.

This MOU was officially executed in April 7, 2015. An interview with a representative from Hope Works confirmed the specific details outlined in the agreement. The representative also made clear that in the past two years she has visited with WJRC staff and youth several times in order to inform them of the services Hope Works provides.

Standard 115.322: Policies to ensure referrals of allegations for investigations

115.322 (a)

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

115.322 (b)

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

115.322 (c)

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

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Executed “Memorandum of Understanding Regarding Sexual Abuse Investigations” between Woodside Juvenile Rehabilitation Center (WJRC), DCF Residential Licensing and Specialized Investigation Unit (RLSI), Centralized Intake and Emergency Services Unit (CIES), and Agency of Human Services Investigations Unit (AHSIU)
- WJRC Policy 111, “Response to Allegations of Abuse and Neglect”
- Vermont DCF-FSD Policies 51, 52, 54, and 66
- DCF Policy 241 Licensing Residential Treatment Programs and Regulatory Interventions
- Interview with DCF Juvenile Justice Director/Agency PREA Coordinator
- Interview with WJRC Program Director
- Review of investigation files and reports
- Interview with RLSI Quality Assurance and Special Investigator assigned to WJRC
- Interview with Department of Human Resources Investigator

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 Department of Human Resources (DHR) Investigations Unit 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. However, WJRC are monitored by RLSI and therefore, subject to these state policies. These policies related to the investigatory process are posted on the State of Vermont's website (<https://dcf.vermont.gov/fsd/policies>).

RLSI licensing regulations require all allegations of sexual abuse or sexual harassment be reported. Once an allegation is called into Centralized Intake and Emergency Services (CIES), there is a specific process by which investigations are assigned and conducted. In 2019, the state of VT DCF assigned a single RLSI Quality Assurance and Special Investigator to investigate all cases reported to have occurred at WJRC. The RLSI QA and Special Investigator, Ms. Brenda Dawson, is physically stationed at the facility. If an incident appears that it may result in a criminal case (as determined by CIES and the lead RLSI QA and Special Investigator), the investigative lead will contact the local police department. If law enforcement chooses, they will work alongside the RLSI and/or the DHR Investigator to interview the victim and alleged perpetrator.

WJRC Policy 111 details the roles of investigators and the referring program. The policy delineates who is responsible for conducting various types of investigations and how multiple agencies will work together to ensure a proper investigation. More specifically, the policy states the Residential Licensing and Special Investigations Unit (RLSI) is responsible for investigating child abuse allegations and that these investigations will commence as soon as possible, but always within 72 hours. In cases of sexual assault RLSI will work in conjunction with the Chittenden Unit for Special Investigations (CUSI). Law enforcement will conduct any criminal investigation and all reports of criminal activity are referred to the Essex Police Department (EPD) immediately. Employee misconduct is investigated by the Agency of Human Services Investigation Unit (AHSIU). Interviews with two investigators, the WJRC Program Director, and other managers confirmed the investigation referral and practice is understood by involved parties. At the time of this report State of Vermont organizational changes had recently occurred (i.e. AHS IU is now housed under the State of VT Department of Human Resources) and therefore, the facility is strongly encouraged to update its existing policies and establish a new MOU related to the investigatory process.

In previous audits, WJRC had an executed MOU entitled, "Memorandum of Understanding Regarding Sexual Abuse Investigations" which provided specific details regarding the investigative process and defined 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 reflected PREA standards related to the investigatory process (i.e. steps in the response chain, collaborative effort between the involved parties, etc.). However, as previously mentioned some organizational changes have prompted further review and revision of this MOU. While not required, WJRC and DCF leaders are encouraged to establish a new MOU that is reflective of individual roles and a clear process for collaborating on sexual abuse investigations (see standard 115.371 for required action).

Within the 18-month period from January 2018 through September 2019, there were a total of three PREA related incidents. These incidents are briefly described below.

- 1) Staff-to-Youth Sexual Abuse (*Unsubstantiated*) - Allegation made by youth that male staff instructed her to take clothes off and gratify herself while he observed; staff was immediately placed on administrative leave until the investigation was completed; investigation determination was Unsubstantiated.
- 2) Youth-to-Youth Sexual Abuse (*Substantiated*) - Resident CM grabbed another resident's genitals while playing basketball; investigation determination was Substantiated.
- 3) Staff-to-Youth Unhealthy Sexual Boundaries (*Substantiated*) - Staff placed a bet with a youth that he could kiss another staff member on a date; staff was placed immediately on administrative leave; investigation determination was Substantiated.

Review of program documents (i.e. incident reports, investigation files, etc.) provided evidence that all incidents were reported immediately to RLSI and notifications to the proper investigative authorities were made.

TRAINING AND EDUCATION

Standard 115.331: Employee training

115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No
- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

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

115.331 (c)

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

115.331 (d)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- "State of Vermont Department for Children and Families: Licensing Regulations for Residential Treatment Programs" (section 414)
- Staff, Contractors, and Volunteer Training Tracking Spreadsheet
- WJRC Policy 104 "Maintaining an Environment Free from Sexual Harassment"
- the "Keeping Kids Safe" (KKS) video created by the Georgia Department of Juvenile Justice.
- WJRC Procedure 214 entitled, "Training Program"
- WJRC Policy 213 "Expectations of Staff"
- WJRC Procedure 217 "Ethical Standards for Woodside Counselors"
- WJRC Policy 111 "Response to Allegations of Abuse or Neglect"

- WJRC Policy 801 “Rights of Residents”
- WJRC Staff PREA Training (Power Point)
- PREA staff, contractor, intern, and volunteer training tracking Excel spreadsheet
- Review all facility PREA training records between July 2017 – September 2019
- Interview with Assistant Director of Operations (PREA Trainer)
- Interviews with direct care and specialized staff

WJRC Policy 111, “Response to Allegations of Abuse or Neglect” requires all staff, contracted staff, interns and volunteers who interact directly with residents to complete mandatory reporter and PREA training (among several others listed). The policy also requires these individuals to complete these trainings annually following their initial orientation training. During the onsite interviews the auditor verified that all staff members have participated in a three-hour PREA training conducted by the Assistant Director of Operations prior to working with youth and/or within the past two years. Staff reported that they are required to take the formal PREA training every two years. The WJRC staff PREA training includes an extensive Power Point presentation that covers each of the training topics put forth in provision 115.331(a) of the PREA standards. Some of the topics include but are not limited to:

- WJRC zero-tolerance for sexual abuse and sexual harassment;
- How staff must prevent, detect, report, and respond to youth sexual abuse and sexual harassment;
- Staff member and youth right to be free from retaliation for reporting sexual abuse and sexual harassment incidents;
- The dynamics of sexual abuse and sexual harassment in juvenile facilities, field offices, and community programs;
- The common reactions of juvenile victims of sexual abuse and sexual harassment
- How to avoid inappropriate relationships with youth;
- How to communicate effectively and professionally with youth, including LGBTQQI, and gender nonconforming youth; and
- Relevant laws regarding the applicable age of sexual consent.

In addition, as part of this training staff are required to read the WJRC Policy 111 “Response to Allegations of Abuse or Neglect” 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. The Assistant Director of Operations maintains an Excel spreadsheet to track when training was completed and when each staff member is due to complete the PREA training (every two years). While onsite the auditor reviewed the Excel tracking sheet and determined WJRC is effectively tracking training completion and all individuals have received the formal PREA training every two years.

In previous audits, the facility had a practice of requiring staff to sign an acknowledgement form acknowledging they have received PREA training. Specifically, the acknowledgment form stated, *“I have been trained in and I understand my responsibilities under the Prison Rape Elimination Act to protect the residents at Woodside Juvenile Rehabilitation Center. I know what sexual harassment and zero tolerance are and I am aware of the reporting mandates.”* During the onsite review, the auditor noted the practice of having staff complete these forms had become inconsistent in 2018 and 2019. WJRC will be required to obtain completed/signed forms for all staff (full time and temporary staff) during the corrective action period.

In further support of the facility’s zero tolerance policy, WJRC Policy 217 “Ethical Standards” that says staff will *“not coerce personal or sexual favors; does not engage in any type of sexual activities or*

intimacies with clients or former clients. Furthermore the Woodside Counselor does not accept as clients any persons with whom s/he has engaged in sexual intimacies; does not engage in sexual or other harassment; does not engage in or condone practices that are illegal, inhumane or demeaning; and when aware of unethical conduct or of professional modes of practice, report such violations to the appropriate authority.” Setting clear expectations in formal policy helps to prevent incidents of sexual abuse and sexual harassment of youth in state custody.

In addition, RLSI regulations (section 414) state all employees must be trained on policies regarding zero-tolerance for sexual abuse and procedures for reporting suspected incidents of child abuse and neglect. In support of these regulations, 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, WJRC Policy 111 entitled, “Response to Allegations of Abuse or Neglect” states that all new employees will receive training and that this training will be required on an annual basis. This policy specifically requires the following trainings: Mandatory Reporter training; PREA orientation training; Rights of Residents; Woodside staff ethics; Sexualized Work Environment Elimination; and Responding to Sexualized Behaviors (Page 8, Section 8).

Onsite interviews with staff indicate they are aware and fully understand their responsibilities as mandatory reporters and how to appropriately respond to PREA-related allegations (i.e. sexual abuse, sexual harassment, retaliation, etc.).

Review of staff PREA training records and interviews with staff indicated that although all staff had originally received PREA training, the facility has not implemented annual refresher trainings as required by the standards. Federal PREA standards direct all employees to be formally trained every two years on PREA and the facility’s policy and procedures related to zero tolerance. In addition, during the “in-between” years, the agency/facility must provide refresher information on current sexual abuse and sexual harassment policies. The facility will be required to develop the structure and content for the PREA refresher/information session that will be provided in the “in-between” years.

Required Corrective Actions:

- To ensure all staff members understand the zero tolerance PREA training received, the facility is required to create an attestation form that staff can sign upon training completion. A sample of signed forms from all staff (full-time and part-time) must be submitted to the auditor to provide evidence of their understanding of the training received.
- Develop a strategy for providing PREA refresher information during the year between the full PREA training. This strategy must include a description of the training content as well as how WJRC will track training completion and understanding of the training.
- Ensure all employees have completed the full PREA training within the past two years and that all employees who are eligible or due to complete the PREA refresher training (during the “in-between years”) do so. WJRC will be required to submit a description of what the refresher training will look like, evidence of training completion by staff, and understanding of the training for all employees (either full training or refresher as applicable).

Corrective Actions Completed:

During the corrective action period, the facility created an attestation form to accompany the staff PREA training. The form states, *“I have been trained in and understand my responsibilities under the Prison Rape Elimination Act to protect the residents at the Woodside Juvenile Rehabilitation Center. I know what sexual harassment and zero tolerance are and I am aware of the reporting mandates.”* The form requires

staff to print their name, date the form, and sign to formally verify they understand the information and related job responsibilities. As mentioned, during the onsite review there was sufficient evidence (i.e. staff interviews, training tracking chart, etc.) indicating staff had received the formal PREA training every two years as federal standards require. However, the facility did not require staff, contractors, and volunteers to document their understanding of the training. Therefore, following the onsite review, the facility required staff who had completed the PREA training to complete and sign the new training attestation form. In addition, the program added a column to its PREA training tracking system (Excel document) indicating who and when these attestation forms are completed. A sample of signed staff attestation forms were submitted to the auditor for review shortly following the onsite visit.

During the corrective action period, the WJRC also created a PREA refresher training for the “in-between” years. A description of the refresher training was submitted to the auditor for review. The in-between refresher trainings will be conducted during mandatory all-staff meetings. The training will span two-hours and include at a minimum: Reviewing the WJRC Policy 111, mandatory reporting duties, evidence preservation requirements, and the PREA incident review process. These refresher trainings will be conducted by the WJRC Program Director and the Assistant Director of Operations. Individuals who are unable to attend the mandatory refresher training will be offered a makeup session at a later date. Since all staff completed the formal PREA training this year, this refresher training is scheduled to take place in a staff meeting in the spring/summer 2020. The program will document who attends the training, take detailed meeting minutes, and require all staff to complete the training attestation form. WRJC will also use the PREA training tracking system (Excel spreadsheet) to ensure refresher trainings are completed consistent with federal expectations.

During the corrective action period the program revised WJRC Policy 111 to specifically describe expectations regarding staff training. The revised policy now more clearly states, *“The PREA orientation training will be complete prior to unsupervised contact with residents. i) Each person working directly with residents will be trained in the complete PREA module every other year. ii) Each staff person working directly with residents will be provided a refresher course in the years alternating with the full PREA module described in b) below....b) b) All staff, contracted staff, interns and volunteers who interact directly with residents will be provided training as follows: i)Mandatory reporter training; ii) PREA orientation training; iii)Rights of Residents; iv) Woodside staff ethics; v) Sexualized work environment elimination; vi) Responding to sexualized behaviors.”* In addition, the policy also clearly states that staff, interns, and volunteers are required to sign an attestation form that they have received and understand the contents of the training.

Actions taken on behalf of the State of VT DCF and WJRC during the corrective action period allow the auditor to determine WJRC is now in compliance with provisions in this standard.

