

PREA AUDIT: AUDITOR'S SUMMARY REPORT

JUVENILE FACILITIES

NATIONAL
PREA
RESOURCE
CENTER



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

Name of Facility: Lucas County Youth Treatment Center

Physical Address: 225 11th Street, Toledo, OH 43604

Date report submitted June 24, 2014

Auditor information: Shirley L. Turner

Address: 3199 Kings Bay Circle, Decatur, GA 30034

Email: shirleyturner3199@comcast.net

Telephone number: 678-895-2829

Date of facility visit: May 29-30, 2014

Facility Information

Facility Mailing Address: same as above

Telephone Number: 419-213-6163

The Facility is: Military County Federal
 Private for profit Municipal State
 Private not for profit

Facility Type: Detention Correction Other:

Name of PREA Compliance Manager: Patricia A. Redfern

Title: Sr. Supervisor

Email Address: predfern@co.lucas.oh.us

Telephone Number: 419-213-6165

Agency Information

Name of Agency: Lucas County Court of Common Pleas, Juvenile Division

Governing Authority or Parent Agency: same as above

Physical Address: 1801 Spielbusch Ave., Toledo, OH 43604

Mailing Address: same as above

Telephone Number: 419-213-6778

Agency Chief Executive Officer

Name: Denise Navarre Cubbon

Title: Administrative Judge

Email Address: dcubbo@co.lucas.oh.us

Telephone Number: 419-213-6778

Agency Wide PREA Coordinator

Name: Tara Hobbs

Title: Administrator

Email Address: thobbs@co.lucas.oh.us

Telephone: 419-213-6163

AUDIT FINDINGS

NARRATIVE:

The Lucas County Youth Treatment Center (YTC) is a 44-bed secure residential treatment facility that houses both male and female juvenile offenders who have committed felony level offenses. The Ohio Department of Youth Services (ODYS) provides funding to Lucas County for the YTC to deliver residential treatment services to youth who otherwise would be committed to an ODYS correctional facility. The YTC is operated by the Lucas County Court of Common Pleas, Juvenile Division, serving males from Lucas County and females statewide. The age range of the population is 12-18 and the average length of stay is seven and a half months. The YTC is a medium level security facility.

While in the YTC residents participate in programs and services that include individual counseling; cognitive-behavioral group counseling; education; therapeutic art group; recreation; and community service. Medical and mental health services are also provided. There have been 41 staff employed at the YTC during the past year and there are currently a total of 19 volunteers and contractors. The contract staff includes the medical unit consisting of the physician (Medical Director), Nurse Practitioner and two Registered Nurses. A Nurse is on duty during regular business hours, the Nurse Practitioner is at the YTC at least weekly and the physician is on-call 24 hours per day. Medical treatment needs are generally coordinated with the resident's physician and/or psychiatrist. There are four teachers from the Toledo Public School System who provide classroom instruction and other educational services. Food service is provided by a contractor, with each meal being transported to the facility by the contractor.

Special events are scheduled throughout the year and may include field trips; pet therapy; group movies/videos; speakers; discharge celebrations and other social gatherings; and plays. Library services are provided and residents are allowed to check out books to use during the school day for educational studies and they may also check out books for leisure reading. The school day begins at 8:00am and ends at 3:00pm, Monday-Friday. A behavior management system exists where a resident may earn points for positive behavior. The points may be used to purchase special items such as additional snacks; journals; additional visitation; and selection of the radio and TV stations.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The YTC is located in a four-story building in downtown Toledo, Ohio. The building primarily consists of four single cell housing units; classrooms; weight room area; gymnasium; outside recreation area; medical clinic; administrative offices; and storage areas. The central control is on the first floor, at the entrance of the building. The security camera system is located in central control where areas of the facility, inside and outside, are constantly viewed and monitored. The gymnasium is shared with the community facility for adults, located next door to the YTC. However, the use of the gym is scheduled so that each program uses it separately. Direct supervision is provided by staff and all resident movement is monitored by staff.

