

# PREA AUDIT: Auditor's Final Summary Report

## JUVENILE FACILITIES



<b>Name of Facility: LIGHTHOUSE YOUTH CENTER- PAINT CREEK</b>			
<b>Physical Address: P.O BOX 586, BAINBRIDGE, OHIO 45612</b>			
<b>Date report submitted: August 29, 2014</b>			
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<b>Date of facility visit: August July 30-31</b>			
<b>Facility Information</b>			
<b>Facility Mailing Address:</b> (if different from above)			
<b>Telephone Number: 740-634-3094</b>			
<b>The Facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input checked="" type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input checked="" type="checkbox"/> Other:
<b>Name of PREA Compliance Manager: THOM KYLE</b>		<b>Title: Executive Director: Mark Ingles</b>	
<b>Email Address: <a href="mailto:mingles@lys.org">mingles@lys.org</a></b>		<b>Telephone Number:</b>	<b>740-634-3094</b>
<b>Agency Information</b>			
<b>Name of Agency: LIGHTHOUSE YOUTH SERVICES INC.</b>			
<b>Governing Authority or Parent Agency: (if applicable)</b>			
<b>Physical Address: 401 E. McMILLIAN STREET, CINCINNATI, OHIO 45206</b>			
<b>Mailing Address: (if different from above) Same</b>			
<b>Telephone Number: 513-221-3350</b>			
<b>Agency Chief Executive Officer</b>			
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<b>Name: RENEE HAGAN</b>		<b>Title: PREA Coordinator</b>	
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# AUDIT FINDINGS

## **NARRATIVE:**

Lighthouse Youth Center at Paint Creek (formerly Paint Creek Youth Center) is a privately owned and managed residential rehabilitation center for male adolescents ages 14-18, at admission, who have been adjudicated delinquent for crimes that would be considered a felony one or two for an adult offender. The facility will consider taking those adjudicated delinquent for lesser felonies if the referring agent can demonstrate that a youth has a history of serious offending behavior over an extended period of time. The facility is operated by Lighthouse Services, Incorporated and licensed by the Ohio Department of Jobs and Family Services to accommodate 67 youth.

LYC-PC was established in 1986 as a three-year demonstration project with funds provided by the United States Department of Justice. In the beginning, the Ohio Department of Youth Services (ODYS) provided all clients. Clients were directed to the Center in lieu of placement at a traditional state-operated training school. In more recent years, LYC-PC began serving youth directly referred from juvenile courts in Ohio.

At the end of the three year demonstration period, ODYS began to provide a major portion of the financial support for the Center and has continued to support the program not only financially but in many other ways as well. The ODYS currently contracts with Lighthouse Youth Services at Paint Creek for 48 beds.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

LYC-PC is located on 33 acres of property in western Ross County, Ohio about 1 ½ miles northwest of the Village of Bainbridge. Bainbridge is situated on US Route 50, 18 miles west of Chillicothe and 20 miles east of Hillsboro.

The Center is located on the former site of the Valley Vista Sports Camp. The original seven structures were converted to accommodate the needs of the program. Since June 2001, the Center has built two new, state of the art residential housing units. One has 30 beds, the second has 33 beds and both have large common areas. Combined, these buildings have 51 individual bedrooms and 6 bedrooms that accommodate 2 residents. The addition of these new residential units has virtually eliminated the need to use the original structures for housing. In 2010, LYC-PC opened a gymnasium with a regulation basketball court and 2013, the facility opened a new school building with six classrooms, a kiln in the art room, a library, and a computer lab with 18 computer stations.

One of the older living units was converted into a semi-independent living apartment with accommodations for four residents who have completed the residential program but have time left on their sentence.

There is an outdoor basketball court and two sand volleyball courts and a track.

## **SUMMARY OF AUDIT FINDINGS:**

The notification of the on-site audit was posted on June 26, 2014, six weeks prior to the first date of the on-site audit. The posting of the notices was verified by photographs received electronically from the PREA Coordinator. The photographs indicated notices were posted in various locations throughout the facility including the housing units and administrative areas. The Pre-Audit Questionnaire, policies and supporting documentation were received on June 9, 2014. The documents were uploaded to a UBS flash drive.