Standard 115.332: Volunteer and contractor training

115.332 (a)

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

115.332 (b)

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

115.332 (c)

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

Auditor Overall Compliance Determination

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

Evidence Used In Compliance Determination:

- “State of Vermont Department for Children and Families: Licensing Regulations for Residential Treatment Programs” (section 414)
- Staff, Contractors, and Volunteer Training Tracking Spreadsheet\
- “Keeping Kids Safe” (KKS) video created by the Georgia Department of Juvenile Justice.
- WJRC Policy 111 “Response to Allegations of Abuse or Neglect”
- Review all facility PREA training records between July 2017 – September 2019
- Interview with Assistant Director of Operations (PREA Trainer)
- Interviews with WJRC contractors, volunteers, and interns

As previously mentioned, WJRC Policy 111 entitled, “Response to Allegations of Abuse or Neglect” requires all staff, contractors, and volunteers to participate in training on the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures each year. The specific trainings listed in the policy include Mandatory Reporter training; PREA orientation training; Rights of Residents; Woodside Staff Ethics; Sexualize Work Environment Elimination; and Responding to Sexualized Behaviors. During the onsite interviews the auditor verified through interviews and file reviews that contractors, volunteers, and interns are required to complete an abbreviated version of PREA training provided to staff. At a minimum, contractors, interns, and volunteers are required to review the WJRC Policy 111. The PREA standards uphold, *“the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.”* WJRC is not required to provide extensive PREA training akin to the training provided to WJRC employees, but these contractors, volunteers, and interns must receive training appropriate to the level of their interaction with youth.

Training completion is recorded by the Assistant Director of Operations/PREA trainer on an Excel spreadsheet. This spreadsheet was reviewed and provides some evidence of compliance with provisions in this PREA standard. Interviews with a sample of contractors and volunteers indicated that some individuals had not be trained on zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment. In addition, during the onsite visit the auditor was made aware that there were inconsistencies in the practice of having training participants complete a signature form attesting their understanding of the training. The facility will be required to create a form (or add language to an existing

form) that the facility can use to document (through signature) contractor, interns, and volunteers' understanding of PREA-related expectations at WJRC. Completed/signed forms will be submitted to the auditor for verification of compliance (using a random sample selected by the auditor).

Required Corrective Actions:

- The facility will be required to create a form (or add language to an existing form) that contractor, interns, and volunteers can sign to verify their understanding of PREA-related expectations at WJRC. For example, the form may state, "I understand the zero-tolerance policy for sexual abuse and sexual harassment at WJRC facility. I understand how to report incidents of sexual abuse and/or sexual harassment at WJRC and that I am required to report all allegations and/or suspicion of sexual abuse and sexual harassment allegations immediately." Completed/signed forms will be submitted to the auditor for verification of compliance (using a random sample selected by the auditor).
- Improve process for documenting PREA training completion for all volunteers, interns, and contractors to include maintaining a list of volunteers and contractors at the WJRC.
- Ensure all volunteers (i.e. College of Saint Michaels), interns, and contractors have received the training and submit completed acknowledgement forms to the PREA auditor for verification.

Corrective Actions Completed:

During the corrective action period, WJRC enhanced the Confidentiality Agreement it uses to document contractor, intern, and volunteer understanding of rules of confidentiality and the facility's zero tolerance policy. The form now clearly states, *"I understand WJRC adheres to all Prison Rape Elimination Act regulations to prevent any form of sexual harassment and/or sexual abuse of Woodside resident(s). By signing this agreement, I attest that I understand and will adhere to Woodside's zero tolerance policy regarding sexual abuse and sexual harassment. I agree to report any sexual harassment and/or sexual abuse of Woodside resident(s) that I may suspect or directly witness. I understand that reports/allegations of sexual abuse and/or harassment may be made verbally or in writing and may be anonymous or received from third parties. My signature attests that I agree to report all allegations of sexual harassment and/or sexual abuse of a Woodside resident(s) immediately by informing the on-duty Operations Supervisor. In addition, I understand that I am required to call the Child Abuse Hotline 1-800-649-5285 immediately to make the report. I understand that any breach of this understanding is grounds for prosecution fully of the law and at a minimum, WJRC terminating any existing volunteer and/or contractual agreement."* This new language aligns with PREA expectations regarding duty to report, zero tolerance, and individuals attesting to their understanding of the facility's zero tolerance policy.

As evidence of implementation, WJRC submitted completed/signed Confidentiality Agreements for all contractors, interns, and volunteers to the auditor for review. In addition, the auditor reviewed the updated PREA training tracking sheet (Excel) indicating the program now has a process in place to track training completion for contractors, volunteers, and interns (the program has separate tabs for staff, contractors, volunteers, and interns).

As previously mentioned, during the corrective action period the program revised WJRC Policy 111 to specifically describe expectations regarding training for staff, contractors, volunteers, and interns. The revised policy now more clearly states, *"The PREA orientation training will be complete prior to unsupervised contact with residents. i) Each person working directly with residents will be trained in the complete PREA module every other year...All staff, contracted staff, interns and volunteers who interact directly with residents will be provided training as follows: i) Mandatory reporter training; ii) PREA orientation training; iii) Rights of Residents; iv) Woodside staff ethics; v) Sexualized work environment*

elimination; vi) Responding to sexualized behaviors.” In addition, the policy also clearly states that staff, interns, and volunteers are required to sign an attestation form that they have received and understand the contents of the training.

Due to actions taken during the corrective action period and evidence submitted, the auditor has determined the program is now in compliance with provisions in this standard.

Standard 115.333: Resident education

115.333 (a)

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

115.333 (b)

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

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)? Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident’s new facility differ from those of the previous facility? Yes No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No

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

115.333 (e)

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

115.333 (f)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- WJRC Youth Orientation Handbook
- WJRC Policy 111 “Response to Allegations of Abuse or Neglect”
- VT AHS “End the Silence” pamphlet
- Observations of Disability Vermont posters
- Video developed by Idaho State Police in collaboration with the Bureau of Justice Administration (available on Youth tube (https://youtu.be/TRqJd_tZh1A)).
- Youth PREA education knowledge test: “Welcome to Life Skills”
- WJRC “Procedure Checklist”
- WJRC Policy 720 Residential Mail
- Interviews with intake staff who provide youth education
- Interviews with residents
- Review of signed “Welcome To Life Skills” quiz
- Review of document tracking which youth viewed the PREA education video
- Review of random set of youth files indicating they received the PREA education training within 10 days of intake
- Facility tour observations (zero tolerance posters and reporting information)

The WJRC 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.*” 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 WJRC has a pamphlet entitled, “End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment – PREA.” This pamphlet was created by the State of VT Agency of Human Services and explains the WJRC zero tolerance policy; provides an explanation of sexual harassment and sexual abuse; offers tips for avoiding sexual abuse and harassment; actions to take if you are abused; and provides avenues for reporting including contact information for H.O.P.E. Works. While this pamphlet was consistently provided to youth at intake in previous years, the current onsite audit revealed this practice had dissolved over time. As previously mentioned, intake staff provide zero tolerance information and advocacy contact information through the WJRC Youth Orientation Handbook on the day a youth arrives but, the pamphlet is not being provided consistently (which provides more detailed PREA-related information). The program will be required to reinstate the practice of providing the “End the Silence” pamphlet as part of the corrective action period.

Similarly, during the onsite facility tour, it was noted there were no Zero Tolerance posters on the residential living unit and very few hung throughout other areas of the facility. PREA standards require ongoing education related to sexual abuse and sexual harassment, part of which can be achieved by having Zero Tolerance and advocacy posters displayed throughout the facility. The program will be required to hang additional posters including posters with contact information for Hope Works and Disability Rights Vermont during the corrective action phase.

Within 72 hours of intake WJRC provides a comprehensive education/training session related to PREA to all youth. The facility has a designated the Life Skills teacher, Ms. Elder, who is responsible for providing PREA education 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 (“Welcome To Life Skills” quiz) specific to PREA related information. After reading the Youth Orientation Handbook, each youth completes a 25-question knowledge test. Ms. Elder then sits down with each youth individually to review the test, drawing attention to the questions the youth answered incorrectly and discussing these with the youth. Ms. Elder has created a tracking sheet to ensure all youth have received this training within the targeted ten-day time frame. Review of youth PREA education records (N=24 youth files: Three current and 21 discharged youth in the past 12 months) revealed that some youth did not complete and/or sign the “Welcome to Life Skills” quiz. Staff interviews indicated that the incompleteness of these youth education records may have been prompted by Ms. Elder’s extended medical leave in the first portion of 2019. WJRC will be required to develop a system for ensuring all youth complete and document they have received the PREA-related information in the PREA required timeframes, in the event Ms. Elder is absent for a prolonged period of time.

As part of the youth PREA education, the Life Skills teacher also requires youth to view the video developed by Idaho State Police in collaboration with the Bureau of Justice Administration (available on YouTube (https://youtu.be/TRqJd_tZh1A)). This video is viewed on the first day a youth arrives to the Life Skills classroom (along with the knowledge test described above). Review of 24 youth files (current and discharged; N= 79) and signed acknowledgement forms indicated the majority of youth completed the education session within the required time expectations during their initial stay at the facility. This included those youth who returned to WJRC for the second or third time. As previously mentioned, WJRC will be required to develop a system to ensure the PREA education quiz and video are completed consistently with facility expectations and federal standards.

WJRC staff use a “Procedure Checklist” to ensure all timeframes related to assessments and PREA are met for each youth. This checklist requires PREA youth education/orientation to be completed with seven days of a youth’s arrival. The WJRC PREA Compliance Manager audits these completed checklists on a monthly basis to ensure they are completed and that time expectations are met.

The WJRC Youth Orientation manual that if a youth would like to report abuse, they will be allowed to do so as soon as possible (immediately). The manual also specifies that staff will not monitor calls to RLSI, Disability Rights Vermont, or the Office of Juvenile Defender. The handbook explains that this will be done by having staff allow youth to sit in the office while being observed by staff and or providing youth with a cordless phone in a private space. The youth orientation manual also makes clear that youth can have *“access to make a call to report abuse at any time youth is safe to use the telephone...that they do not have to wait until the designated telephone time to make a call to report abuse.”* Staff and youth interviews verified that youth are permitted to make a call to report abuse or harassment as soon as possible and have privacy when making these calls.

The WJRC Youth Orientation Handbook explains the facility rules related to personal phone calls and incoming and outgoing mail. The manual says, *“At Woodside, the Disability Rights of Vermont representative visits twice per month. You may speak to that person privately to make a report. The Juvenile Defender’s office representative visits Woodside twice per week. You may speak to that person privately to make a report. HopeWorks also visits Woodside regularly to conduct groups. You may speak to them privately to make a report. You can also call or write any of the groups below.”* The youth orientation manual also states that *“any mail that you write to any of the groups listed above will not be read by staff...letters and calls to the groups listed above <RLSI, Disability Rights Vermont, Office of the Juvenile Defender, Child Protection Hotline> are not monitored.”*

All youth interviewed could explain how they would report an incident of abuse and/or harassment. The State of Vermont has a contract with TeleLanguage which provides interpretation services. If the facility received an ESL youth, staff would contact this organization to translate PREA education materials. See standard 115.316 for more information about accommodating youth with special needs.

WRJC Policy 720 clearly explains, *“Incoming mail from a resident’s lawyer, Disability Vermont, or HopeWorks will not be read by staff. Incoming letters from these entities will be opened in front of youth to check for contraband and ensure the letter is on official letterhead”* The policy also states that outgoing mail from a resident’s lawyer, Disability Vermont, or HopeWorks will not be read by staff.

Required Corrective Actions

- Hang additional zero tolerance posters throughout the facility. Visual displays should also include Hope Works and Disability Rights Vermont posters.
- Reinstate practice of youth receiving the WJRC “End the Silence” pamphlet upon intake. Provide “training” (i.e. formally communicate with staff) on the new practice of reviewing this detailed information with youth and reminding youth that similar information can also be found in the WJRC Youth Orientation manual. Submit documentation (i.e. meeting minutes with participant list) verifying this practice was formally communicated to staff.
- Develop system to ensure the zero-tolerance quiz and youth education video is completed for all youth in the absence of the Life Skills teacher. This may involve designating an individual to serve as a back-up as well as implementing quality control measures to ensure youth education is done consistent with agency and federal PREA expectations.
- Hang additional zero tolerance posters throughout the facility. Visual displays should also include Hope Works and Disability Rights Vermont posters.

- Reinstate practice of youth receiving the WJRC “End the Silence” pamphlet upon intake. Provide “training” (i.e. formally communicate with staff) on the new practice of reviewing this detailed information with youth and reminding youth that similar information can also be found in the WJRC Youth Orientation manual. Submit documentation (i.e. meeting minutes with participant list) verifying this practice was formally communicated to staff.
- Develop system to ensure the zero-tolerance quiz and youth education video is completed for all youth in the absence of the Life Skills teacher. This may involve designating an individual to serve as a back-up as well as implementing quality control measures to ensure youth education is done consistent with agency and federal PREA expectations.
- Improve the document used to confirm youth viewed the PREA education video – i.e. include the full name of youth and the date the video was viewed. The program may consider adding a column for staff to initial and date as additional evidence youth completed the PREA education.

