

Woodside Juvenile Rehabilitation Center (WJRC)
PREA Audit – FINAL Report
Date of Report: 9/27/2017

Auditor Information	
Auditor name: Sharon Pette DBA Effective System Innovations	
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Telephone number: (b) 212-677-5093	
Date of facility visit: April 19, 20, and 21, 2017	
Facility Information	
Facility name: Woodside Juvenile Rehabilitation Center (WJRC)	
Facility physical address: 26 Woodside Drive East, Colchester, VT 05446	
Facility mailing address: SAME as above	
Facility telephone number: 802-655-4990	
The facility is: Operated by the State of VT	
Facility type: Juvenile Correctional Facility	
Name of facility's Chief Executive Officer/Superintendent: Jay Simons	
Number of staff assigned to facility in last 12 months:	
Designed facility capacity: 30 youth	
Current population of facility: 6 youth	
Facility security levels/inmate custody levels: Secure facility	
Age range of the population: 10 – 17 years	
Name of PREA Compliance Manager: Christopher LaFlam	Title: Program Evaluation and Quality Assurance Specialist (PEQAS)
Email address: christopherlaflam@vermont.gov	Telephone number: 802-655-4990
Agency Information	
Name of agency: Agency of Human Services, Department for Children and Families, Family Services Division (AHS DCF FSD)	
Governing authority or parent agency: State of Vermont	
Physical and mailing address: AHS DCF: 280 State Drive, Waterbury, VT 05671	
Telephone number: (802) 241-2131	
Agency Chief Executive Officer	
Name: Karen Shea	Title: Deputy Commissioner of Family Services
Email address: Karen.Shea@vermont.gov	Telephone number: 802-241-0875
Agency Wide PREA Coordinator	
Name: Lindy Boudreau	Title: Juvenile Justice & Adolescent Services Director
Email address: Lindy.Boudreau@vermont.gov	Telephone number: 802-241-0875



EFFECTIVE SYSTEM
INNOVATIONS

AUDIT PROCESS OVERVIEW

The State of Vermont's Agency of Human Services (AHS), Department for Children and Families (DCF), Family Services Division (FSD) contracted with Sharon Pette of Effective System Innovations (ESI) in September 2016 to conduct an audit of the Woodside Juvenile Rehabilitation Center (WJRC). The purpose of the audit was to determine the degree of compliance with the federal Prison Rape Elimination Act (PREA) standards. The contractor is a certified Department of Justice (DOJ) PREA auditor. This is the second PREA audit WJRC has undergone in the required three-year period. The initial PREA audit was conducted in November 2014.

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

The on-site portion of the audit was conducted over a three-day period: April 19, 20, and 21, 2017. During this time, the auditor conducted interviews with facility leadership, staff and youth. The requisite interviews were conducted consistent with DOJ PREA auditing expectations in content and approach, as well as individuals selected for interviews (i.e. Facility Director, Facility PREA Compliance Manager, specialized staff, random staff, youth, etc.). In addition, an extensive facility tour was conducted which included both housing units, cafeteria, classrooms, recreation areas, and the administration/office area. While on the tour, the auditor was permitted access to all areas of the facility.

At the close of the on-site visit a total of 37 interviews were conducted with facility managers, direct care staff, educators, agency leadership, investigators, community advocates, and youth. More specifically, interviews were conducted with:

- 1 WJRC Program Director (Mr. Jay Simons)
- 1 Facility PREA Compliance Manager
- 2 clinical staff members (the Clinical Director and a Clinician)
- 15 direct care staff (13 Youth Counselors and 2 Operations Shift Supervisors)
- 3 Educators (2 Teachers and 1 Education Coordinator)
- 1 Nurse Manager
- 2 Investigative staff (the lead Residential Licensing and Investigation Unit Social Worker and the Director of AHS Investigation Unit)
- 1 Agency PREA Coordinator
- 2 Agency Administrators (Deputy Commissioner of Family Services and the Juvenile Justice and Adolescent Services Director)
- 1 Human Resources representative
- 3 representatives from community victim advocacy agencies (Hope Works and Disability Rights Vermont)
- 1 legal representative from Vermont's Office of the Juvenile Defender
- 4 youth (total population at the time of the review was six youth)

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 covered youth supervision while staff were participating in the interview process.

While at the facility, the auditor also reviewed youth case records, training records, investigative reports, and additional program information and documents. A random sampling method similar to that described above, was used to review youth records. In addition, all training records of staff and all investigative reports of sexual abuse or assaults occurring in the past 12 months were reviewed by the auditor.

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

Thirty days following the on-site portion of the audit, an initial audit findings report was submitted to the WJRC Program Director and the DCF Agency PREA Coordinator. On May 22, 2017, WJRC entered a six-month corrective action period to address minor deficiencies within nine PREA standards.

SUMMARY OF AUDIT FINDINGS

Prior to the official end of the corrective action period, the Woodside Juvenile Rehabilitation Center (WJRC) successfully achieved 100% compliance with the federal PREA standards. These results demonstrate the commitment to youth safety on behalf of facility and agency leadership. Overall, the WJRC has created an environment that supports zero tolerance and supports minimal risk for youth to experience sexual abuse or sexual harassment while in the facility's care. Some of the highlights from onsite interviews include all youth clearly understanding their rights; all youth knowing how to make a report if they were being abused; and all youth stating they felt staff cared about their safety. All youth described that they are under constant and close supervision.

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

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

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 displayed in the chart below. An explanation of the findings related to each standard, as well considerations for enhancement, are provided in the body of this final audit report.

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

Category	Initial Report Total	Final Report Total
Number of Standards Exceeded	3	4
Number of Standards Met	29	37
Number of Standards Not Met	9	0
Number of Standards N/A	0	0
Percent of Compliance with PREA Standards	78%	100%

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

DESCRIPTION OF FACILITY CHARACTERISTICS

The Woodside Juvenile Rehabilitation Center (WJRC) is operated by the State of Vermont’s Agency of Human Services (AHS), Department for Children and Families (DCF), Family Services Division (FSD). The WJRC houses male and female youth between the ages of 10 and 17 years who have been committed on serious crimes and need increased supervision and treatment. The facility is located in Colchester, Vermont and has the capacity to serve 30 youth. During the onsite portion of the audit, there were six youth residing at the facility. One youth was female while the remaining five youth identified as male. At the time of the on-site review, there were no self-reported intersex or transgender youth in the program. The facility employs 65 staff members.

The WJRC facility is comprised of one main building and a second building which is enclosed by secure fencing. The administrative offices are located at the front of the facility and all youth are processed at intake through the administrative building. Youth are pat frisked in a locked and secured sally port as they enter the youth resident area. On this ground floor, there is a dining hall (straight ahead from the

sally port) and two units (“Green” and “Blue”) – one unit on either side. Each unit contains a day room and two bathrooms, each which is equipped with a single shower. Youth shower alone and are not permitted to enter the bathroom together. Upstairs from the dining hall and living units there are several classrooms in which youth attend school. During school hours, most of classes have less than five youth per teacher.

At the time of the onsite visit only one unit (the Green Unit) was operational due to renovation work being performed on the Blue unit. The renovations are aimed at increasing the safety of the shower areas by reducing the areas that could potentially be used as ligature points.