Each housing unit has a dayroom area which provides space that allows for residents to congregate in a comfortable and orderly manner. There are showers on each housing unit and the residents shower separately. A central work space is located in the housing unit to provide adequate monitoring of the residents by staff occupying that area. The lighting is adequate throughout the facility and the appearance of the facility is clean and orderly.

SUMMARY OF AUDIT FINDINGS:

The notifications of the on-site audit were posted in various parts of the facility at least six weeks prior to the site visit. Photographs were taken of the various sites where the notices had been posted, which included housing and administrative areas. The YTC Administrator, who also serves as the facility's PREA Coordinator, sent each photograph electronically to this Auditor, noting their locations.

The Pre-Audit Questionnaire and the supporting documentation were uploaded to a flash drive, which was received approximately four weeks prior to the on-site audit. After reviewing the information, notes were sent to the PREA Coordinator and a conference call was held to clarify information, discuss additional information needed, and to identify deficiencies and discuss corrective actions that could be implemented to address specific areas of a standard prior to the on-site audit. In response to the issues discussed in the conference call that included the Administrator/PREA Coordinator and the Senior Supervisor/PREA Compliance Manager, policy additions and revisions were made; additional documents were submitted as requested, and clarity of information was provided.

The on-site audit was conducted May 29-30, 2014 and Flora Boyd, Certified PREA Auditor, served as the assistant to this Auditor. An entrance meeting was held with the YTC management team. After the meeting a comprehensive tour of the facility was conducted and included all housing units; school; medical clinic; recreation areas; storage areas; and offices. During the tour staff members were observed to be directly supervising and engaging the residents. Cameras are strategically placed throughout the facility for monitoring and supported by the addition of windows that have been added to doors, to increase direct supervision, and mirrors mounted in the stairwells.

Seventeen staff members, including specialized and randomly selected staff, and 10 residents were interviewed. The interviews of both staff and residents revealed how well both groups have been educated regarding PREA issues. All staff interviewed expressed awareness of their duties and responsibilities as they relate to the safety of the residents and PREA compliance. Staff members were interviewed from both 12-hour shifts. The residents interviewed demonstrated their knowledge of what PREA means and how to report sexual assault and sexual harassment.

Contact was made with the victim advocacy service by this Auditor, prior to the on-site visit. The interview with the representative verified the services to be provided as stated in the Memorandum of Understanding (MOU) and stated that no phone calls had been received from the YTC during the past year. The services of Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners will be provided, if needed, at the local hospital.

The information for the audit process was provided in an organized manner both on the flash drive and during the on-site audit. Additional documentation during the site visit was made readily available upon request. A close-out meeting was held at the conclusion of the second day and a summary of the audit findings was provided. The corrective actions that have been implemented are discussed under the applicable standard.

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.

- 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 has a zero tolerance policy, PREA Compliance, which provides guidance to staff in the detection, prevention and response to sexual abuse and sexual harassment. The policy contains definitions of the prohibited behaviors and outlines sanctions to be utilized when there is a violation of the policy. The PREA Coordinator and the PREA Compliance Manager have been identified in the policy.

Standard 115.312 Contract 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)
- Standard Is Not Applicable

This standard is not applicable. The facility does not contract with other facilities for confinement of 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)

The policy, PREA Compliance, addresses this standard. The staffing plan is being adhered to and in the past 12 months the minimum staffing levels of 1:8 during the waking hours and 1:16 during the sleeping hours have been maintained. The facility utilizes 12 hour shifts. Documents show that the staffing plan has been reviewed in collaboration with the PREA Coordinator during the past year. Additionally, a feasibility study was conducted by and in collaboration with the Ohio Department of Youth Services where the locations for additional cameras were identified and the cameras have been added.