Corrective Actions Completed:

During the corrective action period, WJRC hung over 40 additional posters displaying advocacy information. These posters included contact information from Hope Works and Disability Rights Vermont. These posters were hung throughout the facility in the main hallway; on the residential living unit; in the hallway outside of the classrooms; the front sally port; the staff office; and conference room, to name a few. Pictures of these posters were sent to the auditor as evidence of compliance.

Immediately following the onsite audit, WJRC reinstated the practice of youth receiving the WJRC “End the Silence” pamphlet upon intake. This expectation was formally communicated during an all-staff meeting held on 12/18/2019. To further memorialize this practice, WJRC updated Policy 111 to specifically require staff to review the “End the Silence” pamphlet with youth at intake. During an all staff meeting held on 12/18/2019, staff were reminded of the requirement to review PREA related information in the WJRC Youth Orientation manual. Meeting minutes and the meeting attendee list (signatures of meeting participants) were submitted to the auditor to demonstrate compliance.

To ensure the youth PREA education includes youth viewing the zero-tolerance video, the program revised Policy 111 to reflect this practice. More specifically, the policy now states, *“Within 10 days of intake each resident will view the PREA education video. The assigned teacher/PREA Compliance Manager will gather new residents, supervise the video showing and have each resident sign off as having viewed the video.”*

During the corrective action period, WJRC enhanced the document used to confirm that youth had viewed the PREA education video. The form now includes the youth’s full name and the date the video was viewed. WJRC has retained the process of having youth sign a document verifying they understand the facility’s zero-tolerance information and how to report incidents of sexual abuse and sexual harassment. A sample of completed forms were submitted to the auditor to verify this new practice is now in place. To ensure all youth receive the PREA education information (i.e. the zero-tolerance quiz and zero-tolerance video), WJRC has designated the PCM as responsible for providing PREA education to youth in the absence of the Life Skills teacher.

Actions taken on behalf of the State of VT DCF and WJRC during the corrective action phase allow the auditor to determine WJRC is now in compliance with provisions in this standard.

Standard 115.334: Specialized training: Investigations

115.334 (a)

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

115.334 (b)

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

115.334 (c)

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

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- DCF Policy 241 “Licensing Residential Treatment Programs and Regulatory Interventions”
- Executed “Memorandum of Understanding Regarding Sexual Abuse Investigations” between WRJC, RLSI, etc.
- Review of training records for investigation staff including National Children’s Advocacy Center “Forensic Interviewing of Children Training” Certificate of Completion and National Institute of Corrections “PREA: Investigating Sexual abuse in a Confinement Setting” Certificate of Completion
- Interviews with investigative staff

The “Memorandum of Understanding Regarding Sexual Abuse Investigations” meets the PREA standards requiring specialized training for investigators. The MOU states, “*RLSI Quality Assurance and Special 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.*” The MOU also requires formal documentation indicating training completion. The existing MOU will need to be updated to reflect recent organizational changes (see Standard 115.371).

There is one RLSI Quality Assurance and Special Investigator, Brenda Dawson, assigned to investigate cases at WJRC. In addition to over 20 years of experience in the field of child welfare, review of training records indicate she has received ample training in conducting victim-centered/trauma-informed forensic investigations. Among these trainings are National Children’s Advocacy Center “Forensic Interviewing of Children Training” and National Institute of Corrections “PREA: Investigating Sexual abuse in a Confinement Setting.” An interview with Ms. Dawson revealed she is very knowledgeable and experienced in conducting various types of investigations.

In the event a staff member is the subject of a PREA-related allegation, an investigator from the State of Vermont Agency of Administration, Department of Human Resources Investigations Unit (DHR IU) would serve as the lead investigator. An interview with Mr. Jim Morris, DHR Investigations Director, verified he has received extensive training on how to conduct investigations in confinement settings. In previous audits, certificates of completion for the previously mentioned NCIC and NCAC trainings for Mr. Morris been reviewed verifying adequate training completion.

The extensive investigation trainings required by the State of Vermont coupled with memorializing these training requirements in an MOU reflect the agency’s commitment to ensuring investigations are conducted properly and are done so in a way that is sensitive to youth issues. In previous audits the program earned an “exceeds expectations” for this standard. However, due to the MOU needing to be updated to reflect the current organizational structure and responsibilities, the auditor concludes VT DCF and WJRC “meets” the expectations for this standard.

Standard 115.335: Specialized training: Medical and mental health care

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual

abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.335 (b)

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

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Service Contract between the State of VT Department for Children and Families and the University of Vermont Medical Center
- Interview with WJRC Program Director
- NIC Medical Health PREA training
- Interview with WJRC Nurse Manager (RN)
- Interview with Clinical Chief
- Interviews with Clinical Supervisors
- PREA Staff Training Power Point
- Review of training records for WJRC medical and mental health staff

Medical and mental health staff employed and/or contracted by WJRC are licensed in their respective area of expertise, which requires specialized training in how to detect and assess signs of abuse. All staff have also been trained on the WJRC zero tolerance policy and mandatory reporting requirements. Interviews revealed mental health and medical practitioners 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. Onsite interviews with the Nurse Manager and clinical staff verified they are all knowledgeable and experienced on PREA-related topics and how best to respond if a youth alleges sexual abuse, sexual assault, or sexual harassment. Review of training records as well as incident reports of allegations provide 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).” This is further supported by WJRC Procedure 111 which requires sexual abuse victims be offered a SANE exam by a certified SANE.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

115.341 (a)

- Within 72 hours of the resident’s arrival at the facility, does the agency obtain and use information about each resident’s personal history and behavior to reduce risk of sexual abuse by or upon a resident? Yes No

- Does the agency also obtain this information periodically throughout a resident's confinement?
 Yes No

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

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

115.341 (e)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Colorado Department of Human Services, Division of Youth Corrections "Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk"
- WJRC "Procedure Checklist"
- DCF Policy 400 "Planning for Active Treatment"
- Interviews with residents
- Interview with WJRC Clinical Chief
- Interviews with WJRC Clinical Supervisors responsible for vulnerability risk screening
- Interview with WJRC Program Director
- Interview with WJRC PREA Compliance Manager
- Interview with Agency PREA Coordinator
- Review of youth files indicating risk screening was completed within 72 hours

DCF Policy 400 "Planning for Active Treatment" requires that clinical supervisor assess youth in a number of critical areas including trauma and sexually harming behaviors. The policy sets forth that within 24 hours of intake the Clinical Supervisor will assess risk using the vulnerability instrument and finalize the unit and room assignment. In August 2017, WJRC adopted the use of and trained clinical staff on a standardized vulnerability risk tool. This tool was developed by the Colorado Department of Human Services, Division of Youth Corrections and titled, "Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk"). Review of current and discharged youth files (n=24) verified that all but one youth had a completed vulnerability tool within 72 hours, with over 90 % of these being completed within 24 hours of arrival. The youth whose vulnerability assessment

was missing had been at the WJRC less than 24 hours of intake. Completion of the vulnerability assessment is documented on the WJRC Procedures Checklist.

It is important to note, that in addition to the vulnerability assessment, all youth who enter WJRC receive a full psychosocial evaluation from the Clinical Supervisor. 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 WJRC Procedure 400 also requires a review of the Individualized Plan of Care (IPC) every 30 days. The procedure specifically states that this review must include a "Reassessment of risk of sexual abuse victimization or sexual abusiveness towards other residents." Review of current and closed youth files (n=24) revealed WJRC is successfully meeting its target timelines in this area.

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 and the vulnerability risk assessment is provided only to designated staff. Completed vulnerability assessments are uploaded to a restricted internal online folder accessible to only clinical staff and the WJRC Program Director. This ensures that confidential information is not exploited by staff, contractors, volunteers or other residents. Staff interviews revealed the Clinical Chief and Clinical Supervisors, share information related to risk to be victimized or perpetrate appropriately with staff - as minimally as possible (no specific details about the youth's history) and only as it relates to ensuring the safety of staff and youth.

Onsite interviews, record reviews, and observations revealed that the WJRC Clinical Chief and Clinical Supervisors do an exceptional job gathering information related to risk for sexual victimization and perpetration. She and her clinicians also ensure sensitive youth information is protected and shared only when necessary and in a limited capacity. Because vulnerability risk assessments are completed within 24 hours coupled with WJRC meeting all other provisions in this standard, the auditor concludes WJRC "Exceeds" PREA expectations.

Standard 115.342: Use of screening information

115.342 (a)

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

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

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (c)

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

115.342 (d)

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

115.342 (e)

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

115.342 (f)

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

115.342 (g)

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

115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- DCF Policy 400 “Planning for Active Treatment”
- WJRC Policy 514 “Special Observation”
- Review of sample of completed vulnerability risk screening tools
- Review of a sample of Preliminary Plan of Care (PPCs) indicating recommendations and rationale for placement within the facility
- Interview with WJRC Clinical Chief
- Interviews with WJRC Clinical Supervisors
- Interview with WJRC Program Director
- Interview with WJRC PREA Compliance Manager
- Interview WJRC Nurse Manager
- Facility tour observations

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. 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, the MAYSI 2, and the Colorado Department of Human Services, Division of Youth Corrections “Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk.” Review of youth files (n=24) verified the PPC includes an assessment of risk to perpetrate and/or be victimized; gender expression; youth’s own perception of their safety; and other critical factors consistent with PREA expectations.

DCF Policy 400 “Planning for Active Treatment” states “Room and Unit assignments are based on assessments, with the goal of keeping all residents safe. Assignment is not based on the resident’s gender identification or status, as neither predict the likelihood of sexually offending behavior.” As previously mentioned, this same policy requires the vulnerability assessment tool to be completed within 24 hours of intake and the Provisional Plan of Care (PPC) to be completed within 72 hours of the youth’s arrival.

Staff and youth interviews verified that WJRC uses isolation only as a last resort when less restrictive measures are inadequate to keep the youth and other residents safe. Isolation is only used until an alternative means of keeping all residents safe can be arranged. This is supported by the WJRC Policy 514 “Special Observation” policy. This policy *directs* “seclusion is only used at Woodside for the duration of the dangerous behavior or the duration of the emergency safety situation. Seclusion is never used as punishment.” This same policy also requires, a “Woodside Nurse will visit residents on any special observation status daily. Each visit will be documented on the Special Observation Form.” Onsite interviews with clinical staff verified that in the rare circumstances in which a victim or perpetrator of sexual abuse needed to be separated from the group for safety reasons, these youth would be placed

on one-on-one supervision and visited by a clinician daily. These visits would be recorded in the clinical notes. Youth separated from the group would also be required to complete schoolwork and be offered daily recreation and large muscle exercise. To date, WJRC has not had to isolate a youth for the purpose of keeping them safe from harm as it relates to a PREA incident.

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.

As previously mentioned, the WJRC Clinical Supervisors gather information related to risk for sexual victimization and perpetration. Youth are reviewed on a weekly basis to determine progress in treatment and to identify additional needs. A detailed clinical note is used to capture this information. Review of youth clinical notes (n=24) while onsite verified that sexual victimization and perpetration information is discussed and documented extensively during these weekly reviews. Since the standard does not specifically state that the reassessment must be conducted using a formal standardized instrument, the auditor verified with the PREA Resource Center that a detailed clinical note would meet the PREA requirement for reassessing transgender and intersex youth twice per year. However, the program is encouraged to consider using the standardized vulnerability risk tool to reassess transgender and intersex youth every six months.

REPORTING

Standard 115.351: Resident reporting

115.351 (a)

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

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) Yes No NA

115.351 (c)

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

115.351 (d)

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

Auditor Overall Compliance Determination

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

Evidence for Compliance Determination:

- WJRC Youth Orientation Manual
- WJRC Family Orientation Manual
- Posters displaying contact information for the Disability Rights Vermont
- WJRC Policy 111 “Response to Allegations of Abuse and Neglect”
- WJRC Resident Grievance Form
- Disability Rights Vermont poster providing contact information
- Interview with WJRC Program Director
- Interview with PREA Compliance Manager
- Interviews with random sample of direct care staff (Youth Counselors)
- Interviews with residents
- Review of WJRC sample of written youth grievances and written facility responses
- Observations from facility tour (posters and locked grievance boxes)

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 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 teacher reviews this information with each individual youth. Posters displaying contact information for the Disability Rights Vermont advocates were noted during the facility tour, although as previously mentioned there is a need to increase the number of posters throughout the facility. The information youth are provided at intake also includes the mailing addresses and phone numbers for Office of Juvenile Defenders, DCFs Residential Licensing and Special Investigations Unit, and Disability Rights Vermont. In addition, the Child Protection Hotline number is provided to all youth at intake. Staff and youth may report abuse by contacting any of these entities. Staff interviews verified that youth are allowed to make these types of calls as soon as possible (youth do not have to wait until the designated time period). The WJRC family manual also provides this same information for the three advocacy agencies.

WJRC has a grievance box located on the resident's living unit. Near the box are blank copies of the "Resident Grievance" form that youth can use to file a grievance. The form provides structure for youth by asking the youth two questions: 1) *The issue I am having is...* and 2) *This is what I want to see happen*. These locked boxes are checked daily, seven days a week by management staff – the PREA Compliance Manager is responsible for checking the box Monday through Friday while clinical staff are required to check the grievance box on the weekends.