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

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

The WJRC has a written facility procedure that sets forth clear expectations regarding zero tolerance for all forms of sexual abuse and sexual harassment. The “tone” of zero tolerance is observable throughout the facility as evidenced by Zero Tolerance posters, information in the youth handbook, lessons taught in mandatory Life Skills classes, and youth testimonials during interviews. In addition, there are posters with the State of Vermont and Disability Rights Vermont hotline numbers posted on the units.

Procedure 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.

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 provides important details about a youths’ right to report, how to make an abuse report, definitions of sexual abuse and sexual harassment, and how to avoid abuse and harassment. This pamphlet is provided to youth upon intake and is available on the unit.

The facility also has additional policies to support this standard. This includes Policy 217, “Ethical Standards for Woodside Counselors: Principle 10: Sexual and Other Harassment” which prohibits all Woodside staff from engaging in sexual harassment and provides the specific definition of sexual harassment. The definition of sexual harassment as per this policy is “...sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the counselor's activities or role as an adolescent counselor, and that either (1) is unwelcome, is offensive, or creates a hostile workplace environment, and the counselor knows or is told this; or (2) is sufficiently

severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts.” The auditor applauds the facility for clearly defining sexual harassment.

Similarly, the agency has Policy 204, “Maintaining a Workplace Free from Sexual Harassment” that addresses retaliation among staff members and strongly encourages staff to report incidents of sexual harassment between employees. The procedure maintains it is “...unlawful to retaliate against an employee for filing a complaint of sexual harassment or for cooperating in an investigation of sexual harassment...All employees, including but not limited to staff, supervisors, managers, and appointing authorities, are expected to comply with this policy and take appropriate measures to ensure that sexual harassment does not occur. Disciplinary action, up to and including dismissal, will be taken against any employee who engages in sexual harassment or who otherwise violates this policy....all employees should report any incidents of sexual harassment they experience, witness, or know of. The following process will allow employees to freely report incidents of sexual harassment, free from threats of reprisal, and will protect the rights of all parties involved.

In addition, the DCF Residential Licensing and Investigations Unit within the AHS Family Services Division is responsible for licensing all facilities within the state. The regulations put forth by the licensing unit state, “A Residential Treatment Program shall have written policies and procedures for the orientation of new staff to the program. This orientation must occur within the first 30 days of employment and include, but is not limited to...child/youth grievance process...policies regarding zero-tolerance for sexual abuse, procedures for reporting suspected incidents of child abuse and neglect, etc.” (excerpt from the “State of Vermont Department for Children and Families: Licensing Regulations for Residential Treatment Programs” section 414, page 17).

The State of Vermont AHS DCF has a designated agency-wide PREA Coordinator. This title is carried by the Juvenile Justice Director, Lindy Boudreau and is reflected in the agency’s organizational chart. In addition, 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.

An interview with Ms. Boudreau indicate she currently has sufficient time and authority to develop, implement, and oversee agency efforts to comply with federal PREA standards. While Ms. Boudreau currently has enough time to perform these duties, the auditor cautions AHS DCF to continue to make ensure these PREA duties remain a priority. Since Ms. Boudreau is also the Juvenile Justice Director, it could easily become impossible for her to manage all her responsibilities. Since all programs in Vermont are PREA compliant and because she maintains frequent contact with all facility and community program directors, the auditor has determined WJRC is following this standard provision.

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. up to date tracking charts, signed log books 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 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 these job titles appear in the agency and facility organizational charts, the auditor has determined WJRC “Exceeds Expectations” on this standard.

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

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

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. Although the WJRC facility does not contract with private agencies for the confinement of residents, since the State of Vermont DCF requires all contracted programs to be PREA compliant, WJRC is complying on this standard.

§115.313 – Supervision and monitoring

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

The WJRC facility has a sophisticated camera surveillance system which is comprised of multiple video screens located in the administrative portion of the building. These screens are monitored by a staff member 24 hours a day, seven days a week. Live video footage of any areas can be accessed remotely from 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.

Much of the facility is covered by 34 cameras placed strategically throughout the facility. During the onsite facility tour, the auditor noted five blind spots, to which Mr. Simons was already aware. One blind spot is in the corner of the unit where the bathroom is located - the television mounted on the wall obscures the view. There are two blind spots in the weight room, one against the wall and one directly beneath the camera. The final two blind spots are in two corners of the gymnasium. Additionally, there are 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, the WJRC Superintendent, has conducted an extensive analysis of high risk areas and since the 2014 PREA audit, five additional surveillance cameras were installed - three cameras in the upstairs

hallway and two in the kitchen area. He has provided formal training in staff positioning to his staff, clearly explaining where staff 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 November 2014, the average daily youth population was 15. 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. Review of staffing plans, interviews with youth, and auditor observations while on site, verified WJRC is complying in this area. Observations included a maximum of four youth in each classroom at any given time, as well as two staff on the unit when six youth were present. During the corrective action period, the program enhanced its current policy to clarify the precise staff to youth ratio. The policy declares, *“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”*

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.”*

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. This practice is reflected in WJRC Procedure 102, “Minimum Staff Coverage for Center.” As a result of this annual review, Mr. Simons recognized many WJRC youth would benefit from one-on-one supervision with staff. In 2015, he prepared an extensive proposal and submitted this document to DCF leadership. He was granted nine additional full time staff. Recently, a summary report was drafted which details the positive outcomes that resulted from this increase in staff resources. Some of the results included a significant decrease in youth and staff reporting fear for their safety (as per Performance-based Survey (PbS) surveys); a decrease in staff turnover; and a decrease in incidents of isolation and restraints.

During the corrective action period, to better demonstrate compliance with this standard, the facility updated its policy to support its existing practice. The revised policy now 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.”* In addition, WJRC has created a reporting template covering all requirements listed in provision (a) of this standard. The staffing plan review was summarized in a six-page report using the new template and submitted to the auditor for verification with this standard.

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

rounds occur regularly. During initial site visit, a review of the log book revealed there was a need to increase the number of unannounced rounds occurring on the weekend and overnight shifts. Following the onsite visit, the PREA Facility Compliance Manager submitted copies of log books indicating numerous walk-throughs on weekends and night shifts (i.e. 11:23 PM on a Saturday) are now part of standard practice. The auditor is confident that these unannounced rounds are part of an established practice.

§115.315 – Limits to cross-gender viewing and searches

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

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.*”

The AHS Policy 166 also details the pat search process. Since WJRC houses male and female offenders, the facility Director ensures adherence to this protocol by assigning a minimum of one female staff to each shift at all times. This guarantees that female youth can undergo the intake process at any time of the day or night without using cross-gender strip searches. All staff and youth confirmed that 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 revealed the appropriate notification was made to RLSI, who conducted further investigation of the incident. During the investigation process, the youth whom was searched confirmed that the youth was asked by which staff they preferred to be searched. The youth replied “male” and as a result a male staff searched the youth. This information was documented in the Visual Search Protocol on the day of the search. This serves as evidence for compliance with PREA provisions in this standard.