The on-site audit was conducted July 30-31, 2014. A brief meeting was conducted with the Facility Administrator and PREA Compliance Manager. At the conclusion of the meeting, a complete tour of the facility was conducted including the resident's sleeping, shower areas and all areas where residents primarily spend time.

During the tour, I observed youth under the direct supervision of the staff at all times while engaged in various activities and programming. The Facility Administrator acknowledged are blind spots were located in the facility. There was no surveillance cameras located throughout the facility however the Facility Administrator acknowledged that a surveillance system would enhance their ability to protect residents from sexual abuse and sexual harassment.

During the two-day on-site visit, twelve staff including those from all three shifts were randomly selected and interviewed. All interviews validated staff knowledge of PREA standards and their responsibilities as first responders. Twelve residents were also randomly selected and interviewed. Residents were well informed of their right to be free from sexual abuse and harassment, how to report sexual abuse and harassment, and the community based victim advocate service providers.

There were no reported allegations of sexual abuse or sexual harassment noted during the past 12 months.

Number of standards exceeded: **0**

Number of standards met: **39**

Number of standards not met: **0**

Number of standards Not Applicable: **2**

**Standard 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)

**Auditor comments:**

The agency has one dedicated PREA Compliance Manager. In my interview with the PREA Compliance Manager, he validated his responsibilities and confirmed sufficient time to oversee the facility's PREA compliance efforts of preventing, detecting and responding to sexual abuse and harassment in the facility. In addition to the facility PREA Compliance Manager, the agency has one dedicated upper-level, agency-wide PREA Coordinator. The agency's PREA Coordinator confirmed during an interview there was sufficient time and authority to develop, implement and oversee efforts for all facilities.

The Lighthouse Youth Service at Paint Creek policy included definitions of prohibited behaviors and sanctions for prohibited behaviors. The agency's PREA Coordinator, the facility PREA Coordinator and Facility Administrator all conveyed the agency's zero-tolerance environment towards all forms of sexual abuse and harassment with the facility.

**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)
- Non- Applicable Standard

**Auditor comments:**

The Lighthouse Youth Service at Paint Creek is a stand-alone facility and does not contract for confinement of its residents.

**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)

**Auditor comments:**

An annual staffing plan assessment was conducted on April 28, 2014. The assessment included physical plant layout which identified blind-spots throughout the facility. The facility does not have surveillance monitoring systems to cover blind-spots however the Facility Administrator, PREA Compliance Manager and random staff interviews all noted residents are supervised at all times. This was also observed and found compliant in my observation of the facility during the on-site audit. All unannounced upper-level supervisors' rounds were also included on the assessment. There were no documented occurrences of deviations from the facility staffing plan. The facility's policy requires intermediate-level or higher-level staff to conduct unannounced rounds to monitor and deter sexual harassment and sexual abuse. Unannounced rounds by higher-level staff and immediate-level staff were found to be in compliance with the standard.

The facility's policy and the staffing plan assessment documented and validated staffing ratios of 1.7 during awake hours and 1.10 during non-wake hours.

**Standard 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)

**Auditor comments:**

This standard was validated compliant during resident and staff interviews. The Lighthouse Youth Service at Paint Creek policy prohibits cross-gender searches except in exigent circumstances and requires documentation of opposite gender searches. Additionally, the policy prohibits staff from examining transgender or intersex youth for the sole purpose of determining the resident's genital status. Body cavity searches require the Facility Administrator's authorization and must be conducted by licensed medical personnel in a medical establishment. The Search Log indicated there were no cross-gender strip searches or body cavity searches of residents in the past 12 months.

The policy limits pat-down searches to male staff absent exigent circumstances. This was validated during interviews with both residents and staff.

Policy requires female staff, volunteers and contractors entering the housing unit to announce themselves upon entering the areas where the likelihood of residents performing bodily functions occur and shower except in exigent circumstances or when viewing is incidental to routine room checks. There was no documented deviation from this policy.