All youth interviewed were able to articulate ways they would report if someone was harming them. These include telling a staff member, telling their lawyer, calling Disability Rights Vermont, and using the grievance box, to name a few. Both youth interviewed also knew about the hotline number they could call to talk with someone. Youth also indicated that they felt comfortable approaching WJRC staff 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, staff would afford them privacy to make the phone call (possibly allowing them to sit in the staff office while staff provided constant eyes on supervision). In addition, youth are permitted to call their attorneys and make other professional phone calls daily. Each morning staff ask youth if they would like to make a professional phone call today and youth are permitted to make these phone calls during the designated calling periods. Both youth interviewed reported they have never been denied a professional phone call. The family and youth orientation manuals both state calls to the Juvenile Defender's Office, Disability Rights Vermont, attorneys, and Hope Works will not be monitored.

The WJRC Policy 111 "Response to Allegations of Abuse and Neglect" states that all reports including third party reporting from resident peers, families, or other with whom the residents have contact must be reported to the Vermont Child Abuse Hotline. This report must be documented in a DCF form and submitted immediately. In cases of sexual abuse allegations, staff are required to 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.

Standard 115.352: Exhaustion of administrative remedies

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.
 Yes No

115.352 (b)

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

115.352 (c)

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

115.352 (d)

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

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any

subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- WJRC Procedure 802 “Grievance Procedure”
- WJRC Youth Orientation Manual
- WJRC Family Orientation Manual
- Review of written grievances and facility responses
- Interview with WJRC Program Director
- Interviews with residents

Youth can 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 may involve talking with a staff member with whom the youth trusts (i.e. direct care staff or the facility’s Clinical Director), writing a letter to the WJRC Director, or calling one of the advocacy groups previously mentioned. 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. The youth orientation manual also states that the Woodside Director will “advise you of the decision in writing within three (3) days of the meeting (not including weekend and holidays)” which exceeds the PREA provision that requires a final decision within five calendar days. Furthermore, the WJRC Procedure 802 “Grievance Procedure” also explains 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 Youth Orientation manual.

Staff and youth interviews confirmed that there is a clear process for responding to grievances in a timely manner. Youth who had used the written grievance system verified that program staff respond in a reasonable amount of time, usually in a day or two. The WJRC Program Director reviews all grievances and delegates a clinician to talk with youth and provide a written response to the grievance. For those higher-level grievances (i.e. allegations of sexual abuse, inappropriate staff boundaries, sexual harassment, etc.), the WJRC refers these to the appropriate authorities (i.e. investigators) or provides a written response to youth himself (i.e. for youth-to-youth sexual harassment). While onsite the auditor reviewed a sample of grievances to verify written responses are provided within a reasonable timeframe. There were no PREA-level grievances filed since the last audit. All PREA-related allegations were verbal reports from youth and documentation indicated that staff called these reports into DCF Centralized

Intake Unit within 24 hours as required by WJRC policy and RLSI regulations. The auditor reviewed a sample of non-emergency grievances and determined the vast majority of these grievances were responded to in less than five calendar days. Examples of written responses from the WJRC were reviewed and found to be thoughtful and appropriate to addressing each of the issues raised.

Staff interviews also verified that there is no time limit to submitting a grievance alleging sexual abuse or sexual harassment and that youth are not required to submit the grievance to the subject of the complaint. The auditor has sufficient evidence to determine WJRC is in compliance with provisions of this standard.

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

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

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

115.353 (c)

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

115.353 (d)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- WJRC Youth Orientation Manual
- WJRC Family Orientation Manual
- Memorandum of Understanding (MOU) with Hope Works
- Interview with Hope Works representative
- Interview with Disability Rights Vermont representative
- Interview with WJRC Program Director
- Interview with WJRC PREA Compliance Manager
- Interview with University of Vermont Medical Center SANE Manager
- Interviews with residents
- Observations during facility tour

WJRC provides youth access to outside victim advocates for emotional support services related to sexual abuse. Contact information for Disability Rights Vermont and RLSI, is provided in the youth orientation manual. Disability Rights Vermont information is also posted on fliers hanging on the living unit. Both youth interviewed were knowledgeable about these services and understood how to access them if needed.

As previously mentioned, the Youth Orientation Manual provides the numbers and ways to report (see standards 351 and 352). During interviews, youth confirmed 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 would have the same privacy when talking with victim advocates. The Youth Orientation Manual also states that letter and calls to RLSIU, Disability Rights VT, or Office of the Juvenile Defender will not be monitored. The Youth Orientation Manual further states they will be afforded privacy when making calls to Hope Works, the Juvenile Defender's Office, Disability Rights Vermont, or your attorney. This manual also explains how privacy is provided – i.e. staff dialing the number for the youth and leaving the office or providing the cordless phone to allow youth to talk in a private space. Youth are also permitted calls to approved family members throughout the week.

The State of Vermont has an executed Memorandum of Understanding (MOU) with Hope Works, a local advocacy group who provides rape crises services. The MOU states Hope Works will provide victim advocacy services including accompanying the youth through the forensic medical examination. In addition, this organization has agreed to provide emotional support, crisis interventions, information, and referrals as needed. This formal agreement provides adequate detail around the confidential services available. The MOU was formally executed in April 2015 and the relationship between WJRC and Hope Works is strong, as demonstrated by Hope Works representatives leading groups on a variety of topics throughout the year. An interview with a Hope Works representative verified their role and relationship

with WJRC. In addition, an interview with a representative from Disability Rights Vermont (DRV) confirmed that DRV representatives come to WJRC and talk with youth regularly – often several times a month. Youth confirmed they have open and frequent access to victim advocates while residing at WJRC.

As previously mentioned, the State of Vermont also has an executed contract with University of Vermont Medical Center. This contract outlines the services to be provided by UVMC including providing certified SANEs when necessary and allowing Hope Works advocates to be available upon request. An interview with Hope Works and the WJRC Program Director verified that this process and practice is in place.

Standard 115.354: Third-party reporting

115.354 (a)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- WJRC Youth Orientation Manual
- WJRC Family Orientation Manual
- Website link to third party reporting information: <https://dcf.vermont.gov/protection/reporting>

The WJRC has a policy that requires all staff to take reports from third parties and to report them immediately to RLSI. The youth and family handbooks also provide contact information for Disability Rights Vermont and RLSI. The handbooks specifically state, “*If a resident (or concerned third party) feels that a resident’s rights are being violated, the resident (or concerned third party) should tell someone. This could be a Woodside staff person, a DCF staff person, an Advocate, and/or a legal representative. If a resident would like explanations of any of these rights, please ask staff.*” In addition, third party reporting information (who can make a report of child abuse and the phone number to call) can be found on the DCF website at <https://dcf.vermont.gov/protection/reporting>

Staff interviews confirmed that they are mandated reporters and they are required to call in all reports of sexual abuse or assault to Centralized Intake, including third party and anonymous reports.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

115.361 (a)

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

115.361 (b)

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

115.361 (c)

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

115.361 (d)

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

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? Yes No

- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim’s caseworker instead of the parents or legal guardians? Yes No
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile’s attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- WJRC Procedures 111 “Response to Allegations of Abuse and Neglect”
- Vermont’s child abuse reporting law (Title 33, Chapter 49)
- DCF Policy 241 “Licensing Residential Treatment Programs and Regulatory Interventions”
- DCF Policy 52 “Child Safety Interventions – Investigations and Assessments”
- “MOU Regarding Sexual Abuse Investigations”
- WJRC Procedure 802, “Grievance Procedure”
- WJRC Policy 519 “Incident Notifications”
- Policy 217 “Ethical Standards for Woodside Counselors”
- WJRC Policy 104 “Maintaining an Environment Free from Sexual Harassment
- Review of facility incident and investigation reports
- Interview with WJRC Program Director
- Interview with the WJRC PREA Compliance Manager
- Interview with RLSI Quality Assurance and Special Investigator
- Interviews with random selection of direct care staff
- Interview with DCF Nurse Manager
- Interviews with WJRC Clinical Supervisors
- Interview with Clinical Chief
- Review sample of investigation reports ensuring all allegations were investigated and proper notifications were made

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. Staff interviews 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. This included an understanding for reporting suspicion of abuse and retaliation.

Policy 241 states RLSI “When RLSI receives information that suspected child abuse/neglect occurred in an RTP, RLSI shall notify the program administrator where the suspected abuse/neglect occurred within 72 hours. Notification will occur by phone or email and RLSI will document the notification in FSDNet.” In addition to the expectations outlined in Policy 52 “Child Safety Interventions – Investigations and Assessments” RLSI assumes additional responsibilities when conducting interventions in RTPs compliant with the Prison Rape Elimination Act (PREA) Juvenile Facility Standards. When a report is accepted, RLSI is responsible for notifying the child’s legal guardian(s). RLSI also notifies the child’s attorney or the assigned social worker when there is an incident or allegation. During the onsite interview, the RLSI Quality Assurance and Special Investigator assigned to WJRC clearly articulated this process.

Regarding timeframes, WJRC Policy 519 “Incident Notifications” requires immediate notification of any incident of sexual abuse or assault and specifically directs that with any allegation of abuse, the Director is required to make all proper notifications (i.e. Centralized Intake, law enforcement, Hospitals SANE, mental health professionals, family, and Hope Works) within one hour. Staff interviews indicated that when an allegation occurs, the WJRC Clinical Supervisor contacts the DCF social worker who ensures the family is notified.

Policy 217 “Ethical Standards for Woodside Counselors” upholds confidentiality laws and protects the rights of victims. The policy states, “The Woodside Counselor must inform clients of the legal limits of confidentiality such as in the case of mandated reports of sexual and physical abuse.” All staff interviewed understood they are prohibited from discussing allegations of sexual abuse aside from conversations with assigned investigators and law enforcement. Interviews with the WJRC Nurse Manager and clinical staff verified they inform residents of the duty to report and the limitations of confidentiality.

Standard 115.362: Agency protection duties **115.362 (a)**

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- WJRC Procedures 111 “Response to Allegations of Abuse and Neglect”
- WJRC Staff PREA training Power Point
- Interview with WJRC Program Director
- Interview with the DCF Juvenile Justice Director/Agency PREA Coordinator
- Interview with WJRC PREA Compliance Manager
- Interviews with random sample of direct care staff
- Interviews with clinical staff

WJRC Policy 111 direct facility staff to respond immediately to incidents involving youth safety. The policy dictates that in the event of a sexual abuse or sexual assault allegation, the victim and perpetrator will be kept separate. If the allegation involved a staff member, contractor, or volunteers the WJRC Director may: 1) Immediately place the staff on administrative leave with pay during the investigation or 2) Immediately reassign the staff to another work location. The policy expounds on this by saying, these steps will be taken *“whenever there is reason to believe the staff’s continued presence at work poses continued risk to residents or the staff member or when there is reason to believe the resident is at risk of retaliation by the alleged perpetrator or others.”*

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 onsite review, information from interviews and investigative reports verified WJRC practice is consistent with established protocols. More specifically, there were two incidents in which staff demonstrated poor boundaries. Upon becoming aware of the information, the WJRC Director placed each staff member immediately on paid administrative leave until the conclusion of the investigation. Evidence indicates WJRC responds immediately and appropriately to sexual abuse allegations, particularly those involving imminent risk.

Standard 115.363: Reporting to other confinement facilities

115.363 (a)

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

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

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

Evidence Used Compliance Determination:

- WJRC Procedures 111 “Response to Allegations of Abuse and Neglect”
- VT DCF Policy 241 “Licensing Residential Treatment Programs and Regulatory Interventions”
- Staff PREA training Power Point
- Interview with the WJRC Program Director
- Interview with RLSI Quality Assurance and Special Investigator assigned to WJRC
- Interviews with random sample of staff members
- Interview with DCF Juvenile Justice Director/Agency PREA Compliance Manager
- Interview with WJRC Human Resources Specialist

VT DCF Policy 241 “Licensing Residential Treatment Programs and Regulatory Interventions” states, “*When RLSI receives information that suspected child abuse/neglect occurred in an RTP, RLSI shall notify the program administrator where the suspected abuse/neglect occurred within 72 hours. Notification will occur by phone or email and RLSI will document the notification in FSDNet.*” An interview with the RLSI Quality Assurance and Special Investigator assigned to WJRC and the WJRC Program Director verified this practice is in place. There have been no allegations made by youth which occurred at another confinement facility since the previous audit, although, in previous audits the facility did provide documentation that these notifications are made within the expected 72-hour timeframe.

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*”

Interviews with the WJRC Director, RLSI Supervising Social Worker, and staff members also confirmed that in the event a WJRC staff member receives a call from another facility about sexual assault or sexual abuse occurring at WJRC, they would be required to make an immediate report to Centralized Intake. Interviews with AHS DCF and WJRC leadership verified that all allegations are investigated regardless of the source (i.e. from other agencies or facilities, parents, etc.).

Standard 115.364: Staff first responder duties

115.364 (a)

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

115.364 (b)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- WJRC Procedure 111 “Response to Allegations of Abuse and Neglect” including Attachment A “Sexual Assault Checklist”
- WJRC PREA Staff Training Power Point
- Interviews with staff who served as First Responders (security and non-security)
- Interviews with random sample of staff

WJRC Procedure 111 “Response to Allegations of Abuse and Neglect” details the steps first responders must take when a youth alleges sexual abuse. These include separating the alleged victim and abuser and ensuring the alleged victim and/or alleged perpetrator does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking,

drinking, or eating. The response process also includes using protective gloves when handling evidence and securing the area. The policy specifically directs that no staff member will be permitted to access the secured area. All interviews revealed staff understand their first responder duties, including how to best preserve physical evidence.