At the time of the on-site portion of the audit, there were six WJRC staff trained in cross gender and transgender pat searches (i.e. two Operational Shift Supervisors and four Youth Counselors). During onsite interviews, all direct care staff interviewed recited that when searching transgender and intersex youth the proper approach is to ask the youth by whom they would feel most comfortable searching them.

Shortly after the onsite visit, the WJRC revised the “Visual Strip Search Protocol” sheet to ask, “*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. The auditor applauds the facility for establishing this quality control measure to ensure transgender and intersex youth are searched consistent with PREA standards.

The AHS DCF Policy 166 states, “*Strip searches are NEVER conducted to ascertain the gender of an individual.*” This directive also appears in 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 (usually only when a youth is first arriving to facility) staff explain the search process to the youth before conducting the search. Staff are also trained to use neutral instructions such as “lean forward” instead of “bend over” and “stand with your feet apart” instead of “spread your legs.” The auditor applauds WJRC staff for recognizing the special needs of these youth and for ensuring youth feel respected and safe in their new environment.

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. 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.

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

While onsite the auditor viewed approximately 45 minutes of video which showed several restraints of one youth in isolation/seclusion over a one-week period. The female resident (who is no longer at the facility) suffers from several serious mental health disorders. The youth had to be restrained several times because she was using strips of cloth that she had hidden in her vaginal region, as ligatures and tightening them around her neck. This happened several times throughout her stay. Because of the youth’s suicidal behavior, the youth was provided with a safety smock. While the ligature was fastened around her neck, the youth removed the smock and was lying on the bed unclothed. Since the youth was under constant observation, staff entered the room to remove the ligature. The youth weighed over 200 pounds and immediately became physically combative when youth entered the room. Several staff (male and female) were needed to effectively deal with these repeated crises. While managing the youth’s assaultive behavior, staff attempted to cover the youth’s naked body as soon as the ligature was removed. However, when staff would leave the room again, the youth would remove the blanket again and refused to wear the safety smock. In so doing, the youth’s naked body was exposed repeatedly to male staff. The auditor concludes that although this qualifies as “cross gender viewing” these incidents are considered “exigent circumstances” and therefore, WJRC is in compliance with this standard.

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

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

The agency takes appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The AHS Department for Children and Families (DCF) 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 auditor reviewed the executed contract to verify the contract is up to date and the agreed upon services are in fact interpretation and translation services. Shortly after the onsite visit, WJRC updated the youth intake sheet to include the Telelanguage contact information so that it is readily accessible for staff.

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 Director is notified immediately. The 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 Director would contact Telelanguage or another local interpreter (obtained through the youth’s social worker) to assist in working with the youth. During the corrective action phase, the program enhanced the Woodside Face Sheet to ensure these services are provided when needed. The face sheet now specifically poses the question, “*Does the resident require interpretation services?*” 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 on-site audit, there were no youth who identified as ESL or as having disabilities.

WJRC policies also clearly state, “*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.*”

The geographic region in which the facility is located has a high population of Somalian refugees. WJRC has made significant effort to engage Somalian tribal members when a Somalian youth is placed at WJRC. In the past, Mr. Simons has arranged for a Somali Mai Mai interpreter to translate for a youth’s father during a treatment meeting.

§115.317 – Hiring and promotion decisions

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

The WJRC does not hire or promote any individuals who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or juvenile facility. The WJRC also does not hire or promote 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 31 staff files (part-time and full time) and 5 contractor files were reviewed. The review revealed WJRC conducts criminal background checks on all employees every three years, exceeding expectations for this PREA standard (the federal standard requires background checks be conducted once every five years).

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

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.”* During the corrective action period, WJRC further supported its compliance with this standard by enhancing its PREA policy to declare *“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.”*

At the time of the onsite visit, the WJRC gathered information regarding previous convictions of sexual abuse, but did not gather information from potential employees regarding substantiated allegations of sexual harassment. However, during the corrective action period, the WJRC fine-tuned its policy and practice to better meet this PREA standard. The program’s policy now dictates, *“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 reference 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 enhanced WJRC Employee and Promotion policy now clearly 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 Employee and Promotion policy informs staff that WJRC will 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, and any other job specific information. 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.*”

During the corrective action period WJRC updated its policy language to further support existing hiring practices. After consulting with the State of Vermont’s Attorney General, the Woodside policy was revised to state, “*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 auditor concludes that WJRC has exceeded PREA expectations during the corrective action period by enhancing its policies to support existing practices.

§115.318 – Upgrades to facilities and technology

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

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 five additional surveillance cameras in the upstairs hallway and the kitchen area to address identified blind spots. In addition, the Blue Unit is currently closed due to renovations aimed at increasing the safety of the shower areas. These upgrades are a direct result of the WJRC team conducting a risk analysis of the physical space and identifying specific areas that could be used as ligature points.

Mr. Simons has recognized a growing population of youth with serious mental health issues entering his facility. As a result, he prepared an extensive proposal requesting nine additional direct care staff to provide one-on-one support for these challenging youths. The proposal was approved by DCF leadership and WJRC hired the additional staff. Recently, a summary report was drafted which details the positive outcomes that resulted from this increase in staff members. Some of the results include a significant decrease in youth and staff reporting they fear for their safety (as per Performance-based Survey (PbS) surveys); a decrease in staff turnover; and a decrease in incidents of isolation and restraints.

These examples, supported by information obtained during interviews, serve as evidence WJRC is in compliance with this standard.

§115.321 – Evidence protocol and forensic medical examinations

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

The facility follows a uniform protocol for investigating allegations of sexual abuse that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. WJRC Policy 111, “Response to Allegations of Abuse and Neglect” (effective June 2016) 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.

In addition, the State of Vermont has a formal Memorandum of Understanding (MOU) with the University of Vermont Medical Center that ensures a qualified Sexual Assault Nurse Examiner (SANE) will conduct the medical examination in the event a WJRC youth has been sexually abused or assaulted. The MOU clearly states the UVM Medical Center will “*provide nursing staff that are trained and certified as Sexual Assault Nurse Examiners (SANE) as required by the Prison Rape Elimination Act (PREA) in accordance with State Licensing Regulations...*” (Attachment A, page 4, section D2). The MOU also states the hospital will provide access to HOPE Works at the youth’s request. This MOU was successfully executed on June 20, 2016.

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. Interviews with two representatives from Hope Works confirmed the specific details outlined in the agreement.

§115.322 – Policies to ensure referrals of allegations for investigations

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

WJRC ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. In the event a youth alleges sexual abuse, staff members are required to immediately contact Centralized Intake and Emergency Services (CIES) by calling Vermont’s Child Abuse Hotline. The Residential Licensing and Special Investigations Unit (RLSI) and AHS Investigations Unit (AHS IU) are responsible for conducting all investigations of abuse for youth placed at Woodside.

Vermont DCF-FSD has several policies (Numbers 51, 52, 54, 66, etc.) that detail the investigation process and the role of RLSI social workers who conduct investigations, although the language and content in these policies best describe situations in which youth are living in the community rather than a secure custody setting. Regardless, 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.