A review of documents and camera footage confirm that unannounced rounds are made by supervisory and management staff. A checklist is completed by each staff member completing the unannounced rounds which outlines the areas that must be visited and checked on. Staff initial and sign the form acknowledging the unannounced visit. Staff understands that alerts must not be made to relay to others that the rounds are taking place. When the rounds occur after or before regular business hours the visiting staff may call the control booth, upon arrival, to be buzzed in as opposed to pressing the buzzer for entry.

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)

The Frisk Search/Pat-Down Search policy addresses this standard. Cross-gender strip or cross-gender visual body cavity searches are prohibited. Cross-gender pat-down searches are not permitted, except in exigent circumstances. Staff has been trained on how to conduct cross-gender pat-down searches. A review of the training curriculum, training rosters, and staff interviews confirm that all direct care staff has been trained on how to conduct cross-gender pat-down searches. The training also included the searching of transgender and intersex youth. The policy states and staff interviews confirmed that if a cross-gender pat-down search is needed, it must have prior approval from the Administrator and the reason for the search must be documented. The policy also states that searches of transgender or intersex residents to determine genital status is prohibited. Interviews with staff confirmed their knowledge of the search policy. No cross-gender pat-down searches have occurred and no cross-gender strip or cross-gender visual body cavity searches have occurred at the facility.

Observations and interviews with staff and residents confirm the practice of reasonable privacy for residents. Whenever the opposite gender enters a unit, he/she rings a bell that has been installed outside the door to each unit. In addition to ringing the distinctive bell, the person also states their name indicating they are entering the unit.

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 policy, Orientation/Issuance of Resident Handbook, provides information regarding the opportunities for disabled residents to participate in or benefit from all the efforts of the prevention, detection and response to sexual abuse and sexual harassment. Prior arrangements have been made through the Juvenile Court for interpreters and other support services. During the past 12 months there has not been a need for interpreters or other assistance.

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)

Several policies address this standard including three personnel policies: Pre-Employment; Hiring and Promotion; and Contract Personnel, Juvenile Justice System, and Community Agencies. Policy requires that background checks occur and that child abuse registries are checked prior to employment and every five years thereafter. The policies are aligned with the PREA standards regarding hiring or promoting individuals who may have contact with residents. Staff interviews and a review of background checks confirmed these practices.

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)

Upgrades have been added to the camera system, providing 11 additional cameras. Additional modifications have been made to enhance monitoring such as the installation of 12 windows installed in doors, creating direct sight; and the installation of 15 mirrors which create a better line of sight for monitoring residents.

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)

This standard is addressed in The Coordinated Response and Investigations of Allegations of Sexual Assault, Sexual Abuse and Sexual Misconduct policy. Prior to the on-site audit, the management team received investigations training conducted by ODYS. Since that time, the management team has also received training through the National Institute of Corrections entitled, PREA: Investigating Sexual Abuse in a Confinement Setting. The management team members conduct administrative investigations.

There is a MOU between the Lucas County Juvenile Court and the Toledo Police Department for the investigation of criminal allegations of sexual abuse and sexual harassment. The MOU includes language that the relative PREA standards will be followed. There is also a MOU in place with the YWCA H.O.P.E. Center and the Lucas County Juvenile Court to provide victim advocacy services for YTC residents. Incidents requiring forensic examinations have not occurred; however, policy provides that forensic medical examinations occur, at no financial cost to the resident. According to the policy, forensic medical examinations will be conducted at Mercy/St. Vincent's Hospital where SAFE and SANE staff is available.

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)

The PREA Compliance policy ensures that an administrative or criminal investigation will be conducted for all allegations of sexual abuse or sexual harassment. During the past 12 months, there have been no allegations of sexual abuse or sexual harassment referred to the Toledo Police Department for criminal investigation. According to staff interviews and a review of documents there have been no allegations of sexual abuse in the past 12 months. Administrative investigations were conducted and completed by members of the YTC management team of allegations that did not involve potentially criminal behavior. In the last 12 months, approximately 20 administrative investigations were conducted; however, none resulted in substantiated allegations of sexual abuse or sexual harassment.