Standard 115.365: Coordinated response

115.365 (a)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- WJRC Procedures 111 “Response to Allegations of Abuse and Neglect” including “Attachment A: WJRC Sexual Assault Checklist”
- Executed “Memorandum of Understanding Regarding Sexual Abuse Investigations”
- Interview with WJRC Program Director
- Interview with WJRC PREA Compliance Manager
- Interview with medical staff
- Interviews with WJRC Clinical Supervisors
- Interview with WJRC Clinical Chief
- Interviews with random sample of staff
- Interview with DCF Juvenile Justice Director/Agency PREA Coordinator

Interviews with the WJRC Program Director and other staff revealed they understand their duties in responding to allegations of sexual abuse. The executed agreement, “Memorandum of Understanding Regarding Sexual Abuse Investigations” and WJRC Policy 111 “Response to Allegations of Abuse and Neglect” provide detailed information about responding to incidents.

As previously mentioned, WJRC Policy 111 includes a “Sexual Assault Checklist” to serve as a quick reference guide for staff when responding to incidents of sexual abuse allegations. This checklist includes each activity that must be completed, including separating the perpetrator and victim, preserving the crime scene, and making the appropriate notifications (i.e. Centralized Intake, Hope Works, family, etc.). This reference guide supplements the coordinated response plan narrative that details WJRC’s response to sexual abuse allegations. Staff interviews verified they understand their role in effectively responding to allegations of sexual abuse. However, there seems to be some confusion among staff regarding when to call law enforcement and who makes this call.

Required Corrective Actions:

- Revise WJRC and agency policies to provide more clear direction regarding the coordinated response efforts, particularly when the program must call local law enforcement. For example, WJRC Policies 111 says staff call Essex police and Policy 519 says call law enforcement but DCF Policy 52 says CIU calls police. The facility may need to provide additional language specifying the process for sexual assaults versus sexual harassment or voyeurism.
- Develop a clear system for ensuring the Sexual Assault Checklist is completed for all allegations of sexual abuse as per WJRC Policy 111 and that this information is stored securely.
- Consider creating a quick reference guide on how to respond if a youth alleges they have been sexually abused or sexually harassed.

Corrective Actions Completed:

During the corrective action period, WJRC enhanced its policies (WJRC Policy 111 and Policy 519) to more clearly direct staff on when to engage law enforcement in response to sexual abuse and sexual harassment allegations. The revised policy now also states that Centralized Intake will be responsible for notifying law enforcement.

As part of its efforts to enhance the PREA response protocol/coordination efforts, WJRC created a quick reference guide for staff titled, "PREA/Abuse/Neglect Response Checklist for Staff." This one-page document provides a step by step account on how to effectively respond to allegations of sexual abuse and harassment. These steps are:

- 1) Verify the resident is safe;
- 2) Notify your supervisor (Supervisor will inform the on-duty Clinical Supervisor of the abuse);
- 3) Separate the alleged victim and perpetrator;
- 4) Encourage the alleged victim and perpetrator to not destroy any evidence by eating, drinking, urinating, defecating, washing their hands, showering; store evidence wearing vinyl gloves in paper bags;
- 5) Secure the area where the alleged abuse occurred (treat the area as a crime scene);
- 6) Call the Child Abuse Hotline and report the abuse 1-800-649-5285.
- 7) Write a report before the end of your shift and give it to your Supervisor.

The "PREA/Abuse/Neglect Response Checklist for Staff" is now posted in the staff office located on the living unit as well as in the staff office. In addition, the reference guide has also been posted to a shared online folder to which WJRC staff have access. This new reference guide was reviewed during an all-staff meeting on 12/18/2019. Meeting minutes and participant sign-in sheets were sent to the auditor as evidence the quick reference guide has communicated and implemented at WJRC.

During the corrective action period, the program revised WJRC Policy 111 to support the new practice of using the Sexual Assault Checklist. The revised policy now states, *"As soon as the on-duty supervisor is aware that an allegation of sexual abuse exists they will retrieve the Sexual Assault Checklist. The Checklist will be followed to ensure all necessary steps are followed....The checklist will be stored in the resident's electronic file. This is a restricted electronic file that meets HIPPA standards. The hard copy will be preserved in the resident's file in the administrative area in a locked office in a locked cabinet. The key to this office restricted to administrative staff only."* The auditor applauds the program for memorializing practice into policy to convey clear expectations and better ensure continuity in the event of staff turnover.

Changes to Policy 111 and the PREA/Abuse/Neglect Response Checklist” was communicated to staff during the all-staff meeting held on 12/18/2019. This information was shared again in the January 2020 during an all-staff meeting. Meeting minutes were sent to the auditor for verification.

Actions taken on behalf of the State of VT DCF and WJRC during the corrective action phase allow the auditor to determine WJRC is now in compliance with provisions in this standard.

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

115.366 (a)

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

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- The AHS collective bargaining agreement (Section “Disciplinary Action”)
- WJRC Procedures 111 “Response to Allegations of Abuse and Neglect”
- Interview with DCF Juvenile Justice Director/Agency PREA Coordinator
- Interview with HR Specialist
- Interview with WJRC Program Director
- Review of documents demonstrating situation in which staff were placed on administrative leave in response to allegations

The AHS collective bargaining agreement (Section “Disciplinary Action”) allows for the removal of staff who have alleged to have sexually abused a youth in DCF custody 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.

Interviews with the WJRC Superintendent, WJRC Human Resources Specialist, and the Juvenile Justice Director further support the agency’s commitment to keeping youth safe by placing staff on administrative leave immediately when/if an allegation is made. While onsite, the auditor reviewed formal documentation

notifying staff they were placed on administrative leave until further notice. There is sufficient evidence for the auditor to conclude WJRC is in compliance on this standard.

Standard 115.367: Agency protection against retaliation

115.367 (a)

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

115.367 (b)

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

115.367 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

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

115.367 (e)

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

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- WJRC Procedure 111 “Response to Allegations of Abuse and Neglect”
- WJRC Youth Orientation Manual
- Interview with WJRC Program Director
- Interview with the WJRC Facility PREA Compliance Manager
- Interview with DCF Juvenile Justice Director/Agency PREA Coordinator
- Interview with Clinical Chief
- Interviews with Clinical Supervisors

Youth at WJRC are informed of their rights upon intake. The WJRC Youth Orientation Manual states “Youth have the right to....Freedom from abuse, neglect, retaliation (‘pay-back’), humiliation, harassment, and exploitation.” In addition, the WJRC Policy 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.” The policy also states that youth who make a report will be provided the emotional support as necessary, including individual counseling. Interviews with Clinical Supervisors and the WJRC Clinical Chief verified that mental health clinicians meet with all youth weekly. In the event that a youth reported retaliation for filing a report, Clinical Supervisors verified they would check-in with youth several times throughout the week. At the time of the onsite review, there were no youth who had reported

sexual abuse or retaliation and therefore, the auditor was unable to gather evidence from youth interviews to support compliance or non-compliance with this standard provision.

Interviews during the onsite audit confirmed there is a need to clarify who is responsible for monitoring retaliation, for how long, and how/where these check-ins are documented. Although there were three reports of sexual abuse and sexual harassment in the past 18 months, WJRC did not have clear documentation on how youth and staff were monitored for retaliation. Federal PREA standards require facilities monitor retaliation for reports of sexual abuse and/or sexual harassment for at least 90 days. This monitoring can include daily check-ins with youth and must be clearly documented (i.e. who conducted the check in, youth's status, date, time, youth's current needs, etc.). PREA standards also require a process for monitoring retaliation against staff. WJRC will be required to clarify its monitoring process for retaliation during the corrective action period.

Staff interviews did confirm that all youth who have been involved in incidents with other youth are discussed during weekly leadership team meetings. During these meetings, the team discusses the status of the youth including the youth's emotional and safety needs. Interviews with facility leadership and staff support they have made housing changes and transfers to the other units in situations where safety was a concern (not PREA related). The auditor reviewed documentation verifying a staff member who was the subject of an allegation was placed at the front desk (rather than on the residential unit) for a period of time. The auditor applauds the program for documenting this information.

Required Corrective Actions:

- Develop a formal process for monitoring retaliation for the requisite 90-day period (or longer if needed). This process should include who will monitor for retaliation, what this process will look like (i.e. weekly check-ins with youth and staff who reported abuse or harassment), where these check-ins will be documented, etc. As part of this process, the program should consider updating Policy 111 or another policy to reflect the more detailed description for monitoring retaliation. The program will be required to demonstrate the individuals responsible for monitoring retaliation have been trained on/notified of these responsibilities and practices.

Corrective Actions Completed:

During the corrective action period, WJRC developed a formal process for monitoring retaliation. To assist the PREA Compliance Manager in monitoring retaliation, the PCM created an Excel spreadsheet to record the youth's name; incident date; date of weekly check-in; and the program's response to youth concerns. Although there have been no reports of sexual abuse or sexual harassment since the onsite visit, the tracking spreadsheet template was sent to the auditor for review and feedback. The PCM and clinical staff will be responsible for checking in with youth who report or allege sexual abuse a minimum of weekly.

To memorialize the practice of monitoring retaliation, the WJRC revised Policy 111 "Response to Allegations of Abuse and Neglect." The policy now describes how it will systematically monitor retaliation for the requisite 90-day period (or longer if needed). The revised policy states, *"The PEQA will check in with residents who have alleged sexual assault each week for 90 days after the incident to assess whether or not there has been retaliation. Any instance of retaliation will be reported immediately to the Woodside CEO. When there is an allegation that the Woodside CEO engaged in retaliation the report will go to the FSD Deputy Commissioner. All resident check ins will be recorded in the unit log and in the PREA tracking sheet."*

Actions taken on behalf of the State of VT DCF and WJRC during the corrective action phase allow the auditor to determine WJRC is now in compliance with provisions in this standard.

Standard 115.368: Post-allegation protective custody

115.368 (a)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- WJRC Policy 111 “Response to Allegations of Abuse and Neglect”
- WJRC Policy 509 “Use of Restraint and Seclusion”
- Interview with WJRC Program Director
- Interview with the WJRC PREA Compliance Manager
- Interviews with staff who supervise youth on one-on-one status
- Interviews with Clinical Supervisors
- Interview with the WJRC Nurse Manager
- Interviews with youth
- Observations from facility tour

WJRC closed the Intensive Stabilization Unit (ISU) in 2018 and does not currently use isolation to manage negative youth behaviors or for protective custody. If for safety reasons youth needed to be separated from the larger group, individual staff would be assigned to provide one-to-one supervision of youth. Interviews with staff verified this is the facility’s practice. Facility staff also confirmed that youth would continue to receive daily recreation and educational services as well as daily visits from medical mental health clinicians. The PREA standards require that isolation may only be used as a last resort to house victims who have alleged to have suffered sexual abuse. WJRC policy 111 also supports provisions in this standard by declaring “...*Isolation of the victim will be used as an absolute last resort.*” WJRC does not and has not used isolation to separate a sexual victim and/or sexual perpetrator for safety reasons.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

115.371 (a)

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

115.371 (b)

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

115.371 (c)

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

115.371 (d)

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

115.371 (e)

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

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? Yes No

- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.371 (g)

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

115.371 (h)

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

115.371 (i)

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

115.371 (j)

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

115.371 (k)

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

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- State of Vermont DCF Policies 50, 51, 52, 54, 56, 57, 60, 66, and 241
- Executed “Memorandum of Understanding Regarding Sexual Abuse Investigations” MOU between WJRC, Agency of Human Services Investigation Unit, and RLSI
- DCF Policy 241 “Licensing Residential Treatment Programs and Regulatory Interventions”
- State of Vermont Department of Human Resources Policy 17 “Employment Related Investigations”
- Agency of Human Services Investigations Unit “Referral and Acceptance Protocol for Employee Misconduct Investigations”
- RLSI Licensing Regulations for Residential Treatment Programs (118, 119, 120, and 121)
- National Institute of Corrections “Investigating Sexual Abuse in a Confinement Setting” training
- NICIC.gov – National Institute of Corrections “Specialized Training: Investigating Sexual Abuse in Confinement Settings” description
- Certificate of Training Completion for RLSI Quality Assurance and Special Investigator and DHR investigator – NIC Specialized Investigation Training
- Review of investigative records/reports for allegations of sexual abuse and sexual harassment
- Review of investigation records
- Interview with State of VT Department of Human Resources (DHR) Investigation Unit staff
- Interview with RLSI Quality Assurance and Special Investigator assigned to WJRC
- Interview with PREA Compliance Manager
- Interview with WJRC Program Director
- Interview with DCF Juvenile Justice Director/Agency PREA Coordinator

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 State of Vermont Department of Human Resources (DHR) Investigations Unit (IU) 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 DHR IU Director or Primary Investigator contacts the local police department to launch a joint investigation. During the investigation, if evidence substantiates allegations of sexual abuse, the case is immediately referred to legal counsel to decide whether to pursue criminal prosecution.