RLSI licensing regulations require that all allegations of sexual abuse or sexual harassment must 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. If an incident appears that it may result in a criminal case, the investigative lead assigned to the case will contact the local police department. If law enforcement chooses, they will work alongside the RLSI or AHS IU investigator to interview the victim and alleged perpetrator.

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). This level of specificity outlined in policy puts forth clear expectations for conducting investigations.

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

Within the 12-month period from April 2016 through March 2017, there were a total of five “PREA related” incidents, although none of the incidents qualified as sexual abuse or sexual harassment. Two incidents involved staff members with poor boundaries (not sexual in nature). Another incident involved a youth disclosing he had consensual sexual intercourse several times with another female resident while at a previous placement (not WJRC). The fourth incident involved a WJRC male youth running into a female resident’s room and kissing (consensual) the female resident on her bed while staff attempted to separate the couple. The fifth allegation involved a question of whether a transgender resident was subject to cross-gender searching. Review of program documents revealed that all incidents were reported immediately to RLSI and the proper notifications were made (i.e. phone call to the Program Director of the previous placement in which the alleged sexual intercourse was said to have occurred).

The PREA Compliance Manager has a comprehensive spreadsheet to track the date of the abuse report, when the investigation was completed, on what date the investigation letter was sent, the outcome of the investigation, and the date a youth was notified of a substantiated investigation finding.

§115.331 – Employee training

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

All WJRC staff members participated in formal PREA training in fall 2015. Additionally, new staff are required to read the agency’s sexual harassment policy as well as view the “Keeping Kids Safe” (KKS) video created by the Georgia Department of Juvenile Justice. The video addresses zero tolerance for sexual abuse inside secure facilities. After completing the PREA training, all staff are required to sign a form acknowledging they have received PREA training. Specifically, this acknowledgment form states, *“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 verified training completion by reviewing training records and signed acknowledgment forms.

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. Procedure 111 specifically requires the following trainings: Mandatory Reporter training; PREA orientation training; Rights of Residents; Woodside staff ethics; Sexualize Work Environment Elimination; and Responding to Sexualized Behaviors (Page 8, Section 8).

Interviews with staff indicate they are aware and fully understand their responsibilities as mandatory reporters. Review of training records 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 years that staff do not receive this formal refresher training, the agency/facility must provide refresher information on current sexual abuse and sexual harassment policies.

During the corrective action period, WJRC enhanced its PREA training curriculum to ensure all training topics required by PREA standards were adequately addressed. Some of these enhancements included how to detect signs of sexual abuse, how to prevent inappropriate boundaries with youth, and effectively communicating with LGBTQI youth to name a few. The additional training slides were sent to the auditor as verification of compliance. The annual PREA training for staff is scheduled for 2018 in which the enhanced version of the PREA training will be used.

To better track training completion, the PREA Compliance Manager enhanced the tracking spreadsheet to include additional variables such as: Staff title/position; employment status (i.e. full time, part time, or temporary employee); training completion date; type of training (two-year refresher or information sharing); and date of next formal refresher training. The auditor applauds WRJC for its attention to detail and commitment to ensuring staff receive the requisite training within the appropriate time frame.

§115.332 – Volunteer and contractor training

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

WJRC Policy 111 entitled, “Response to Allegations of Abuse or Neglect” (effective May 2015) 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 procedure include Mandatory Reporter training; PREA orientation training; Rights of Residents; Woodside staff ethics; Sexualize Work Environment Elimination; and Responding to Sexualized Behaviors (page 8, section 8).

At the time of the on-site visit, most contractors (including nurses and physicians) had completed the initial PREA training. However, many did not participate in a PREA information session in 2016. The auditor reminds WJRC that 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.”* Therefore, it is likely many contractors, volunteers, and interns will not participate in a PREA training as extensive to that provided to WJRC staff. However, these individuals must receive training annually and the training must be appropriate to the level of interaction with youth.

During the corrective action period, the WJRC enhanced the PREA training for volunteers and contractors and submitted a copy of the Power Point presentation to the auditor for review. The enhanced training includes all topic areas required by PREA. For example, the training includes the WRJC zero-tolerance policy; laws related to sexual abuse and sexual harassment such as mandatory reporting; how to protect and preserve evidence; how to detect and respond to signs of threatened and actual sexual abuse; and how to avoid inappropriate relationships with residents, to name a few. The volunteer and contractors were trained on this new curriculum shortly following the onsite visit. Signed forms acknowledging these individuals have received the training were submitted to the auditor for verifications.

As previously mentioned, in an effort to better track training completion and training due dates, the PREA Compliance Manager enhanced the tracking spreadsheet to include additional variables such as: Individual’s position title; status (i.e. full time, part time, temporary employee, contractor, volunteer, or intern); training completion date; type of training (two-year refresher or information sharing); and date of next formal training.

§115.333 – Resident education

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

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

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

PREA education in a variety of formats and on an ongoing basis. During the corrective action period, WJRC enhanced its PREA education for youth. The current practice is now to have all youth entering the program 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 is done by the Life Skills Teacher. In addition, youth will be shown the video and/or participate in a discussion about sexual safety, reporting abuse, and filing grievances at least once per month. Minutes from an “All Staff” meeting held on 7/12/2017 were submitted to the auditor as evidence of this practice being formally instituted.

The facility has designated the Life Skills teacher, Ms. Elder, as the PREA educator for youth. In her role, Ms. Elder ensures youth understand the Zero Tolerance policy and how to report abuse. Ms. Elder has developed a knowledge test specific to PREA related information. After reading the youth handbook, each youth completes 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. WJRC uses an Excel spreadsheet titled, “Procedure Checklist” to ensure that all timeframes related to assessments and PREA are met for each youth. This checklist requires PREA Orientation to be completed with seven days of a youth’s arrival.

Review of youth files (current and discharged; N=29) 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. However, for those youth who were discharged from the facility and came back a month or more later, they were not provided the PREA education information. PREA standards require that if a youth leaves the facility and returns to the facility weeks later, they must receive this PREA information again.

The WJRC Youth Orientation manual explains the facility rules related to personal phone calls and incoming and outgoing mail. The manual says, youth receive *“one five-minute phone call per day and call happen during quiet time. Staff will place the call and remain on the line long enough to make sure the person being called is the one on the line. Staff will monitor phone calls at the DCF social worker’s request or any time there are safety and security concerns.”* It is recommended that WJRC enhance these sections to provide additional details as it relates to PREA (see Required Actions below).

All youth interviewed could explain how they would report an incident of abuse and/or harassment. In addition, posters throughout the unit provide hotline numbers for reporting abuse and if a youth feels his/her rights have been violated. 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.

During the corrective action period, the program enhanced the youth manual to clearly address provisions in this standard. Among these changes was clearly stating 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.”*

The program has also enhanced Policy 720 to better reflect PREA standards. The policy now 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 now also states that outgoing mail from a resident’s lawyer, Disability Vermont, or HopeWorks will also not be read by staff. This new practice was formally communicated during an All Staff meeting held on 7/12/2017. Meeting minutes were submitted to the auditor for verification.

