

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 8/19/20

Auditor Information

Name: Jack Fitzgerald **Email:** JackFitzgeraldConsulting@gmail.com

Company Name: Fitzgerald Correctional Consulting LLC

Mailing Address: 87 Sharon Drive **City, State, Zip:** Wallingford CT 06492

Telephone: 203-694-4241 **Date of Facility Visit:** July 15-17, 2020

Agency Information

Name of Agency: Maine Department of Correction

Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.

Physical Address: 25 Tyson Drive **City, State, Zip:** Augusta ME 04333

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

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency Website with PREA Information: Click or tap here to enter text.

Agency Chief Executive Officer

Name: Randall Liberty

Email: Randall.Liberty@Maine.gov **Telephone:** 207 287-2711

Agency-Wide PREA Coordinator

Name: Conner McFarland

Email: Conner.McFarland@maine.gov **Telephone:** 207 287-2711

PREA Coordinator Reports to: **Number of Compliance Managers who report to the PREA Coordinator:**

Ryan Anderson Manager of Correctional Operations	5
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Facility Information

Name of Facility: Long Creek Youth Development Center

Physical Address: 675 Westbrook Street City, State, Zip: South Portland ME 04106

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

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Facility Website with PREA Information: WWW.Maine.Gov/Corrections/PREA

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

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

- ACA
- NCCHC
- CALEA
- Other (please name or describe: Click or tap here to enter text.)
- N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: None

Facility Administrator/Superintendent/Director

Name: Caroline Raymond

Email: caroline.raymond@maine.gov Telephone: 207-822-2600

Facility PREA Compliance Manager

Name: Tom Olson

Email: thomas.Olson@maine.gov Telephone: 207-899-7030

Facility Health Service Administrator N/A

Name: Jean Binette

Email: JeBinette@wellpath.us Telephone: 207-822-2693

Facility Characteristics

Designated Facility Capacity:	167
Current Population of Facility:	37
Average daily population for the past 12 months:	57
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	13-20
Average length of stay or time under supervision	Pre-Trail 20 days/ Sentenced 15 months
Facility security levels/resident custody levels	Minimum Medium and Maximum
Number of residents admitted to facility during the past 12 months	370
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	303
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	165
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	117
Number of staff hired by the facility during the past 12 months who may have contact with residents:	24
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	6
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	38

Number of volunteers who have contact with residents, currently authorized to enter the facility:	204
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Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	2
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<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	7
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Number of single resident cells, rooms, or other enclosures:	167
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Number of multiple occupancy cells, rooms, or other enclosures:	0
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Number of open bay/dorm housing units:	0
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Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	8
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Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
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Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	20
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When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
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Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	20
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When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: <i>Select all that apply</i>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
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Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) audit, of the Maine Department of Corrections facility the Long Creek Youth Development Center (LCYDC) took place during the week of July 12, 2020. The Audit was conducted by Mr. Jack Fitzgerald United States Department of Justice Certified PREA Auditor. The Long Creek Youth Development Center is one fulltime juvenile facility run by the Maine Department of Corrections. The Long Creek Youth Development Center serves pretrial and sentenced male and female residents. During the pretrial, period juveniles may be transferred to Mountain View Correctional Center where they are reportedly held overnight to facilitate a court appearance in the northern part of the state. Mountain View is approximately 2 hours north of LCYDC and juveniles are sight and sound separated from the adult population. If the Juvenile is not released, they are returned to LCYDC. Long Creek Youth Development Center has a capacity of 167 juveniles but has been housing on average 57 for the past year. The Facility employs some 155 Juvenile program staff, administrative staff and contracted Medical and Mental Health staff. The Facility is located approximately 60 miles from the Department of Corrections Central Office in Augusta ME, along the state's Southern region.