Under Vermont law, DHR IU and RLSI are not required to investigate every allegation of “sexual abuse” as defined under the federal definition of abuse. However, VT policy 56 “Substantiating Child Abuse and Neglect” directs 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*” or if “*there is a five-year developmental or chronological age differential*” this is considered abuse. RLSI unit is

responsible for monitoring all DCF facilities (WJRC and contracted community programs) to ensure programs are PREA-compliant. An interview with the RLSI Quality Assurance and Special Investigator, Brenda Dawson, who is stationed at WJRC assigned to WJRC, revealed that if a report of sexual abuse and sexual harassment is not accepted by the division for child safety interventions, RLSI would ensure the program develops a detailed safety plan and RLSI would continue to provide regulatory oversight.

In June 2015, a MOU between the Agency of Human Services Investigation Unit and WJRC entitled, "Memorandum of Understanding Regarding Sexual Abuse Investigations" was put into effect. This MOU provides specific details regarding 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 supports WJRC compliance with investigation PREA standards (i.e. specialized training of investigatory staff, preserving evidence, victims not submitting to polygraph testing, etc.). However, recent organizational changes have placed the Investigation Unit under the State of Vermont Division of Administrative Services, Department of Human Resources (DHR). While the responsibilities of the AHS IU (now the DHR IU) remain the same, it will be important for State of VT DCF to revise the existing MOU to ensure it accurately reflects current practices and that all involved parties understand their responsibilities. As previously mentioned, DHR IU serves assigns a lead investigator when a staff member is the subject of a sexual abuse or sexual harassment allegation. Residential Licensing and Special Investigation Unit (RLSI) is responsible for investigating allegations involving two youth (or more) in which contact between the youth occurred. Interviews with the DHR Investigator and the RLSI Quality Assurance and Special Investigator confirmed that in all cases, they maintain frequent communication with one another to stay informed of the progress of the investigation.

The WJRC Policy 111 further supports provisions in this standard by describing investigatory responsibilities and time requirements related to completing investigations. The policy explains:

- 1) *Residential Licensing and Special Investigations Unit (RLSI): Will investigate Child Abuse allegations. These investigations will commence as soon as possible, but always within 72 hours of the incident unless otherwise approved by the FSD Director of Operations.*
- 2) *In cases of sexual assault RLSI will work in conjunction with the Chittenden Unit for Special Investigations (CUSI)*
- 3) *Criminal Investigation: Law Enforcement will conduct any criminal investigation. All reports of criminal activity are referred to the Essex Police Department (EPD) immediately. These investigations begin when called in.*
- 4) *Employee misconduct is investigated by the Agency of Human Services Investigation Unit (AHSIU). The AHSIU coordinates the timing of investigations with law enforcement.*

The State of Vermont Family Services Division has numerous policies that address the process for conducting investigations (e.g. Policies 50, 51, 52, 54, 60, etc.) although many of these policies provide guidance on investigations conducted in community settings. However, since WJRC is a secure facility operated by the State of Vermont and regulated by RLSI, the facility is subject to comply with DCF Policy 241 "Licensing Residential Treatment Programs and Regulatory Interventions." The policy describes, "Employees of RTPs <Residential Treatment Programs> are mandated reporters and required to report suspected child abuse/neglect according to 33 V.S.A. § 4913. If an employee of an RTP informs RLSI of suspected child abuse/neglect, RLSI shall confirm a report was made to Centralized Intake and Emergency Services...When RLSI receives information that suspected child abuse/neglect occurred in an RTP, RLSI shall notify the program administrator where the suspected abuse/neglect occurred within 72 hours. Notification will occur by phone or email and RLSI will document the notification in FSDNet (28 CFR 115.363)....When a report is accepted, RLSI will notify the child's legal guardian(s). RLSI will notify

the child's attorney or instruct the assigned social worker to notify the child's attorney of the incident or allegation (28 CFR 115.361(e)).

The comprehensive DCF Policy 241 speaks clearly to collaboration with local law enforcement during sexual abuse investigations. The policy directs RLSI social workers to collaborate with law enforcement *"in the gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. RLSI social workers collaborate with law enforcement when interviewing child/youth victims, alleged actors, and witnesses. Child safety interventions involve the review of prior complaints and reports of sexual abuse involving the alleged actor....Neither division staff nor law enforcement requires a child or youth who alleges sexual abuse to submit to a polygraph examination or other truth-telling devices as a condition for proceeding with the child safety intervention and/or criminal investigation."* Interviews with the DHR IU Director/Investigator and the RLSI Quality Assurance and Special Investigator verified that polygraph tests are not used by DHR IU or RLSI 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 supported by information in the above referenced MOU. In addition, a detailed review of all sexual abuse and sexual harassment investigation reports revealed that State of Vermont DCF and DHR follows an investigative protocol consistent with PREA requirements.

The above-mentioned policy (241) requires specialized training for investigators that includes *"techniques for interviewing child/youth sexual abuse victims, understanding law enforcement's proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral."* The policy further requires all investigators to complete the National Institute of Corrections Investigating Sexual Abuse in a Confinement Setting Course. The RLSI Director is responsible for maintaining documentation that RLSI social workers have completed the required specialized training. Interviews with the RLSI Quality Assurance and Special Investigator and the DHR Investigator indicate that they both have received formal training in conducting investigations with juveniles. These specific trainings are discussed in Standard 115.334 of this report. Review of training certificates and other records verified that WJRC investigators have been sufficiently trained in conducting investigations.

Regarding administrative investigations, the DHR Investigations Unit (formerly 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 DHR IU is notified and determines if an administrative investigation is warranted. An interview with the DHR Investigator revealed that despite the very recent organizational structure changes, they continue to employ the practices used by AHS IU. The AHS IU protocol entitled, "Referral and Acceptance Protocol for Employee Misconduct Investigations" details the process for determining whether a case is "accepted" or "declined." The protocol specifies that PREA violations, sexual assaults, sexual misconduct, and sexual harassment/discrimination are coded as a "1" indicating it is a priority case and must be acted upon immediately. Interviews with the DHR Investigative supported that if the administrative investigation revealed any possibility of criminal activity, law enforcement would be contacted immediately.

The State of Vermont Department of Human Resources Policy 17 "Employment Related Investigations" provides additional guidance on the administrative investigation process and the role of investigators. Some of the responsibilities outlined in this policy include:

- *Impartially gather relevant facts using legal methods deemed suitable for the circumstances, such as in-person or telephonic recorded or unrecorded interviews, requests for sworn statements, requests for documents, review of State records including those contained on State*

- *devices such as phones, tablets or computers, or in email or other information systems, etc.*
- *Consult DHR [Department of Human Resources] legal counsel if witnesses or subjects request legal rights, such as Garrity, or assert legal privileges during the course of an interview or investigation*
- *Provide appointing authorities with reports of investigation*
- *Coordinator as necessary with law enforcement officials*

This same policy also states speaks to the timeliness of discipline by stating, “*the State will act promptly to impose discipline or corrective action within a reasonable time of the offense.*”

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.

The practice of comprehensive investigative report writing is directed by formal agency policy. DCF Policy 241 “Licensing Residential Treatment Programs and Regulatory Interventions” dictates, “*Written reports of child safety interventions include descriptions of physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The division retains all written reports and documentation related to child safety interventions in FSDNet forever (which exceeds the requirements outlined in 28 CFR 115.371(j)).*” Final investigation reports are sent to the “Appointing Agency” which, in the case of WJRC, is the Department of Children and Families. For those cases in which a staff member is the subject of the allegation, DHR IU would send the report and recommendations on staff discipline to the WJRC Program Director and the RLSI QA and Special Investigator for consideration. The State of Vermont DCF and WJRC are complying with the provisions of this standard.

Review of investigation reports revealed that over the past 18 months there were three PREA related incidents, although not all meet the definition of sexual abuse and/or sexual harassment. These allegations and response to these allegations are described briefly below. Documents indicate the appropriate notifications were made to RLSI and within the expected timeframes.

- 1) Staff-to-Youth Sexual Abuse (*Unsubstantiated*) - Allegation made by youth that male staff instructed her to take clothes off and gratify herself while he observed; staff was immediately placed on administrative leave until the investigated was completed; investigation determination was Unsubstantiated.
- 2) Youth-to-Youth Sexual Abuse (*Substantiated*) - Resident CM grabbed another resident’s genitals while playing basketball; investigation determination was Substantiated.
- 3) Staff-to-Youth Unhealthy Sexual Boundaries (*Substantiated*) - Staff placed a bet with a youth that he could kiss another staff member on a date; staff was placed immediately on administrative leave; investigation determination was Substantiated.

As previously mentioned, the RLSI QA and Special Investigator, is stationed at WJRC and is the lead investigator for allegations of youth-to-youth sexual abuse and sexual harassment at WJRC. She closely tracks all allegations of sexual abuse and sexual harassment. The WJRC Program Director also tracks this information.

In addition to agency and facility policies, the AHS DCF website includes information about what occurs when an abuse report is called into Centralized Intake Unit. These policies and review of investigation documents indicate thorough investigations are conducted and WJRC is PREA compliant in this area.

Standard 115.372: Evidentiary standard for administrative investigations

115.372 (a)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- State of VT DCF Policy 241 “Licensing Residential Treatment Programs and Regulatory Interventions”
- Interview with RLSI QA and Special Investigator
- Interview with DHR Investigator
- Interview with DCF Juvenile Justice Director/Agency PREA Coordinator
- Interview with WJRC PREA Compliance Manager
- Review of investigation records

DCF Policy 241 “Licensing Residential Treatment Programs and Regulatory Interventions” explains that RLSI follows DCF Policy 56 when substantiating child abuse and neglect in its residential treatment programs. By definition, a substantiated report means “*the Commissioner or the Commissioner’s designee (RLSI for the purposes of this policy) has determined after investigation that a report is based upon accurate and reliable information that would lead a reasonable person to believe the child has been abused or neglected.*” The policy also purports the “*substantiation standard described above is consistent with the “reasonable belief standard” or “reasonable suspicion standard”, which is lower than the “preponderance of evidence standard” and meets the requirements of 28 CFR 115.372.*”

Interviews with the RLSI QA and Special Investigator, the DHR IU Investigator, and DCF Juvenile Justice Director/Agency PREA Coordinator verified 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 evidence demonstrating compliance with this standard.

Standard 115.373: Reporting to residents

115.373 (a)

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

115.373 (b)

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

115.373 (c)

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

115.373 (d)

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

alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- WJRC Procedure 111, "Response to Allegations of Abuse and Neglect"
- Review of investigation reports and written letters notifying youth and parents/legal guardian of outcome of investigations
- Review of WJRC Program Director written responses to youth grievances (non- PREA related)
- Interview with WJRC Program Director
- Interview with WJRC PREA Compliance Manager
- Interview with RLSI QA and Special Investigator
- Interview with DHR IU Investigator

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...." Interviews with the RLSI QA and Special Investigator and Program Director verified that

RLSI is responsible for making the notification of the investigation outcome. Review of RLSI investigation reports and formal written letters to youth and parent/legal guardians provided further evidence of compliance with provisions in this standard. In addition, the auditor reviewed written responses from the WJRC Program Director to youth regarding grievances they had submitted (non- PREA related). These written responses clearly described the actions taken in response to the issue that was raised.

All evidence leads the auditor to conclude that RLSI and WJRC have a clear process and practice in place for responding to youth grievances and allegations. There were no youth who reported sexual abuse or sexual harassment currently in the program during the onsite audit and therefore, the auditor was unable to gather additional information from youth interviews.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

115.376 (a)

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

115.376 (b)

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

115.376 (c)

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

115.376 (d)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- WJRC Policy 111 "Response to Allegations of Abuse or Neglect"
- AHS Department of Personnel policy Section 9.1 entitled, "Immediate Dismissal"
- AHS Department of Personnel policy 8.0 "Disciplinary Action and Corrective Action"
- AHS Department of Personnel policy 17 "Employment Related Investigations"
- AHS DCF Policy 204, "Maintaining a Workplace Free from Sexual Harassment"

- WJRC Procedure 104 “Maintaining a Workplace Free from Sexual Harassment”
- Collective Bargaining Agreement (CBA) between the State and the Vermont State Employee’s Association (VSEA) - Effective July 1, 2018 — Expiring June 30, 2020
- AHS IU Protocol “Referral and Acceptance Protocol for Employee Misconduct Investigations”
- Review of investigation reports and supporting documentation
- Interview with DHR Investigator
- Interview with RLSI QA and Special Investigator
- Interview with WJRC Program Director
- Interview with the WJRC PREA Compliance Manager

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 Program Director, Department of Human Resources Investigator, and the RLSI QA and Special Investigator confirmed that disciplinary sanctions for violating sexual harassment policies are determined based on a variety of factors, among which are staff’s disciplinary history and the nature and circumstances of acts committed. However, the State of VT has zero tolerance for incidents of sexual abuse or sexual harassment. In support of this, 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.*” 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. The State of Vermont’s Department of Personnel Policy 9 “Immediate Dismissal” also supports this collective bargaining agreement by providing specific examples of gross misconduct that would warrant immediate dismissal of an employee. Abuse or mistreatment of students and/or residents/inmates are among the examples provided.

AHS Department of Personnel policy 17 “Employment Related Investigations” states that AHS investigators will “*coordinate as necessary with law enforcement personnel.*” An interview with the DHR Investigator, RLSI QA and Special Investigator, and WJRC Program Director all confirmed that they work closely with law enforcement on investigations and in all cases when criminal activity is suspected, refer to the appropriate authorities.