§115.334 – Specialized training: Investigations

✓ **Exceeds Standard (substantially exceeds requirement of standard)**

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

The “Memorandum of Understanding Regarding Sexual Abuse Investigations” meets the PREA standards requiring specialized training for investigators. The MOU states, *“RLSI investigators assigned to investigate PREA-related incidents will have completed specialized training in conducting sexual abuse investigations in confinement settings. The training will have included techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral”* (page 3). The MOU also requires formal documentation indicating training completion.

The Director of the AHS Investigations Unit (AHS IU) and the FSD Director of the Residential Licensing and Special Investigations unit (RLSI) ensure investigators have received adequate training on how to conduct investigations in confinement settings. Interviews revealed that all staff have received formal training on forensic interviewing of children through the National Children's Advocacy Center (NCAC).

In addition, all investigative staff participate in “Child Safety Intervention” training which is provided over a two-day period by the South Burlington Police Department. This training provides specific information on assessing youth safety and risk, planning for safety, investigation documentation, and agency policies related to the investigation process.

All three investigators assigned to lead investigations in the Woodside facility, have also completed the 24-hour PREA specialized investigation training provided by the State of Vermont Department of Corrections. They have also completed the three-hour training conducted by the National Institute of Corrections entitled, “PREA: Investigating Sexual abuse in a Confinement Setting.” The auditor reviewed certificates of completion to verify training completion for all three investigators.

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. The auditor concludes AHS has exceeded the minimum PREA expectations for this standard.

§115.335 – Specialized training: Medical and mental health care

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

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 been 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. Review of youth records as well as incident and allegation reports 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)*” (Page 4). This is further supported by WJRC Procedure 111 which directs sexual abuse victims to be offered a SANE examination by a certified SANE.

§115.341 – Obtaining information from residents

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

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

In addition to the MAYSI 2, all youth who enter WJRC receive a full psychosocial evaluation from the Clinical 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=29) 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 is provided only to designated staff. This ensures that confidential information is not exploited by staff, contractors, volunteers or other residents. Staff interviews revealed the Clinical Director, Dr. Aron Steward shares 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.

WJRC also has an assessment protocol entitled, “Woodside Threat to Self or Others Risk Assessment” which gathers information to determine a youth’s risk for self-harm or harm to others. This protocol also provides a clear process for situations in which a full risk assessment is needed. Additionally, it provides guidance on when a Multi-Disciplinary Team (MDT) meeting is warranted to develop a safety plan for youth and clarifies roles and responsibilities (i.e. who is responsible for documentation).

Onsite interviews, record reviews, and observations revealed that the WJRC Clinical Director does 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. The PREA standards require an *objective* assessment instrument be used to gather this information at intake.

During the corrective action period, WRJC adopted a standardized vulnerability risk tool developed by the Colorado Department of Human Services, Division of Youth Corrections (titled “Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk”). The WJRC formally trained all clinical staff, Operations Supervisors, and Youth Counselor 2 staff in late August 2017. The training was led by the Clinical Director who used the formal Colorado DHS DYC training manual to guide the training and subsequent discussion. A list of participants completing the training was submitted to the auditor for verification of compliance.

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

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

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 “Woodside Threat to Self or Others Risk Assessment” instrument conducted by clinical staff. Review of youth cases verified the PPC includes an assessment of gender expression and the youth’s own perception of their safety. However, as previously stated, the information gathered must be gathered using an objective assessment instrument and placement decisions made accordingly.

The WJRC Procedure “Intensive Stabilization Unit” outlines how the Intensive Stabilization Unit will be used. As per WJRC procedure, youth may be directly placed on the IS unit if the “1) *Sending authority indicates there is an imminent risk to the safety of self or others;* 2) *Woodside Risk Assessment supports sending authority’s observation/advisement;* and 3) *In accordance with PREA standards.*” WJRC uses isolation only as a last resort when less restrictive measures are inadequate to keep the youth and other residents safe. Isolation is only used until an alternative means of keeping all residents safe can be arranged.

The Intensive Stabilization Unit (ISU) Procedure “Programming: Section A” states residents are “*entitled to: the same quality of programming offered in the full milieu to include daily large muscles exercise, education, daily visits from medical and mental health staff.*” The procedure also details the process for ensuring youth are not housed on the Intensive Stabilization Unit longer than necessary. The Operations Supervisor is required to notify the WJRC Directly immediately of all ISU placements and each placement is reviewed within 24 hours. The purpose of these reviews is “*to identify specific indicators of safety and specific treatments to achieve safety.*” The procedure also sets forth the requirement that the Clinical Director will conduct a daily review to determine if there is a need to continue placement. In addition, youth must be visited by an Operations Supervisor twice per day and by medical staff once per day. During the onsite interview process the two youth who had been placed on ISU in the past (for reasons not related to PREA), stated that they were offered large daily muscle exercise and were required to complete school work. Youth also stated that a staff member was them in the dayroom during all waking hours (they were not alone in their room). These youth also verified their clinician saw them several times throughout the week. The auditor reminds WJRC to make sure each of these visits are clearly documented in the unit log, as PREA requires youth in isolation to receive daily visits from a medical or mental health care clinician.

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 Director currently gathers 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 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.

During the corrective action period, the program submitted a sample of completed vulnerability risk assessments to verify the program is documenting how they are placing youth within the program based on vulnerability risk information. The program has also enhanced its policies to reflect key pieces of this PREA standard. The WJRC policy upholds that initial housing decisions will be based on the assessment.

The auditor applauds the program for its commitment to using standardized vulnerability information to place youth and ultimately, keep them safe from harm.

§115.351 – Resident reporting

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

WJRC has multiple avenues by which residents can privately report sexual abuse, sexual harassment, or retaliation by other residents or staff. The youth handbook outlines the process for filing a grievance and encourages youth to inform staff if they feel their rights have been violated. In addition, within the first week of arrival to the facility, the Life Skills educator reviews this information with each individual youth. Posters displaying contact information for the Vermont Network Against Domestic and Sexual Violence, Disability Rights Vermont, and DCFs Residential Licensing and Special Investigations Unit are displayed throughout the facility. Staff and youth may report abuse by contacting any of these entities.

All youth interviewed articulated that if someone was harming them, they would tell a staff member or write a letter to the facility Director. Most of youth also knew about the hotline number they could call to talk with someone. All 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 all 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. All youth reported they have never been denied a professional phone call.

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.

During the corrective action phase, the program enhanced its zero-tolerance policy and the youth orientation handbook to more clearly describe all avenues for reporting abuse. These documents now specify that youth are not required to report abuse the individual who is the subject of the complaint and offers additional options for reporting abuse (i.e. writing a letter to the WJRC Director and placing it in a sealed envelope or calling the abuse hotline number). In addition, the youth handbook now provides contact numbers and addresses for several outside entities including Disabilities Rights Vermont.

Additional revisions to the youth handbook include clearly stating that youth have the right to “*freedom from abuse, neglect, retaliation (‘pay-back’), humiliation, harassment, and exploitation*” and that a youth can ask a friend to report the abuse for him/her. The updated resident orientation manual also specifies that youth who have been sexually assaulted or abused will be allowed to call the hotline and/or advocacy group as soon as possible (youth will not have to wait until the designated time).