Standard 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)

The PREA training is comprehensive and covers all of the key areas referenced in the standard, including but not limited to: zero tolerance policy; sexual abuse and sexual harassment prevention, detection, response, and reporting; resident's rights to be free of sexual abuse and sexual harassment; the dynamics of sexual harassment and sexual assault; how to avoid inappropriate relationships with residents; and how to detect and respond to signs of threatened and actual sexual abuse. PREA training is provided annually and staff training rosters are maintained. All staff has received PREA training. Interviews with staff revealed that they are familiar with the contents of the PREA training. Three YTC policies provide support for this standard: Staff Training, Treatment of Residents, and Code of Ethics.

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)

Volunteers and contract staff who have contact with residents are trained on the PREA policies and procedures. A training curriculum exists and training rosters are maintained. All volunteers and contractors have been made aware of the facility's PREA Policy which defines and details the strategies of the zero tolerance of sexual abuse and sexual harassment in the facility.

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)

Resident education is conducted upon admission to the facility, according to the New Admissions policy and reportedly, every six months and more often where there are revisions to procedures or practices that the residents need to be made aware of. The education is presented in a manner that is age appropriate and this is validated by the residents' responses to the interview questions and signed documents of the residents stating that they received training.

Prior arrangements for the required support services are in place to accommodate residents. All residents interviewed were familiar with the zero tolerance policy and how to report allegations of sexual abuse or sexual harassment.

Standard 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)

Documentation and interviews revealed that six staff members were involved in the investigations training conducted by ODYS. The training applied to situations of allegations that do not involve potentially criminal behavior. Since the completion of the on-site audit, the management team also received training, through the National Institute of Corrections, on conducting administrative investigations. The YTC has an MOU with the Toledo Police Department for the investigations of allegations that involve potentially criminal behavior.

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)

It was discovered during the on-site audit that the medical staff had not received any specialized training; however, they had received the same PREA training provided to the other staff. During the on-site audit, medical staff obtained the specialized training curriculum developed by the National Commission on Correctional Health Care and subsequently all medical staff completed the review. The medical staff, two Registered Nurses and one Nurse Practitioner, have reviewed the "Specialized Training: PREA Medical and Mental Care Standards" curriculum. They have all signed an acknowledgement statement, which is also signed by the Administrator/PREA Coordinator, saying that they understand the curriculum and how it relates to their duties. The Administrator sent a copy of the signed acknowledgment documentation to this Auditor prior to the completion of the written report. The corrective action for this standard has been completed. Specialized training for mental health staff was provided statewide by ODYS, entitled PREA Victim Support Staff Training.

Standard 115.341 Screening for risk of victimization and abusiveness

- 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)

During the on-site audit it was noted that the YTC PREA Screening Tool did not include asking the resident if he or she identified as lesbian, gay, bisexual, transgender, or intersex. This omission was discussed and a revision was made to include asking the resident directly how he or she identifies him/herself to ensure that the PREA Screening Tool includes how the resident self-identifies in this area. The revised instrument was put into use with the next intakes. Copies of completed PREA Screening Tools were sent to this Auditor, after the on-site audit, verifying use of the revised instrument. This corrective action has been completed.

The YTC New Admissions Assessment policy outlines the conditions and timelines regarding the screenings for risk of sexual abuse victimization or sexual abuse toward other residents.

Standard 115. 342 Use of screening information

- 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 information obtained during the screening process is considered in determining housing and other treatment needs as part of the efforts to keep residents safe. The YTC policy, Placement of Residents in Living Units, states that an at-risk resident would only be placed in isolation as a last resort and it would only be used until other arrangements could be made to protect the resident. The policy provides for the resident to receive programming services. Additionally, the policy and observed practice prohibits placing LGBTI residents in a particular housing unit solely based on the identification. Included in the policy is that program assignments for transgender and intersex residents will be made on a case-by-case basis. During the past 12 months there have not been any residents placed in isolation because they were at risk for sexual victimization.