WJRC Policy 111 “Response to Allegations of Abuse or Neglect” states “When an allegation of abuse is substantiated against a licensed professional the Woodside Director will ensure the appropriate practice boards at the Vermont Secretary of State’s office is notified.” An interview with the WJRC Program Director confirmed that he understands this is among his professional job responsibilities. He has not had to make sed notification since the previous audit.

During the onsite review, the auditor reviewed a formal letter that was sent to a staff member who was put on administrative leave once an allegation of sexual abuse was made. The letter informed the staff of the potential consequences based on the outcome of the investigation – i.e. discipline up to and including termination. Review of investigation reports and supporting documents and based on information gathered from staff interviews, the auditor determines WJRC complies with this standard.

Standard 115.377: Corrective action for contractors and volunteers

115.377 (a)

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

115.377 (b)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- WJRC Procedure 111, "Response to Allegations of Abuse and Neglect"
- AHS Department of Personnel policy Section 9.1 entitled, "Immediate Dismissal"
- AHS Department of Personnel policy 8.0 "Disciplinary Action and Corrective Action"
- Interview with WJRC Program Director
- Interview with WJRC PREA Compliance Manager
- Interview with DHR Investigator
- Interview with RLSI QA and Special Investigator
- Interview with DCF Juvenile Justice Director/Agency PREA Coordinator

Interviews with facility and agency leadership emphasized that all contractors and volunteers are subject to agency policies and protocols related to sexual abuse and harassment. WRJC Policy 111, "Response to Allegations of Abuse or Neglect" says "*When allegations of sexual abuse are made against staff steps will be taken to protect the resident and the staff and to expedite the investigation. These steps may include: i) immediately place the staff on administrative leave with pay during the investigation in accordance with the Collective Bargaining Agreement (CBA) between the State and the Vermont State Employee's Association (VSEA); ii) Immediately reassign the staff to another work location in accordance with the Collective Bargaining Agreement (CBA) between the State and the Vermont State Employee's Association (VSEA).*" Furthermore, the policy also states that the steps above will take place whenever there is "*reason to believe the staff's continued presence at work poses continued risk to residents or the*

staff member....<and/or> whenever there is reason to believe the resident is at risk of retaliation by the alleged perpetrator or others.” In further support of provisions in this standard the AHS Department of Personnel policy Section 9.1 entitled, “Immediate Dismissal” and AHS Department of Personnel policy 8.0 “Disciplinary Action and Corrective Action” direct that in situation of staff misconduct, actions be taken immediately to ensure safety of staff and youth. Interviews with WJRC and agency leaders confirmed these policies are closely adhered to and contractors and volunteers are handled in the same way as employees in the event of a sexual abuse or sexual harassment allegation. There have been no volunteers or contractors in the past 24 months who have violated these policies.

WJRC Policy 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*” which supports provision (a) of this PREA standard. Interviews with agency and facility leaders verified this is part of the agency’s response to all allegations regardless if the alleged perpetrator is an employee, contractor, or volunteer.

Standard 115.378: Interventions and disciplinary sanctions for residents

115.378 (a)

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

115.378 (b)

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

115.378 (c)

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

115.378 (d)

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

115.378 (e)

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

115.378 (f)

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

115.378 (g)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- WJRC Policy 111 “Response to Allegations of Abuse and Neglect”
- WJRC Youth Orientation Manual
- Interview with the WJRC Program Director
- Interviews with WJRC Clinical Supervisors
- Interview with WJRC Clinical Chief
- Interview with WJRC PREA Compliance Manager
- Interview with WJRC Nurse Manager
- Interviews with youth

WJRC Policy 111 “Response to Allegations of Abuse and Neglect” explains how staff respond to allegations of abuse. As part of this protocol the policy explains that sexual perpetration within the facility is treated as a lapse in treatment. The policy states “*within 60 days of the abuse report the alleged perpetrator will be provided with therapeutic interventions. The Woodside clinical team will provide support as necessary including individual counseling. In cases where clinical resources are not available at Woodside those supports will be brought in (whenever available).*” Interviews with Clinical Supervisors, the WJRC Clinical Chief, and the WJRC Program Director confirmed that clinical staff work closely with youth following all incidents, including providing additional therapeutic services.

In the past 18 months, there has been one finding of resident-on-resident sexual abuse at WJRC (in which a resident grabbed another youth’s genitals while playing basketball). The youth orientation manual establishes a clear rule that youth are not permitted to physically touch. More specifically the manual explains, “*This means keeping healthy space between you and others, never touching.*” Youth interviewed verified there is no touching permitted in the program (with staff or youth). Interviews with the WJRC leadership and direct care staff revealed in the event youth engaged in sexual activity with another youth staff would take full responsibility. 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. Due to the facility staffing patterns and exceptional camera coverage throughout the facility, youth have very little opportunity to engage in sexual activity.

Interviews with the WJRC Clinical Chief and Clinical Supervisors confirmed that youth are reviewed on a weekly basis in team meetings. During these meetings, the youth’s mental health status and needs are discussed. In the event a youth sexually perpetrated another youth, the perpetrator would be offered counseling and other interventions to correct the underlying causes of the behavior. This is supported by review of youth records which indicated all youth are seen a minimum of once per week by a clinician for the duration of their stay. In addition, the facility staffing pattern is such that a mental health clinician is on site 24 hours a day, 7 days a week and therefore, youth would receive daily check-ins with a clinician. Clinical staff emphasized that sexual abuse between residents would not be punished but rather viewed as a treatment issue. This situation would be addressed through the youth’s Individual Plan of Care and counseling with a mental health clinician. As previously stated, WJRC does not use isolation and all youth are afforded daily large muscle exercise and education services.

MEDICAL AND MENTAL CARE

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

115.381 (a)

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

115.381 (b)

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

115.381 (c)

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

115.381 (d)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- WJRC Procedure Checklist
- WJRC Procedure 400, "Treatment Planning"
- Colorado Department of Human Services, Division of Youth Corrections "Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk"
- Interview with WJRC Clinical Chief
- Interviews with WJRC Clinical Supervisors
- Interview with WJRC Nurse Manager
- Review of sample of records of youth who disclosed sexual abuse during risk screening and/or while in the program
- Observations during facility tour

WJRC follows a standard protocol which requires all youth to undergo an intake screening process within 24 hours of arrival to WJRC. Using the WJRC Procedure Checklist to guide the process, the Clinical Supervisor is required to assess all youth using the Colorado Department of Human Services, Division of Youth Corrections "Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk" within 24 hours. The auditor reviewed a random sample of completed vulnerability assessments (n=24; current and discharged youth) along with clinical notes, and verified that when a youth disclosed past sexual perpetration or victimization the youth was seen by a mental health clinician well within the 14- day timeframe (usually between three and seven days). In addition, while onsite the auditor reviewed clinical notes for those youth who reported sexual abuse and for those youth who were the subject of the allegations. All youth files indicate WJRC has a practice in place that ensures youth who disclose sexual victimization or perpetration are provided the appropriate level of services and in a timely manner.

As previously mentioned, 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. In addition, all youth meet with a mental health therapist a minimum of once a week further ensuring that youth continue to be safe and free from danger and that their treatment needs are immediately met.

Review of youth case files revealed that sensitive 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. WJRC has two separate data bases – one to which all staff have access and another to which only clinical staff, the WJRC Program Director, and Operations Shift Supervisor have access. All staff have access to the Preliminary Plan of Care (PPC) but clinical counseling notes are housed separately from the active youth case file. Review of electronic communications from the Clinical Chief and the Clinical Supervisors to direct care staff provided additional evidence that she provides enough relevant information to inform treatment plans, security management decisions, and programming decisions (i.e. housing, bed, work, education, and program assignments) but do not share sensitive/confidential information.

Standard 115.382: Access to emergency medical and mental health services

115.382 (a)

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

115.382 (b)

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

115.382 (c)

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

115.382 (d)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- WJRC Procedure 111, “Response to Allegations of Abuse and Neglect”
- WJRC Procedure 405c “Preventing Illness/Disease Transmission”
- WJRC Nurse’s Initial Physical Assessment form
- Interview with WJRC Clinical Chief
- Interviews with WJRC Clinical Supervisors
- Interview with WJRC Nurse Manager
- Interview with UVMC SANE Coordinator/Manager

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 while at WJRC. WJRC Policy 111 “Response to Allegations of Abuse and Neglect” directs *“The resident will be advised not to shower, brush teeth, urinate or defecate until examined by a SANE. The resident will be transported to the UVM Medical Center for a SANE as soon as the transport can be safely conducted.”* Staff interviews verified the practice of responding immediately to allegations of sexual abuse, particularly providing access to medical and emotional support.

WJRC Policy 111 “Response to Allegations of Abuse and Neglect” also describes that victims will be provided continued support during and after the investigation. More specifically, the policy explains that the Woodside clinical team will provide individual counseling and if not available, WJRC will provide additional external clinical resources as needed. This same policy also directs sexual abuse/assault victims be allowed to meet privately with Hope Works (advocacy center). 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). An interview with the University of Vermont Medical Center SANE Coordinator/Manager verified that advocates are permitted to sit in with youth during the SANE exam, if the youth requests.

As previously mentioned, WJRC practice include victims of sexual abuse being examined at the University of Vermont Medical Center by a certified SANE. 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. An interview with the UVM SANE Coordinator/Manager verified this is the hospital’s practice. The WJRC procedures state this treatment will be provided to the victim without financial cost. Policy 111 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.”* All interviews confirmed that the State of Vermont is responsible for paying for medical costs while youth is in state care.

The initial WJRC Nurse's Physical Assessment form completed on all youth at intake gathers information about sexual history. More specifically, questions such as: *"Have you been educated on how to protect yourself from Sexually Transmitted Infections (STIs)?"* If the youth responds "no" the nurse provides information on STIs verbally and in a pamphlet format. The intake assessment also has questions regarding sexual history. Some of these questions are: *"Has anyone ever touched you in a way that has made you feel uncomfortable or forces you into a sexual relationship?"* and *"Have you ever been forced, coerced or exploited for sex acts by being offered drugs, possessions, etc.?"* Although provision (c) addresses timely access to emergency medical and mental health services following an abuse allegation, interviews with the WJRC Nurse Manager verified there is a practice of educating youth about STI upon arrival to the facility. All staff reported that youth medical needs would be met in the event of a sexual assault or abuse – i.e. SANE exam at the local hospital, follow up services by the WJRC nurse, etc.

The WJRC facility has fostered a strong relationship with a physician who specializes in Adolescent Medicine from the University of Vermont Medical Center. Staff interviews revealed that the doctor visits the facility several times a month (a minimum of once a week) to talk with youth and conduct routine medical appointments.

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

115.383 (a)

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

115.383 (b)

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

115.383 (c)

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

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be*

residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) Yes No NA

115.383 (f)

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

115.383 (g)

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

115.383 (h)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- WJRC Procedure 405c “Preventing Illness/Disease Transmission”
- WJRC Procedure 111, “Response to Allegations of Abuse and Neglect”
- Interview with WJRC Clinical Chief
- Interviews with WJRC Clinical Supervisors
- Interview with WJRC Nurse Manager
- Interview with UVM SANE Coordinator/Manager

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. Interview with the UVM SANE Coordinator/Manager verified that victims of sexual assault and/or abuse are offered STI and pregnancy testing as part of the hospital’s standard protocol. The WJRC Nurse Manager also confirmed that she would offer pregnancy testing, Sexually Transmitted Infections (STIs) testing, and emergency contraception if for some reason the SANE nurse at the local hospital did not do this as part of the exam. WJRC has not had an incident of sexually abusive

vaginal penetration and therefore, the auditor could not gather additional evidence for compliance via youth records/documentation of medical services provided.

WJRC Policy 111 directs that all resident-on-resident abusers be followed up with by mental health clinician. The policy specifically states, “*Within 60 days of the abuse report the alleged perpetrator will be provided with therapeutic interventions...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). Interviews with clinical staff and review of clinical notes for a random sample of youth records verified that all youth are seen by mental health staff regularly and are assessed each week. This regular review ensures youth treatment needs are continuously met.

The auditor confidently concludes that WJRC is operating consistent with federal and agency expectations.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

115.386 (a)

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

115.386 (b)

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

115.386 (c)

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

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- VT DCF Policy 241 “Licensing Residential Treatment Programs
- WJRC Procedure 111, “Response to Allegations of Abuse and Neglect”
- Review of sample of completed “Sexual Abuse Incident Review – Review Team Questions”
- Interview with DCF Juvenile Justice Director/Agency PREA Coordinator
- Interview with WJRC Program Director
- Interview with WJRC PREA Compliance Manager
- Interview with RLSI QA and Special Investigator

Agency policy supports provisions in this standard. The VT DCF Policy 241 directs “*PREA-compliant RTPs are required to conduct sexual abuse incident reviews at the conclusion of every sexual abuse investigation. RLSI social workers shall participate in these sexual abuse incident reviews and make recommendations for improvement if needed.*” The WJRC policy 111, “Response to Allegations of Abuse or Neglect” provides additional details on what should occur during the sexual abuse incident review process. The policy 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 using a standardized form “Sexual Abuse Incident Review – Review Team Questions” and 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

During the onsite visit, WJRC was able to locate one of two sexual abuse incident review forms. A review of the structured form provides evidence that detailed discussion of each of the required areas (listed above) took place. However, the completed form was missing the date of the incident review committee; the date the investigation concluded; and the meeting participants. While staff interviews provide some evidence that mid-level managers and RLSI Investigators participate in these sexual abuse incident reviews, there is no documentation that the required parties are present. In addition, the absence of the investigation conclusion date makes it difficult to officially determine if WJRC is meeting provisions of this standard. Therefore, the program will be required to revise the existing form and develop a more solid system to ensure sexual abuse incident reviews are conducted within 30 days of the conclusion of the investigation as required by PREA standards.