Staff and contractor training records along with staff interviews validated 100% compliance training on cross-gender pat searches, searches of transgender and intersex residents and zero tolerance policy concerning sexual harassment and sexual abuse of residents and staff.

**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)

**Auditor comments:**

Lighthouse Youth Center at Paint Creek uses interpreter services with Language Bank of the International Family Resource Center. The center provides a hearing impaired specialist, a vision impaired specialist, an audiologist, an English as a second language specialist, equipment and technology for residents, as needed. The Facility Administrator acknowledged the commitment to take steps to ensure residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and harassment. PREA posters in various languages were posted throughout the facility.

Facility policy stated the facility will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardize resident's safety. Staff interviews validates compliance the facility does not use resident assistants and there were no instances of resident interpreter or readers being used in the past 12 months.

**Standard 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)

**Auditor comments:**

The facility policy specifically addresses all elements as required by this standard. A review of 12 full-time employees and 4 volunteers/ contractors files and interviews revealed that all hired during the past 12 months had documented criminal background checks in their employee files. Questions regarding past conduct were asked during the interview process and included in the employee's file. Additionally, signed acknowledgement forms concerning the agency's zero-tolerance of sexual harassment and sexual abuse were present in the files.

The policy also validated compliance based on the requirement to conduct background checks every five years.

**Standard 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)

**Auditor comments:**

Lighthouse Youth Services at Paint Creek has not acquired any new facilities since August 20, 2012. The Facility Administrator and agency PREA Coordinator recognizes the need to implement surveillance systems during audit interviews and the facility assessment. Moving forward, there are plans to implement video monitoring equipment which would enhance the facility's ability to protect residents from sexual abuse.

**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)

**Auditor comments:**

Lighthouse Youth Services at Paint Creek policy requires the Facility Director to contact local law enforcement and Ohio Department of Youth Services who will conduct administrative investigations of abuse allegations; however, criminal investigations are conducted by the Ross County Sheriff's Office.

Lighthouse Youth Services at Paint Creek has a Memorandum of Understanding with Child Protection Center of Ross County who will provide SAFE forensic exams and victim advocate services. Ross County Sheriff's Office acknowledged in writing that a uniform evidence protocol would be followed to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

**Standard 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)

**Auditor comments:**

Lighthouse Youth Services at Paint Creek policy requires referrals of sexual abuse allegations to be submitted to the Ross County Sheriff's Office and Ohio Department of Youth Services. In the past 12 months, Lighthouse Youth Services- Paint Creek has had no allegations of sexual abuse or sexual harassment. Lighthouse Youth Services- Paint Creek's website describes the investigative responsibilities for conducting investigations of allegations of sexual abuse.

### **Standard 115.331- Employees 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)

#### **Auditor comments:**

Lighthouse Youth Services at Paint Creek and Ohio Department of Youth Services documents required PREA training. The training curriculums, staff training records and staff interviews validates compliance. The PREA training addresses requirements for direct care workers, medical personnel and contractors during initial training and annual refresher training. Specific topics covered during PREA training are consistent with this standard's requirements and is tailored to the facility's male resident population. All employees are trained as new hires regardless of their previous experience.

### **Standard 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)

#### **Auditor comments:**

Lighthouse Youth Services at Paint Creek require volunteers and contractors who have contact with residents to receive PREA training. Volunteers and contractors sign training rosters and are required to sign acknowledgement forms at the completion of training. Interviews with volunteers and contractors revealed they are knowledgeable concerning their responsibilities relative to PREA and the agency's zero tolerance policy regarding sexual abuse and harassment.