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)

A MOU exists between the Juvenile Court and the YWCA H.O.P.E. Center for victim advocacy services. The posted phone number may now be called directly by the residents from each housing unit, as corrected during the on-site audit.

A corrective action implemented during the on-site audit was to make adjustments to how the phones were being used and stored on the housing units so that the residents could use the phone on their units to call the hotline without requiring staff assistance. This corrective action eliminated the requirement of residents having to ask permission to go to the clinic and having to be escorted to the clinic if they wanted to call the hotline number.

Initially, during the on-site audit, the hotline number was tested and it did not work properly. The staff immediately began to work on direct access to a phone for the residents and to ensure that the number was operational. The corrective actions were implemented and this Auditor tested the phones on the second day of the on-site audit and the calls to the hotline were successful. All residents received training about how the phone on each unit may be used to directly access the hotline. Completion of the corrective actions was confirmed through interviews with staff and residents; review of signed documents by residents acknowledging receipt of the training; observations of the training being provided; and the testing of the phones. The original process is still in place where the residents may also use the phone in the clinic to access the hotline if they choose to.

There are several internal ways a resident may report allegations of sexual abuse, sexual harassment, retaliation for reporting, and staff neglect or other violation that led to the abuse. A resident may complete a grievance form; complete a form for a request to see their Therapist; complete a problem solver form, writing out a problem he/she is having that he/she needs help with; the resident may talk to any staff member; and third parties may report allegations to staff. The grievance and other written requests are placed in a locked box located in the area of the housing units. The PREA Compliance Manager is responsible for checking the boxes and during her absence, there is a designee.

The Resident Reporting of Sexual Abuse policy supports this standard. Staff members are aware that they are mandated reporters and they accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties, according to YTC policy and the PREA training.

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)

The YTC has a formal unimpeded grievance system. There are locked boxes outside of the housing units where the completed forms may be placed. The PREA Compliance Manager routinely collects the grievances from the locked boxes. When she is absent, she has a designated person from the management team to check the boxes and implement the grievance process. During the past 12 months there have been no grievances alleging sexual abuse. The policy, Grievance, Problem-Solving and Suggestions provide directions regarding the residents' grievance system.

Standard 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)

The policy, Resident Reporting of Sexual Abuse, supports this standard. The Juvenile Court has a MOU with the YWCA H.O.P.E. Center that outlines the victim advocacy services that will be provided to the residents as prescribed by the standard. The information is provided to the residents regarding the services offered by the Center. Residents are provided with the information about the advocacy services verbally, in the Resident Handbook, and there are large informative posters located throughout the facility. The phone number to the H.O.P.E Center hotline is posted on each phone in each housing unit. Interviews with staff and residents confirmed the practice of the provision of the information. There have been no calls from residents at the YTC to the H.O.P.E. Center during the past year.

The YTC policies and the Resident and Parent Handbooks provide information about visitation. Resident interviews, review of documentation and observations confirmed that there is reasonable and confidential access to attorneys and reasonable access to parents/guardians.

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 information for third-party reporting is provided in the Resident Reporting of Sexual Abuse policy. Information is provided on the YTC website and a form is available that can be completed online and submitted to the facility. Additionally, information for third party reporting is contained in the Parent Handbook. Interviews with staff and residents revealed their awareness of third-party reporting and what it means. Resident interviews revealed that they also consider writing a grievance, writing a note to staff, telling staff, and calling the hotline as a way to provide third party reporting.

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)

The following three policies address staff and agency reporting in accordance with the PREA standards requirements: Suspected or Alleged Child Abuse; Code of Ethics; and PREA Compliance. Allegations are reported immediately and to those involved in the decisions for investigation, treatment, and safety and security. All staff members are mandated reporters and the facility complies with the mandated reporting law.

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)

During the past 12 months, no resident was determined to be at risk of imminent sexual abuse. However, the Code of Ethics Policy is in place instructing staff to protect the resident. The PREA training and PREA Compliance policy directs staff to respond and take protective measures that are aligned with the PREA standards for the protection of the resident. Interviews with staff confirmed their knowledge of the policies, procedures and the training.