Shortly following the onsite visit, WJRC created a formal grievance form that youth can complete, rather than using a blank piece of paper to write a letter. 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*. During the corrective action period, the program installed grievance boxes on the living unit. These locked boxes are checked daily, seven days a week by management staff. This new practice was announced during an “All Staff” meeting held on 7/12/2017. Meeting minutes were submitted to the auditor for verification. Blank grievance forms are located near the suggestion/grievance box.

§115.352 – Exhaustion of administrative remedies

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

Youth 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 involves talking with a staff member with whom the youth trusts (i.e. direct care staff or the facility’s Clinical Director). Youth are also permitted to write a letter directly to the WJRC Director. The procedure specifically states that the Director will schedule a meeting within seven working days to discuss the grievance and identify a possible resolution. The procedure also requires the Director to respond in writing to the youth within 48 hours of the meeting. Furthermore, if the resident is still not satisfied with the Director’s decision, s/he may contact the RLSI or Disability Rights Vermont. This information is also provided in the Resident Handbook.

Review of grievances and written responses from the Director indicate the facility protocol and timelines for responding to grievances are being met.

§115.353 – Resident access to outside confidential support services

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

WJRC provides youth access to outside victim advocates for emotional support services related to sexual abuse. Contact information for Disability Rights Vermont and RLSI, is provided in the youth resident handbook. This information is also posted on fliers hanging on the living unit. All youth interviewed were knowledgeable about these services.

The State of Vermont has also entered a 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 weekly groups on a variety of

topics.

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

Interviews with representatives from Disability Rights Vermont and Hope Works provided further evidence for compliance with the provisions in this standard.

§115.354 – Third-party reporting

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

The WJRC has a policy that requires all staff to take reports from third parties and to report them immediately to RLSI. The youth 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 <http://dcf.vermont.gov/youth/woodside>.

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

§115.361 – Staff and agency reporting duties

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

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

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. Review of facility incident and investigation reports indicate staff promptly report allegations of abuse. In the past 12 months, there were a total of five “PREA-related” incidents (none which qualified as sexual abuse or sexual harassment). There were none that required notification to parents although one did require notification to another facility. This notification was made consistent with the WJRC policy and PREA standards.

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).

§115.362 – Agency protection duties

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

WJRC Policy 111 provides evidence that the facility responds 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 on-site 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. Evidence indicates WJRC responds immediately to sexual abuse allegations, particularly those involving imminent risk.

§115.363 – Reporting to other confinement facilities

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

WJRC Procedure 111 supports current practice: “When an allegation of abuse is reported to have taken place at another residential placement...the Woodside Director will notify the Director of the program where the abuse allegedly occurred within 72 hours of the report being made” (Page 4, Section 3K (ii)). Emails and incident reports indicate the WJRC Clinical Director contact the Program Director of the other facility (in which an incident was alleged to have occurred) via phone within the required timeframe.

Interviews with the WJRC Director, RLSI Supervising Social Worker, and staff members further 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.).

During the corrective action phase, the program enhanced its PREA incident tracking sheet to capture requisite notifications. The sheet now stores information regarding whether a) the youth’s family or guardian was contacted within 72 hours of the alleged abuse; b) whether youth who disclosed a history or recent incident of sexual victimization or sexual perpetration was seen by a mental health professional within 14 days; and c) if a sexual assault or abuse incident took place at a previous placement, the superintendent/program director of that previous placement was notified within 72 hours.

§115.364 – Staff first responder duties

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

WJRC Procedure 111 “Response to Allegations of Abuse and Neglect” details the steps first responders 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. All staff have been formally trained on this procedure upon hire and periodically in staff meetings.

§115.365 – Coordinated response

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

Interviews with the facility 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 Procedures 111 “Response to Allegations of Abuse and Neglect” provide information about responding to incidents. However, while interviews confirmed that staff understand *most* of their responsibilities, many staff were unclear as to which tasks they might be

responsible. Since there is a need to clarify roles, the auditor is requiring the facility develop a formal coordinated plan in which responsibilities are clearly mapped out.

During the corrective action period, WJRC created 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. This checklist was shared with staff during an “All Staff” meeting held on 7/12/17 and added to the annual PREA training for staff.

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

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

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

Interviews with the WJRC Superintendent, WJRC Human Resources representative, the Juvenile Justice Director and the DCF Deputy Commissioner further support the agency’s commitment to keeping youth safe by conducting extensive background checks and placing staff on administrative leave immediately when/if an allegation is made.

§115.367 – Agency protection against retaliation

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

Staff interviews and supplemental documentation indicate youth who have alleged abuse or 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. 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*” (Page 8, Section 7f). Interviews revealed that there are several other managers who share these protection duties. These individuals include the Clinical Director, Operations Supervisor, and the WJRC Program Director. Log books verified checks with youth are done frequently (for a variety of other reasons). The policy also states that youth will be provided the emotional support as necessary, including individual counseling.

Although there have been no sexual abuse allegations filed and subsequently no imminent threat of retaliation, the auditor concludes the WJRC leadership team would be diligent in monitoring retaliation

in the event these allegations occurred. Interviews with facility leadership support they have made housing changes and transfers to the other units in situations where safety was a concern (not PREA related). The auditor reminds the team that when these decisions are made, it is critical they clearly document this information and the rationale for making the decision. In addition, it is important to remember in the event of a sexual abuse allegation, federal PREA standards require the facility to monitor retaliation 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.). Interviews revealed WJRC leadership would monitor retaliation for the duration of the youth's stay. The facility may want to consider memorializing its process for monitoring retaliation in facility policy or procedure. This will ensure job duties are clear, documentation requirements are met, and evidence exists for meeting required timeframes.

§115.368 – Post-allegation protective custody

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

The WJRC Policy 502 entitled, “Intensive Stabilization Unit” details how this unit will be used. The policy states the ISU will not be used as punishment. In addition, the policy states that youth who are safely participating in ISU are entitled to *“the same quality of programming offered in the full milieu to include meals, health, recreation, and counseling services....access to attorney, advocates, social worker, etc.”* The policy also requires an initial review within 24 hours after being placed in isolation and declares *“all placement in ISU require review by the Clinical Team within 3 business days and twice weekly thereafter.”*

WJRC has not used the ISU in response to a sexual abuse or sexual assault allegation to house the victim or perpetrator. However, youth interviewed (those who had been previously placed in ISU) reported that they continued to receive daily recreation and educational services. The PREA standards state that isolation may only be used as a last resort to house victims who have alleged to have suffered sexual abuse. Language in Policy 111 which states *“...Isolation of the victim will be used as an absolute last resort”* and youth testimonies support compliance with the provisions in this standard. Again, WJRC has not used isolation to separate a sexual victim and/or sexual perpetrator for safety reasons.

The auditor reminds WJRC staff that clearly documenting the time and type of recreation provided to youth while in ISU will serve as evidence that federal standards are being met (in the event a youth victim must be isolated for their protection). In addition, the auditor encourages the WJRC team to continue clearly documenting weekly team meetings in which youth are discussed. This is of absolute importance, as it provides additional information regarding the factors considered in decisions made about youth's health and safety (and subsequently serves as evidence for PREA compliance).