The Auditor and the Department of Corrections began discussions on potential dates for the Long Creek Youth Development Center's third PREA audit in January of 2020. The facility was previously audited three years earlier in 2017 by Mr. Fitzgerald, who has a multi-year agreement to provide PREA Auditing service to the DOC. The dates were finalized, and the audit was scheduled for March 30-April 1, 2020. The Auditor provided an Audit Notice in two languages to the facility on February 7th, eight weeks prior to the Audit. The Facility PREA Monitor posted the notice in English and Spanish, the two most common languages spoken at LCYDC. The Auditor was provided with a picture of the postings up two days later. The notice provides residents with information about the audit, how to contact the Auditor and the confidential nature of the mail. The notice did not result in confidential communication from a resident, staff, or other interested parties. The Audit was postponed due to state regulations with the COVID 19 outbreak to a tentative date of the week of June 22, 2020. Eventually the Governor allowed individuals traveling into Maine from certain states after July 1 not to have to quarantine. Updates of the Audit schedule were made available to the residents and staff for a PREA Audit of LCYDC during the week of July 13th. The postings remained up and were readily visible on the July 13, 2020 tour of the facility in every housing unit, and several other common areas of the facility. Throughout the Pre-audit phase the Auditor had communications in the form of phone calls, video meetings, emails, and text with the state PREA Coordinator and the Facility PREA Monitor.

The Auditor received access to the state's Power DMS site which contains electronic PREA files and the pre-audit tool information 4 and a half months in advance of the on-site audit. During the Pre-Audit phase the Auditor worked with PREA Coordinator Conner McFarland and LCYDC PREA Monitor Tom Olson. Information was exchanged through emails and phone contact to provide clarity of information provided and where additional information to support compliance was requested. The Auditor provided to the Maine DOC, during the Pre-Audit phase, a review of information submitted with questions on information provided or request for additional information to support compliance. Much of the information was provided in advance of the site visit while other information was provided to the Auditor during the site visit. To help expedite the process on site the Auditor picked dates of video to show supervisory tours in advance, along with the resident files and staff files needed to complete a sampling of the population. The Auditor provided the agency with a tentative idea of the audit day including approximate times on site and the list of targeted populations that would need to be identified. The Auditor encouraged the agency to use the information

online about the audit process to work with staff, so they had an increased level of comfort to what the audit process was and what to expect.

The Auditor arrived in southern Maine Coast on July 12, 2020 in preparation for the audit. The Auditor arrived at the facility at 2:45pm on July 15th after completing a PREA Audit of another DOC facility. The Auditor was greeted by State PREA Coordinator Conner McFarland and Tom Olson PREA Monitor for LCYDC. The Auditor was required to provide identification as part of the signing in process and was given a copy of the facility PREA brochure which is consistent with documentation noted in the files. Everyone entering the facility also signs a document that further informs individuals about the Prison Rape Elimination Act. The Auditor was also required to complete a daily health screening before entering the facility as part of COVID-19 precautions.

After some informal interactions with staff the Auditor was escorted to a large meeting room to meet the Associate Commissioner of Corrections Colin O’Neil and Superintendent Caroline Raymond and the facility’s senior leadership. The room allowed for social distancing and each person explained their role at the facility. The Auditor thanked the facility for the work they had done in preparation of the Pre-Audit tool and supporting documentation. The Auditor then when on to explain his background and experience in Auditing, the goals of the Audit and what to expect throughout the 3-day process. The Auditor reviewed the tentative schedule; tours, interviews, supporting documentation verifications, and that he expected to be on site for about 20 hours over the 3 days. The Auditor was on site total of 22 hours in the three days (Day 1 2:45pm-7:30pm, Day 2 7:45am-6:30pm Day 3 7:30am-2:00pm) allowing for observation of staff and resident interactions across the shifts. The Auditor finished the meeting by reviewing the fairness of process, the reason for random selection of interviewees, and how the Auditor formulates conclusions in determining compliance. The Facility PREA Monitor provided a review of PREA related data and the facility’s efforts in preparing for the audit.

The Auditor worked with the Agency PREA Coordinator to identify the key staff who would make up the administrative interviews and the specialized interviews.