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)

The YTC policy, Suspected or Alleged Child Abuse, provides for the notification to another facility administrator of sexual abuse allegations that reportedly occurred within that facility. It also provides for the facility administrator, where the resident is currently housed, to notify the investigative agency responsible for investigating allegations of abuse and to properly document the timelines involved in the process. The policy requires that allegations received from other facilities are investigated in accordance with the PREA standards.

During the past 12 months there were no allegations reported by residents of being sexually abused while confined in another facility. However, there was an allegation made by a resident of telephone conversations of a sexual nature with a staff member at another facility, upon being released from that facility. A written report was prepared by YTC staff and Lucas County Children Services was contacted by the YTC Administrator. The Investigator from Lucas County Children Services contacted the facility administrator of the facility where the staff worked and subsequently completed an investigation. The investigation concluded that the allegation was unsubstantiated.

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)

The Coordinated Response policy outlines the requirements for all first responders. Interviews with direct care and non-direct care staff confirmed that they are aware of the policy and could verbalize their responsibilities regarding allegations of sexual abuse. During the past 12 months there have not been any allegations of sexual abuse or a sexual abuse incident.

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)

The policy that details the coordinated actions in response to a sexual abuse incident is titled, The Coordinated Response and Investigations of Allegations of Sexual Assault, Sexual Abuse, Sexual Harassment, and Sexual Misconduct. Interviews with staff confirmed their awareness of the policy and its contents.

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)

Standard Is Not Applicable

This standard is not applicable. The YTC does not maintain any collective bargaining agreements.

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)

The YTC policy, Suspected or Alleged Child Abuse, identifies staff responsible for monitoring whether any retaliation occurs involving residents or staff. The monitoring occurs for at least 90 days and requires swift action if any retaliation is detected. Current monitoring for retaliation documents that the policy, procedures and the standards are being followed. Interviews with staff and residents reveal that they are familiar with the policy and practice of the right to be free from retaliation and that retaliation monitoring will occur after an incident.

A review of documents showed a report and an administrative investigation of allegations made by a third party, YTC resident, where one resident was accused of touching another. The accused resident was removed from the program and placed in the Juvenile Detention Center and remained there, after having a detention hearing, until the investigation was completed. According to staff and the documentation, the investigation revealed that the accused had boundary issues. Once it was determined that there were boundary issues and the decision was made for the resident to return to the YTC, staff met with the remaining resident to explain the outcome of the investigation. Staff also explained that the accused resident would be returning to the YTC and discussed measures that would be put in place to maintain a safe environment.

Documents show that upon the resident's return to the YTC a meeting was held with the appropriate staff and the two residents to review what retaliation meant and the zero tolerance of it at the YTC. The unit safety plan was reviewed and a boundary plan between the two residents was discussed and agreed upon in the meeting. Additional documentation was sent to this Auditor documenting that follow-up monitoring occurred. The recommendations in the report show continued monitoring to ensure that both residents continue to feel and remain safe. Interviews with both residents during the on-site audit did not reveal any issues around safety or retaliation at the time.

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)

The Placement of Residents in Living Units policy provides guidelines to staff regarding the use of isolation as a last resort to protect a resident until alternative arrangements can be made to keep the resident and others safe. No residents have been held in isolation to protect them or others due to an allegation of sexual abuse.

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)

The Coordinated Response and Investigations of Sexual Assault, Sexual Abuse, Sexual Harassment, and Sexual Misconduct policy address investigations and the retention of the written reports. Documentation shows that administrative staff members have received training, presented by ODYS and recently completed the course offered by the National Institute of Corrections, in conducting investigations. Allegations that appear to be criminal are referred to the Toledo Police Department for investigations; no allegations have been referred.