### **Standard 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)

#### **Auditor comments:**

Lighthouse Youth Services at Paint Creek requires residents to receive information during intake within 24-hours regarding the facility's zero tolerance policy and how to report sexual abuse and harassment. Additionally, Ohio Department of Youth Service provided a PREA orientation video for residents to review during intake. Residents participate in comprehensive training that is

conducted within 10-days of arrival. Residents are provided a safety guide handout which includes information on prevention/intervention, self-protection, reporting and treatment/counseling. Intake staff or case management staff review the handout with the residents and have residents to sign verifying receipt of the information. Documentation of residents' signatures were reviewed and confirmed during resident interviews. All residents interviewed stated they received this information the same day they arrived at the facility and periodically thereafter. Case management staff presents the PREA information in a manner that is accessible to all residents. During the facility tour, PREA posters and reporting instructions were posted throughout the facility. If needed, the facility has staff and an agreement to provide translation services, hearing and visual impairment services for residents with disabilities or who may be limited English deficient.

#### **Standard 115.334- Specialized Training: Investigation**

- 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)
- Non-Applicable Standard

##### **Auditor comments:**

Lighthouse Youth Services at Paint Creek has six facility investigators trained in investigating sexual abuse in a confinement setting through the National Institute of Corrections. Lighthouse Youth Services- Paint Creek refers all criminal investigations to the Ross County Sheriff's Office.

#### **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)

##### **Auditor comments:**

All Lighthouse Youth Services at Paint Creek's full-time, part-time medical and mental health care practitioners receive specialized training. The training documentation reviewed validated that all staff received this training from the National Institution of Corrections. While conducting interviews with the Health Services Administrator, it was validated that medical staff does not conduct forensic examinations.

### **Standard 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)

#### **Auditor comments:**

Lighthouse Youth Services at Paint Creek conducts a screening process for vulnerability to victimization and sexual aggressive behavior residents by utilizing a battery of assessment tools during the intake process. Facility residents are screened within twenty-four hours upon arrival at the facility. Those residents who score vulnerable to victimization or sexually aggressiveness are included into the alert system, as well as referred to receive further assessments. Residents who are identified or report as prior sexual victims are referred to the medical and mental health professionals within 14 days of arrival. The screening documentation instrument meets the tenets of the standard.

### **Standard 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)

#### **Auditor comments:**

Lighthouse Youth Services at Paint Creek has single room dorms for residents. Victimization screening information may be used to determine a resident's dorm assignment and its proximity to direct care staff in the housing unit to ensure resident's safety.

Lighthouse Youth Services at Paint Creek policy precludes gay, bi-sexual, transgender and intersex residents being placed in a particular housing unit. Lighthouse Youth Services at Paint Creek does not have isolation rooms. Facility staff and residents interviews validated compliance.

### **Standard 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)

#### **Auditor comments:**

Lighthouse Youth Services at Paint Creek provides several ways for residents to report sexual

abuse and harassment including: a pre-programmed telephones to an outside agency inside each dormitory areas and the facility provides the addresses in resident's handbooks and posters throughout the facility; the Victims Assistance Program so they or their family members can write to an outside agency; and they may report to any staff member or family member. The policy also references reporting mechanisms for staff to privately report. Resident and staff interviews validated compliance with this standard.

### **Standard 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)
- Non- Applicable

#### **Auditor comments:**

Lighthouse Youth Services at Paint Creek has dedicated grievance boxes located in each housing unit. The Administrative Services Coordinator checks these boxes each day. All resident grievances regarding sexual abuse and sexual harassment is immediately referred to the PREA Coordinator.

There have been no grievances relating to sexual abuse filed in the past 12 months. Staff and resident interviews validate their knowledge of how the grievance process is used to report sexual abuse or harassment.

### **Standard 115. 353- Resident Access to Outside Support Services and Legal Representation**

- 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)

#### **Auditor comments:**

Lighthouse Youth Services at Paint Creek staff provides residents with access to outside victim advocate services for emotional support related to sexual abuse. There are dedicated phones with instructions located in each housing units affording the residents the opportunity to call toll free hotline numbers. All residents were informed that communications relating to sexual abuse will be monitored and forwarded to authorities with mandated reporting laws. The facility has entered into a signed memorandum of understanding with Child Protection Center of Ross County for victim's advocate services.