The WJRC Policy 111 also requires the Program Evaluation and Quality Assurance Specialist (PEQAS) to maintain a tracking sheet to monitor progress of improvements and recommendations surfacing from the Sexual Abuse Incident Review Committee. WJRC Policy 111 states, *“The Licensing Division, in cooperation with the Woodside Director, will develop a corrective action plan addressing the deficit areas related to the reported incident(s) as well as a time frame for completion of the plan. The Woodside Director will ensure the plan is implemented.”* The sole Sexual Abuse Incident Review form provided to the auditor indicated that no further action in response to the review or incident was required. Therefore, the auditor was unable to determine if the program documents when incident review recommendations are implemented.

It is important to note that WJRC has also implemented a protocol for reviewing video of incidents. During this review process the WJRC Director, the PREA Compliance Manager, Operations Shift Supervisors, and other facility leadership closely examine staff positioning and discuss ways in which the incident could have prevented (or dealt with more effectively). This review process occurs after all major incidents. 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.

Required Corrective Actions:

- Expand the current “Sexual Abuse Incident Review” form to include a list of committee members who attended the meeting (requiring signatures preferred) as well as the date the investigation concluded and the date on which the review committee met.
- Develop a system to ensure sexual abuse incident review committee forms are consistently documented, including where this sensitive information will be stored.

Corrective Actions Completed:

During the corrective action period, the program revised Policy 111 to further support provisions in this standard. The revised policy now specifically states, *“Within 30 days of any report or abuse the Woodside Management Team will meet to review the incident. The team will: i) The team will include the Woodside Management Team and others as the CEO determines important to attend. ii) The team will utilize the Sexual Abuse Incident Review to document discussion and decisions. All incident review participants will sign the form. Sexual Abuse Incident Review forms will be maintained in the PREA file in the restricted Administration section of the Woodside electronic drive.”*

In addition, a new form was created to better address and document the provisions in this standard. The form titled, "Sexual Abuse Incident Review: Review Team Questions" provides specific questions to discuss when conducting a sexual abuse incident review. The questions include: 1) *Does the allegation or investigation indicate a need to change policy or practice to better prevent, detect, or respond to sexual abuse?* 2) *Was the incident or allegation motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was otherwise motivated or caused by other group dynamics at the facility?* 3) *Are there physical barriers at the site of the alleged abuse that may enable abuse?* 4) *Examine the staffing patterns on different shifts. Any there any concerns?* and 5) *Could the monitoring technology be augmented to supplement supervision by staff?* This new form also requires participants to verify their attendance by signing and dating the form. These forms will be stored by the PCM in a locked filing cabinet in his office. Although there have been no allegations of sexual abuse since the onsite audit, the auditor is confident that appropriate staff have been informed and the "Sexual Abuse Incident Review: Review Team Questions" will be used moving forward.

As previously mentioned, during the corrective action period, the PCM created an Excel spreadsheet to better track retaliation check-ins, date of PREA incident, and other PREA related variables. This tracking sheet includes a specific column labeled, "Sexual Abuse Incident Committee." The tracking sheet template was submitted to the auditor for review and verification.

Actions taken on behalf of the State of VT DCF and WJRC during the corrective action phase allow the auditor to determine WJRC is now in compliance with provisions in this standard.

Standard 115.387: Data collection

115.387 (a)

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

115.387 (b)

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

115.387 (c)

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

115.387 (d)

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

115.387 (e)

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

115.387 (f)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Family Services Division (FSD) Policy 305, “Prison Rape Elimination Act (PREA) Data Collection, Review, and Reporting”
- U.S. Department of Justice Survey of Sexual Victimization: Substantiated Incident Form -Juvenile (SSVI-J) (version published 9/20/2018)
- U.S. Department of Justice Survey of Sexual Victimization: State Juvenile Systems Summary Form (version published 8/27/2018)
- Sample contract with contracted community residential provider
- Interview with WJRC Program Director
- Interview with WJRC PREA Compliance Manager
- Interview with Juvenile Justice Director/Agency PREA Coordinator

Policy 305, “Prison Rape Elimination Act (PREA) Data Collection, Review, and Reporting” states, “*The division shall review all sexual abuse and harassment data from Woodside Juvenile Rehabilitation Center and residential treatment programs subject to the PREA standards in order to assess and improve the effectiveness of their sexual abuse prevention, detection, and response through policies, practices, and training. The division shall identify problem areas, take corrective action as needed, and prepare an annual report of the findings, strengths, and areas for improvement for each program.*”

Family Services Division (FSD) Policy 305, “Prison Rape Elimination Act (PREA) Data Collection, Review, and Reporting” guides WJRC practice by requiring the facility to submit sexual abuse data on an annual basis (no later than January each calendar year). Upon request, the facility is prepared to share the required data with the Department of Justice no later than June 30th from the previous calendar year. The policy specifically states that PREA standards are applicable to Woodside Juvenile Rehabilitation Center and “*contracted community-based residential treatment programs that serve youth adjudicated of delinquencies as the majority of their clients.*” Consistent with agency policy, WJRC reports each year the number and a description of the type of PREA-related incidents and outcome of investigation to the Agency PREA Coordinator. However, PREA standards require agency to collect this

information using a standardized tool and definition. In the past, WJRC kept an Excel tracking sheet detailing data for each of the questions from the DOJ Survey of Sexual Violence. Previously, WJRC was required to submit a completed DOJ survey to the Agency PREA Coordinator. The most recent survey submitted was in 2016. WJRC will be required to reinstate these formal practices of maintaining the spreadsheet and/or completing the DOJ forms to ensure they will be able to comply with the provisions in this standard, if DOJ requests this information in the near future. Interviews with DCF agency and WJRC facility leadership confirmed WJRC submits some information but not all data elements as required by DOJ each year. The most recent email from WJRC PREA Compliance Manager to the Agency PREA Coordinator reporting incidents was reviewed by the auditor for further verification of compliance.

DCF also requires its contractors to be PREA compliant including collecting and reporting PREA-related data. The sample contract says - *“Prison Rape Elimination Act (PREA). In accordance with State Licensing Regulations and §115.387 of the PREA National Standards, and as applicable to the Contractor, Contractor will collect accurate and uniform data for every allegation of sexual abuse. Contractor will provide sexual abuse and sexual harassment data, admission and adjudication data, and the most recent version of the Survey of Sexual Violence conducted by the Department of Justice to the State Licensing Authority and Juvenile Justice Director no later than January 30 each calendar year. Additionally, Contractor will provide the number of youth served in the calendar year, and the number of those youth that were adjudicated delinquent (unduplicated count).”* The auditor applauds the program for ensuring facilities and contracted providers who serve Vermont youth adhere to federal PREA expectations.

To supplement the DOJ data elements, the WJRC also 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.

Required Corrective Actions:

- At a minimum, WJRC is required to reinstate the formal practice of maintaining the PREA data Excel spreadsheet which provides information on each of the factors found on U.S. Department of Justice Survey of Sexual Victimization: Substantiated Incident Form -Juvenile (SSVI-J) (version published 9/20/2018). In addition, PREA standards require a standardized instrument be used for data collection and therefore, VT DCF should consider requiring WJRC to complete the above-mentioned survey for incidents of sexual abuse and sexual harassment.

Corrective Actions Completed:

During the corrective action period, WJRC created an Excel spreadsheet to track all required DOJ PREA-related variables. Follow-up communications with the WJRC Program Director and PCM verified that the PCM will maintain the spreadsheet for each allegation of sexual harassment and sexual abuse throughout the year. At the end of each calendar year, the aggregated information will be sent to the State of VT DCF PREA Coordinator and upon request, to DOJ.

Actions taken on behalf of the State of VT DCF and WJRC during the corrective action phase allow the auditor to determine WJRC is now in compliance with provisions in this standard.

Standard 115.388: Data review for corrective action

115.388 (a)

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

115.388 (b)

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

115.388 (c)

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

115.388 (d)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Policy 305, “Prison Rape Elimination Act (PREA) Data Collection, Review, and Reporting”
- State of Vermont Department for Children and Families “2018 Report: Eliminating Sexual Abuse and Sexual Harassment of Vermont Youth in Custody” posted on the webpage at <https://dcf.vermont.gov/youth/PREA>
- Interview with DCF Juvenile Justice Director (also Agency PREA Coordinator)
- Interview with WJRC Program Director
- Interview with WJRC Facility Compliance Manager

The WJRC has produced an annual progress report highlighting its progress with implementing PREA standards. The 2018 report entitled, “Eliminating Sexual Abuse and Sexual Harassment of Vermont Youth in Custody” is posted on the State of Vermont Department for Children and Families webpage at <https://dcf.vermont.gov/youth/PREA>. This comprehensive report provides WJRC sexual abuse data, the agency’s progress in implementing PREA, and highlights areas for improvement and corresponding corrective actions. Links to previous annual reports dating back to 2014 can be accessed through this same webpage.

As previously stated, FSD Policy 305 requires the department to use these data to improve the effectiveness of its sexual abuse prevention, detection, and response. Facilities are directed 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. Consistent with PREA standards, the policy also requires the division to maintain sexual abuse data for at least 10 years after the date of its initial collection. Policy 305 which ensures PREA standards related to data collection and reporting are met. The policy clearly directs *“the annual report shall include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the division’s progress in addressing sexual abuse. The report shall be approved by the Deputy Commissioner and made readily available to the public through the Family Services Division’s website.”* It also 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 WJRC Program Director and the DCF Juvenile Justice Director all articulated how these data are used to improve practices related to preventing, detecting, and responding to incidents of sexual abuse and sexual harassment.

Standard 115.389: Data storage, publication, and destruction

115.389 (a)

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

115.389 (b)

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

115.389 (c)

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

115.389 (d)

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

Auditor Overall Compliance Determination

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

Evidence Used in Compliance Determination:

- Family Services Division (FSD) Policy 305 Policy 305, “Prison Rape Elimination Act (PREA) Data Collection, Review, and Reporting”
- Link to sexual abuse data in Annual PREA reports (<https://dcf.vermont.gov/youth/PREA>)
- Interview with the Juvenile Justice Director/Agency PREA Coordinator

The WJRC facility and DCF agency retains sexual abuse data consistent with PREA standards. The State of Vermont’s Family Services Division (FSD) Policy 305 requires sexual abuse incident data be collected from all facilities under its control and that these data be retained for at least ten years. The State of VT DCF website hosts all annual reports from facilities within its control and its contracted community residential programs (<https://dcf.vermont.gov/youth/PREA>). As previously mentioned, the agency’s annual PREA report is also posted on the website. All links were tested by the auditor and are in working order.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a “no” response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

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

Auditor Overall Compliance Determination

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

All close custody facilities and transition camps operated by DCF are required to be PREA compliant. This audit represents the third PREA audit for DCF WJRC. This audit is taking place in the first year of the current audit cycle (the third DOJ audit cycle). The initial PREA audit was conducted in November 2014 and a second audit was conducted 2017. Therefore, the WJRC facility and State of Vermont DCF

are in compliance with Standard 115.401 (a) and (b) requiring facilities that house juvenile justice youth to undergo a PREA audit by August 2016 (and every three years thereafter).

The audit was conducted consistent with Department of Justice PREA expectations. Some of the highlights demonstrating compliance in this area include conducting extensive review of program materials, protocols, agency policies, forms, staff training records, youth files, personnel files, various internal/external reports, and conducting a facility campus tour. The process also included, but was not limited to, interviews with agency and program leadership, direct care staff, the local hospital's SANE Coordinator, advocacy representatives, and WJRC youth.

Throughout the audit review process, as well as in the onsite debriefing meeting, agency and program leadership were made aware of additional PREA requirements and next steps. Conversation included, but was not limited to, describing the purpose of the 180-day corrective action period and explaining the federal requirement that the final PREA audit report must be made available to the public. WJRC and State of Vermont DCF leaders have expressed a sincere commitment to continue to uphold compliance with all PREA standards.

Standard 115.403: Audit contents and findings

115.403 (f)

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

Auditor Overall Compliance Determination

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

The auditor is a federal PREA auditor certified by the Department of Justice. She has not received any additional financial compensation from the agency being audited. There are no conflicts of interest between the auditor and the WJRC Program or State of Vermont, as defined by Standard 115.402 and 115.403.

This audit findings report provides a detailed description of evidence for compliance or non-compliance for each of the PREA standards. In addition, the report details the methodology, sampling sizes, and other important information required by DOJ as detailed in this provision.

AUDITOR CERTIFICATION

I certify that:

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

Sharon Pette

January 15, 2020

Auditor Signature

Date