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)

According to policy, The Coordinated Response and Investigations of Sexual Assault, Sexual Abuse, Sexual Harassment, and Sexual Misconduct, the preponderance of the evidence is used to determine whether allegations of sexual abuse or sexual harassment 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)

The Coordinated Response and Investigations of Sexual Assault, Sexual Abuse, Sexual Harassment, and Sexual Misconduct policy provide guidelines for the notification to residents as to whether an allegation of sexual abuse was substantiated, unsubstantiated, or unfounded. There were no allegations of resident or staff sexual abuse referred to the Toledo Police Department for criminal investigation. Notifications were made to residents regarding the results of administrative reviews or investigations conducted by YTC staff.

The YTC Policy, practice and a review of documentation show that if an outside entity conducts an investigation, the YTC requests the information in order to inform the resident of the outcome of the investigation. Lucas County Children Services provided the YTC with the results of the investigation and the information was shared with the resident by her Therapist. The allegation of the phone calls of a sexual nature with a staff member from a prior placement after the resident was released was unsubstantiated.

Standard 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 Code of Ethics policy addresses disciplinary sanctions for violating the zero tolerance policy. During the past 12 months there has been no staff to violate the policy. Staff members are aware of the policy.

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)

The Contract Personnel, Juvenile Justice System, and Community Agencies policy outlines instructions to follow regarding any contractor or volunteer engaging in sexual abuse. No contractors or volunteers have been reported to the Toledo Police Department for investigations of allegations of sexual abuse or sexual harassment.

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)

During the past 12 months there have not been any administrative findings of resident-on-resident sexual abuse or any criminal findings of resident-on-resident sexual abuse. The Behavior Management System policy provides the required guidance for this standard.

Standard 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)

The Mental Health Services and Special Needs Health Care policies address this standard. Policy provides for a follow-up meeting with mental health staff when the resident discloses any prior sexual victimization. The meeting is offered within 14 days of the screening. The policy and staff interviews state that no information is shared with other staff unless it is required for security and management decisions.

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)

According to the facility's Coordinated Response and Investigations of Sexual Assault, Sexual Abuse, Sexual Harassment, and Sexual Misconduct policy, treatment services will be provided to every victim, free of charge. The policy addresses timeliness, documentation and access to emergency medical and mental health 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)

There are two policies, Special Needs Health Care and Mental Health Services that address this standard. Although an incident of sexual abuse has not occurred at the YTC, staff members are aware of the policies and procedures. Policy states that the medical and mental health care is consistent with the community level of care.

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)

The PREA Compliance policy identifies the Administrator, Senior Supervisor and other members of the management team as members of the incident review team. There have not been any criminal investigations conducted at the facility during the past year. Incident reviews are conducted after the completion of all administrative investigations. Policy provides that an incident review will occur after each type of investigation regarding allegations of sexual abuse or sexual misconduct. A review of the incident review documents, staff interviews and observations revealed that recommendations were made during the review of some of the incidents and that they were implemented.

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)

The PREA Compliance policy and practice provide for the collection and maintenance of data for allegations of sexual abuse. The policy also provides for the information to be collected in a manner that includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Information was not requested from the YTC by DOJ for 2013.

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)

The PREA Compliance policy addresses the review of data for the development of corrective actions and it provides for the posting of an annual report, approved by the Administrator, on the facility's website. The YTC has the mechanism set up to collect the data regarding allegations related to sexual abuse, sexual harassment and other incidents. There have not been allegations of sexual abuse or sexual harassment during the past year; however, data is being collected related to complaints, administrative investigations and incident reviews. Policy provides for a review of the data to use the information to identify and address any opportunities for improvement related to staff training; resident education; and policies and procedures related to sexual abuse prevention, detection, and response.

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)

The PREA Compliance policy addresses the safety, storage, publication and destruction of data. The collected data will be used in updating the statistics on the facility's website. The policy also provides for the collection of the data and that the information is made accessible to the public.

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.

Shirley L. Turner
Auditor Signature

June 24, 2014
Date