### **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)

#### **Auditor comments:**

Lighthouse Youth Services at Paint Creek's website informs the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of any facility resident. Also, parents/guardians receive information regarding third party reporting. Resident interviews revealed their awareness of reporting sexual abuse or harassment to others outside of the facility.

### **Standard 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)

#### **Auditor comments:**

Lighthouse Youth Services at Paint Creek staff are mandated reporters. Staff is required to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Random staff and health professional interviews validated their knowledge and compliance with this standard.

### **Standard 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)

#### **Auditor comments:**

Lighthouse Youth Services at Paint Creek policy requires residents identified as being at risk for sexual victimization to be monitored and to receive ongoing counseling from mental health or other qualified staff. Residents are provided services consistent with the community of care. There were no residents identified as being at risk for sexual abuse in the past 12 months, as indicated on a log maintained by the facility and as revealed in interviews with the Facility Director, PREA Compliance Manager and other random facility staff.

### **Standard 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)

**Auditor comments:**

Lighthouse Youth Services at Paint Creek received no allegations of sexual abuse from other facilities during the past 12 months. Upon receiving an allegation that a resident was sexually abused while confined at another facility, Lighthouse Youth Services at Paint Creek policy requires the Facility Administrator to notify facility management overseeing the facility where the alleged abuse occurred.

**Standard 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)

**Auditor comments:**

There were no allegations of sexual abuse or sexual harassment during the past 12 months. Lighthouse Youth Services at Paint Creek policy requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. Random staff and first responder interviews validated their technical knowledge of actions to be taken upon learning that a resident was sexually abused.

**Standard 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)

**Auditor comments:**

Lighthouse Youth Services at Paint Creek coordinated response policy provides detail instructions for residents reporting sexually abuse. Interviews with the Facility Administrator, PREA Compliance Manager and other staff validated their technical knowledgeable of their duties in response to a sexual assault. The Ohio Department of Youth Services provide technical directions concerning coordinated actions taken in response to an incident of sexual assault among staff first responders, medical, and facility leadership.

**Standard 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)
- Non-Applicable Standard

**Auditor comments:**

Lighthouse Youth Services at Paint Creek is not in a collective bargaining agreement.

**Standard 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)

**Auditor comments:**

Lighthouse Youth Services at Paint Creek staff are charged with monitoring for possible retaliation. There were no incidents of retaliation in the past 12 months reported. This was validated during my interview with the PREA Compliance Manager and Facility Administrator. Lighthouse Youth Services at Paint Creek policy requires the monitoring of residents and staff who have reported sexual abuse or harassment or who have cooperated in a sexual abuse or harassment investigation. The monitoring will take place for a period of 90 days or longer, as needed.

**Standard 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)

**Auditor comments:**

There are no isolation rooms or segregation housing rooms used at Lighthouse Youth Services at Paint Creek to protect residents who alleged to have suffered sexual abuse. Random staff interviewed validated resident are monitored constantly by staff.

### **Standard 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)

#### **Auditor comments:**

There were no reported investigations of alleged resident sexual abuse at Lighthouse Youth Services at Paint Creek in the past 12 months. Lighthouse Youth Services at Paint Creek policy gives guidelines for reporting allegations of sexual abuse to the Ross County Sheriff's Office for criminal investigations and Ross County JFS Children's Division for possible prosecution through the Ross County Prosecutor's Office.

### **Standard 115. 372- Evidentiary Standards for Administrative Investigations**

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

#### **Auditor comments:**

Lighthouse Youth Services at Paint Creek policy states the outside investigative entities, the Ross County Sheriff's office and the Ross County Prosecutor's Office, shall impose a standard of preponderance of evidence or lower standards of proof for determining if allegations are substantiated.

### **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)

#### **Auditor comments:**

There was no criminal and administrative investigation during the past 12 months. Lighthouse Youth Services at Paint Creek policy establishes processes to notify residents should the need arise and an allegation proves substantiated, unsubstantiated or unfounded. The PREA Coordinators and facility PREA Coordinator validated their technical knowledge of the process during their interviews.