§115.371 – Criminal and administrative agency investigations

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

When a mandatory reporter calls the Vermont Child Abuse Hotline, a central intake unit worker records the information in a statewide database, FSDNet. A determination is made to “accept” or “not accept” the case as an incident of child abuse. If the case is accepted, an investigator will be assigned. There are two levels of reviews (both by supervisory staff) to determine whether a case is accepted. If the case is “not accepted” by both reviewers, then the case will not be investigated and is expected to be resolved at the local level. However, if the allegation involves a staff member the AHS Investigations Unit will review the case and if it meets the policy criteria, will assign a Primary Investigator. If the case is accepted and it appears there is a potential for criminal prosecution, the AHS IU Director or Primary Investigator contacts the local police department to launch a joint investigation. During the 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, AHS IU and RLSI are not required to investigate every allegation of “sexual abuse” as defined under the federal definition of abuse. However, VT AHS policy dictates that if the youth-to-youth interactions indicate “*the alleged perpetrator used force, threat or coercion to victimize the child and/or the victim did not have an opportunity to consent*” (page 8) or if “*there is a five-year developmental or chronological age differential*” (page 9) this is considered abuse. RLSI unit is responsible for monitoring all DCF facilities (WJRC and contracted community programs) to ensure programs are PREA-compliant. Interview with the RLSI Supervising Senior Social Worker 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.

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

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.)

The WJRC Policy 111 further describes these specific responsibilities and timeliness of investigations:

- 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 conducted during the onsite visit verified that polygraph tests are not used by AHS to determine whether a victim’s allegation is true and that 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 DCF follow an investigative protocol consistent with PREA requirements.

The above-mentioned policy (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 Directors of AHS IU and FSD RLSI indicated that the three staff assigned to WJRC and who are responsible for conducting investigations have received formal training in conducting investigations with juveniles. These specific trainings are discussed in Standard 115.334 of this report. Review of documentation while onsite verified that all investigators are adequately trained and therefore, in compliance with provisions of this PREA standard.

Regarding administrative investigations, the AHS IU is responsible for conducting administrative investigations. At the time an allegation is accepted for investigation (through Centralized Intake and Emergency Services) the Director of AHS IU is notified and will determine if an administrative investigation is warranted. AHS IU has a clear protocol entitled, “Referral and Acceptance Protocol for Employee Misconduct Investigations” which details the process for determining whether a case is

“accepted” or “declined.” In addition, the protocol specifies that PREA violations will be coded as a “1” indicating it is a priority case and must be acted upon immediately. Interviews with investigative staff 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. The State of Vermont DCF and WJRC are complying with the provisions of this standard.

Review of investigation reports revealed that over the past 12 months there were five 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.

- Two separate incidents involving staff members exhibiting poor boundaries with youth.
 - One incident involved a male staff member commenting to a resident on a female staff members body type. This same person was also alleged to hug certain youth (as a way of comforting the youth). Upon learning this information on 11/23/2016, the staff member was immediately put on administrative leave. A letter was sent to the staff member on 1/03/2017 notifying him he was being investigated. The investigation report was completed in March and the letter of reprimand, which included a series of required

- actions to be taken once the staff member returned to work, was issued on 3/13/2017.
- The other incident involved a staff member allowing youth to kiss and to use his cell phone to access Facebook. Upon learning of this information, the staff member was immediately placed on administrative leave. The initial letter informing the staff member of the investigation was dated 12/22/2016. The licensing investigation report was completed on 1/11/2017 and the AHS investigation report was completed on 2/14/2017. Due to additional questions from WJRC leadership, an expanded investigation was launched by AHS in March 2017. The investigation was completed and the final disciplinary decision made. The official letter informing the staff member of the outcome of the investigation was sent on 4/10/2017.
- A situation in which a male resident rushed into a female resident’s room (his girlfriend), laid down on her bed, and began kissing (youth reported it was consensual). The residents kissed several times and staff immediately began to physically separate the two residents. The incident was reported to RLSI immediately following the incident but was not accepted for investigation.
- A youth disclosed he had sexual intercourse several times with another resident while at another facility (and that the other youth was now pregnant). Staff became aware of the incident on 9/26/2016 and made the report to the State of Vermont abuse hotline. In addition, the WJRC Clinical Director contacted the Program Director of the other facility to inform him/her of these allegations.
- An allegation in which a transgender youth was not strip searched by a staff member of the same gender. An investigation was completed which revealed the youth was asked by whom he would prefer to be searched. Staff members complied with the resident’s preference. Staff members had sufficiently documented the incident providing evidence of compliance with Standard 115.315 – “Cross Gender Viewing.”

The MOU entitled, “Memorandum of Understanding Regarding Sexual Abuse Investigations” (effective June 2015) requires “...investigations be completed within the 90-day timeframe, and an extension of up to 70 days will be required.” Review of investigation reports indicate the 90-day expectation is met.

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.

<p>§115.372 – Evidentiary standards for administrative investigations</p>

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

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

§115.373 – Reporting to residents

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

All sexual abuse investigations are conducted by AHS IU or DCF RLSI, and often in conjunction with local law enforcement. WJRC Procedure 111, “Response to Allegations of Abuse and Neglect” states, “*at the conclusion of the RLSI investigation the resident will be notified of the outcome...the Woodside clinical team will consult with the resident’s social worker to determine the best strategy to make the notification....*” (page 7, Section 7b). The auditor reminds WJRC leadership that it should be clear who makes this notification and that all notifications must be documented (especially if a verbal notification was made). A coordinated response plan ensures staff responsibilities are clear.

Review of investigation reports and Program Director written responses to youth grievances (non- PREA related) leads the auditor to conclude that in the event of a sexual abuse allegation the WJRC Program Director would ensure these notifications are met.

§115.376 – Disciplinary sanctions for staff

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

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

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

Review of investigation reports and interviews with WJRC leadership and investigative staff provide evidence for compliance with provisions outlined in this standard. For example, once the facility became aware of an allegation against staff (two incidents) both staff members were immediately put on paid administrative leave until the investigation was completed. While none of the allegations qualify as sexual abuse, the gross misconduct by one staff member resulted in a letter explaining that termination is possible.

§115.377 – Corrective action for contractors and volunteers

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

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. There have been no volunteers or contractors in the past 12 months who have violated these policies.

WJRC Procedure 111, “Response to Allegations of Abuse or Neglect” clearly states that in the event of a substantiated allegation the Woodside Director is responsible for ensuring “...*appropriate practice boards at the Vermont Secretary of State’s office is notified*” (page 7, section 7 (b) iii) which supports provision (a) of this PREA standard. Interviews with WJRC staff confirmed these policies are closely adhered to.

§115.378 – Disciplinary sanctions for residents

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

In the past 12 months, there have been no criminal or administrative findings of guilt for resident-on-resident sexual abuse at WJRC. The youth orientation manual establishes a clear rule that youth are not permitted to physically touch. Interviews with the WJRC leadership and line 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 Clinical Director verified 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 minutes from these team meetings and 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.

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

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

WJRC follows a standard protocol which requires all youth to undergo an intake screening process within 24 hours of arrival to WJRC. This process involves a variety of assessments including a structured clinical interview. These assessments are conducted by the facility Clinical Director and allow important information to be gathered regarding sexual victimization and risk of perpetration. On-site interviews and case file reviews verified that when a youth scores high in sexual victimization and/or risk of perpetration on the “Woodside Threat to Self or Others Risk Assessment,” youth are seen by a mental health clinician within 72 hours of intake. In addition, file reviews indicated that youth who disclosed a history of sexual abuse or perpetration, were seen for an individual counseling session within seven days of the disclosure (typically within three days). This far exceeds the PREA expectation which requires youth who have prior history of victimization or perpetration to be seen by a medical or mental health practitioner within 14 days of intake screening.

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

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 memos from the Clinical Director provide evidence that she protects sensitive information but provides enough relevant information to inform treatment plans, security management decisions, and programming decisions (i.e. housing, bed, work, education, and program assignments).

§115.382 – Access to emergency medical and mental health services

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

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. Staff interviews and review of documentation verified WJRC staff are trained as first responders and trained to notify the Operations Shift Supervisor immediately (who then contacts the appropriate medical and mental health practitioners).

WJRC procedures include victims of sexual abuse being examined 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. WJRC facility medical staff are also qualified to provide these services, however, in the case of alleged rape these services would be provided after the SANE/SAFE examination. The WJRC procedures clearly state this treatment will be provided to the victim without financial cost.

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

The initial Nurses 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.?*”

The WJRC facility has fostered a strong relationship with a physician who specializes in Adolescent Medicine from the University of Vermont Medical Center. Twice a week the doctor visits the WJRC facility to talk with youth about STIs, emergency contraception, and other important topics related to health. The auditor applauds WJRC for partnering with the local community and for making education a priority for youth.

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

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

The WJRC Procedure 405c states, “*Medical staff will offer appropriate treatment services to residents victimized by sexual abuse including but not limited to tests and education pertaining to pregnancy and sexually transmitted diseases.*” In addition, WJRC Procedure 111 entitled, “Response to Allegations of Abuse and Neglect” This same policy also ensures STD testing and medical examinations are provided to youth at no cost to the victim. 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).

Onsite interviews with the Clinical Director and the Nurse Manager verified that all youth who alleged or experienced sexual abuse would be provided follow-up as soon as possible. There have been no reports of sexual abuse at the facility that required medical attention in the past 12 months. However, for those youth who disclosed a history of abuse and/or victimization at intake, a review of nearly 30 youth records (current and discharged) revealed that all youth were seen by a WJRC mental health clinician within seven days (at the latest). Most youth were seen within one to three days. Record reviews also verified that these sessions with clinicians occurred on a weekly basis for these identified youth, with many youths seeing a clinician and nurse several times a week. The auditor confidently concludes that WJRC is operating consistent with federal and agency expectations.

The interview with the onsite Nurse Manager 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. During the facility intake process, the nurse offers STI testing if youth have disclosed they have been sexually active.

§115.386 – Sexual abuse incident reviews

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

The State of Vermont regulatory standards set forth by RLSI state, *“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.”*

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

Although there have been no allegations of sexual abuse at WJRC in the past 12 months, interviews with facility leadership indicate they understand the procedure and will immediately enact this practice in the event of a sexual abuse allegation. Review of meeting minutes provides evidence that the WJRC upholds the practice of debriefing and discussing incidents. Minutes show the WJRC team convened two days after the incident in which two youth managed to kiss and engaged in a thorough discussion. This provides support that in the event of a sexual abuse allegation, the management team would meet after the investigation was completed which is consistent with PREA standards. In addition, the auditor

reviewed meeting minutes from two meetings of the WJRC Sexual Incident Review Committee (which met in June and September 2015). Documentation shows that the team uses a structured format to ensure all factors described in WJRC Policy 111 are discussed (i.e. whether change to practices is necessary, additional surveillance cameras necessary, etc.). The meeting minutes list out the committee members, providing additional evidence for compliance (PREA standards require the Committee to comprise upper level managers and for input from line supervisors, investigators, and medical or mental health practitioners to be considered).

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. The policy also 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 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.

§115.387 – Data collection

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

WJRC collects uniform data for every allegation of sexual abuse and at a minimum collects data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The facility submitted a completed survey to the State of Vermont in 2016. A formal 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 facility maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual incident reviews. The Facility PREA Compliance Manager regularly updates the tracking spreadsheet by gathering information from FSDNet and other sources. The auditor reminds WJRC to ensure there is continuous communication between the WJRC Director and the PREA Compliance Manager, particularly as it relates to the numbers and types of PREA incidents that have occurred throughout the year. It is important to ensure the accuracy of data submitted to the State of Vermont and the federal Department of Justice.

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.

Interviews with DCF agency leadership confirmed WJRC submitted the requested data in 2016. In addition, the auditor reviewed the PREA incident tracking spreadsheet maintained by the Facility PREA Compliance Manager.

§115.388 – Data review for corrective action

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

The WJRC has produced an annual progress report highlighting its progress with implementing PREA standards. This report entitled, “Eliminating Sexual Abuse and Sexual Harassment of Vermont Youth in Custody” is posted on the State of Vermont website under the Family Services Division tab (<http://dcf.vermont.gov/fsd/publications>). This comprehensive report provides WJRC sexual abuse data, the agency’s progress in implementing PREA, and highlights areas for improvement and corresponding corrective actions.

Effective May 6, 2015, the State of Vermont’s Family Services Division (FSD) enacted Policy 305 which ensures PREA standards related to data collection and reporting are met. 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 policy also 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.

§115.389 – Data storage, publication, and destruction

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

The WJRC facility retains sexual abuse data consistent with PREA standards. The State of Vermont’s Family Services Division (FSD) Policy 305 (effective May 2015) requires sexual abuse incident data be collected from all facilities under its control and that these data be retained for at least ten years. The State of VT DCF website hosts all annual reports from facilities within its control and its contracted community residential programs. In addition, the agency PREA Progress Report is posted on its website (<http://dcf.vermont.gov/fsd/publications>). The agency is following provisions in this standard.

§115.401 - Frequency and scope of audits; §115.402 – Auditor qualifications; §115.403 – Audit content and findings; and §115.404 – Audit corrective action plan

The following information is provided as a way of demonstrating compliance with federal PREA Standards 115.401 through 115.405. This audit represents the second PREA audit for the WJRC facility. Since the initial audit was conducted in November 2014 and the second audit was conducted in May 2015, the WJRC facility and State of Vermont DCF are in compliance with Standard 115.401 (a) and (b) which requires facilities that house juvenile justice youth to undergo a PREA audit by August 2016 (and every three years thereafter).

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 other conflicts of interest between the auditor and the WJRC Program, as defined by Standard 115.402 and 115.403.

The audit was conducted consistent with Department of Justice PREA expectations. Some of the highlights demonstrating compliance in this area include conducting extensive review of program materials, protocols, agency policies, staff records, youth files, various internal/external reports and licensing reports, and conducting a facility tour. The process also included interviews with several staff, contractors, youth, and representatives from local victim advocacy groups.

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.

AUDITOR CERTIFICATION:

Program: Woodside Juvenile Rehabilitation Center (WJRC)

Date of On-Site Review: April 19, 20, and 21, 2017

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



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Date: 9/27/2017