### **Standard 115. 376- Disciplinary 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)

#### **Auditor comments:**

There were no employees terminated or disciplined in the past 12 months for violation of the facility's sexual abuse or harassment policies. Lighthouse Youth Services at Paint Creek policy requires staff disciplinary sanctions up to and including termination for violating facility's sexual abuse or harassment policies. The policy also mandates that the violation be reported to law enforcement.

### **Standard 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)

#### **Auditor comments:**

Lighthouse Youth Services at Paint Creek policy requires volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and harassment of residents be reported to local law enforcement and relevant licensing bodies unless the activity was clearly not criminal. During the interview with the Facility Administrator/PREA Coordinator, it was reported there have been no volunteers or contractors reported in the past 12 months.

The policy also requires facility staff to take remedial measures and prohibit future contact with residents in the case of any violation of the facility's sexual abuse and harassment policies by contractors or volunteers.

### **Standard 115. 378- Disciplinary sanctions for Residents**

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

#### **Auditor comments:**

There has been no reported allegations of resident-on-resident sexual abuse cases in the past 12

months. Lighthouse Youth Services at Paint Creek policy establishes disciplinary sanctions for residents engaged in resident-on-resident sexual abuse.

### **Standard 115. 381- Medical and Mental screening; 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)

#### **Auditor comments:**

There were no residents who disclosed prior victimization during their initial screening process. During the interview with the Health Services Administrator, she validated that although there were no disclosures all residents were offered follow-up meetings with medical and mental health providers within 14 days. Lighthouse Youth Services at Paint Creek policy requires mental health and medical staff to monitor and provide counseling on an on-going basis for residents who disclose a history of sexual abuse or who disclose previously perpetrating sexual abuse.

### **Standard 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)

#### **Auditor comments:**

There has been no reported case of sexual abuse in the past 12 months. Youth Services at Paint Creek policy requires mental health and medical staff to monitor and provide counseling on an on-going basis for residents who disclose a history of sexual abuse or who disclose previously perpetrating sexual abuse. Lighthouse Youth Services at Paint Creek policy mandates residents receive timely, unimpeded care on-site and off-site emergency care and crisis intervention services.

### **Standard 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)

#### **Auditor comments:**

There have been no allegations of sexual assault or sexual harassment victims in the past 12

months. Lighthouse Youth Services at Paint Creek policy references medical and mental health evaluation, diagnostic assessment form evaluations and appropriate treatment to all residents who have been victimized or have been an abuser in any jail, lockup, or juvenile facility.

#### **Standard 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)

##### **Auditor comments:**

The Lighthouse Youth Services at Paint Creek policy requires an incident review of every sexual abuse allegation at the conclusion of the investigation within 30 days. The review team includes the PREA Manager/ Facility Administrator, program staff mental, medical health providers and input from line supervisors. The facility has a specific incident review form to capture all aspects of the incident.

#### **Standard 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)

##### **Auditor comments:**

The Lighthouse Youth Services at Paint Creek policy requires the collection of accurate, uniform data for every allegation of sexual assault. The data is recorded using the Lighthouse Youth Services at Paint Creek sexual abuse data collection form. The agency's PREA Coordinator and PREA Manager collect all data relating to PREA and forward to Ohio Department of Youth Services.

#### **Standard 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)

##### **Auditor comments:**

There has been no allegations of sexual abuse during the past 12 months. Lighthouse Youth Services at Paint Creek review of data quarterly for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training.

#### **Standard 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)

**Auditor comments:**

The Ohio Department of Youth Services directs that data from every allegation of sexual misconduct at its facilities shall be collected and forwarded. The PREA Coordinator will review data collected in order to assess and improve the effectiveness of the Department's sexual misconduct prevention, detection and response policies, practices and training. The policy established that aggregated sexual abuse data be reviewed quarterly no less than annually and placed on the facility's website after all personal identifiers are removed. All data collected will be maintained for at least 10 years after the date of the initial collection.

**AUDITOR CERTIFICATION:**

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



Auditor's Signature

Date: August 29, 2014