Administrative Interviews	
Agency Heads	Colin O’Neil Associate Commissioner David Porter- Deputy Director of Operations Maine DOC
PREA Coordinator	Conner McFarland – Maine DOC PREA Coordinator
Superintendent	Caroline Raymond – Superintendent LCYDC
PREA Monitor	Tom Olson- Compliance Manager LCYDC
State Contract Administrator	Ryan Anderson - Manager of Operations Maine Department of Corrections

The Auditor utilized regional resources identified by the facility to address specialized interview topics that the agency does not employ. The goal of this process was to ensure enough resources were available to the clients in event of a sexual assault. The Auditor received information by email or through direct communication with individuals outside LCYDC and completed web searches to assist in determining standard compliance. The Auditor also did web-based searches for news stories, state laws related to mandated reporting, state required protocols for sexual assault case handling and SAFE/SANE Certification process requirements.

The Agency does not employ individuals who provide SAFE or SANE services but accesses them through a local hospital. The Maine Department of Corrections does not currently contract with a facility for residents transitioning back to the community. There was contract for beds in the past three years. Where appropriate, the Auditor utilized information from random staff interviews to help in the determination of compliance in his review of standards. Maine DOC employs several individuals who have completed “Investigating Sexual Abuse in a Correctional Setting” and was a training site in 2014 and 2019 for the Moss Group training of the same topic. During the onsite visit, the Auditor reviewed the 7 PREA related investigations with the Detective and was provided information on another 6 investigations that took place in the previous 12 months. The Auditor was also able to interview an Intake Officer who completes the initial PREA screening and Juvenile Program Specialist who completes the reassessments. The Auditor was walked through the intake

process to understand how the tool is completed and the process of asking related questions needed to correctly score the tool. There were limited intakes due to COVID -19 preventing an observation of the intake process. Wellpath, the Medical and Mental Health provider, has nurses ask PREA questions in addition to the intake officer. This allows for disclosure to non-correctional staff and allows for an additional layer of certainty in the initial scoring practice.

Specialized Staff Interviews	
Position described in standards	Title or agency who provided information to answer required questions.
Medical Staff	Wellpath Medical staff Maine Medical Center Hospital Representative Mercy Hospital Representative
Mental Health Staff	Wellpath Mental Health Staff
Individuals who have done cross gender searches	No staff have completed cross gender strip of pat searches.
Intermediate or Higher-level supervisor	Juvenile Program Managers Juvenile Facility Operations Supervisors
Administrative Staff	Human Resources
SAFE/SANE	Maine Medical Center Hospital Representative Mercy Hospital Representative Maine Department of Health and Human Services Representative
Volunteers or Contractors who have contact with residents	Volunteers
Investigative Staff	Detective
Screening Staff	Intake Officer Medical Staff Psychiatric Social Worker
Local Rape Crisis Agency	Sexual Assault Response Services of Southern Maine (SARSSM) Maine Coalition Against Sexual Assault (MECASA)
Individuals responsible for retaliation monitoring	PREA Monitor
First Responder	Random staff
Random Staff Interviews	
12 interviews	Completed 12 random interviews
Staff Informal tour contacts	The Auditor spoke with 15 staff during the initial tour.

The Auditor worked with the facility Administration to identify *Targeted Residents* for interviews to be completed. The current population make up did not allow for the identification of residents in each of the targeted categories for an under 50 bed Juvenile facility as promulgated by Auditor Handbook. LCYDC has not used segregated housing to protect a victim of sexual assault in the past three years. The Auditor worked with PREA Monitor to find additional targeted populations. The Auditor ensured the *Random residents* selected for interviews were a diverse representation of the population looking at ethnic, age, gender, and housing locations.

After completing the initial entrance meeting on day 1 the Auditor was taken on a tour by the Superintendent, PREA Coordinator, PREA Monitor and the LCYDC Classification Director. The Superintendent and staff provided a tour of all areas of the facility. During the tour, the Auditor interacted with staff and residents and was able to view logbooks, camera positions, bathroom set ups, PREA related postings and tried to use the resident phone system to call the PREA hotline. The Auditor also used the tour

and other times in the facility unit spaces to identify if the staffing pattern was consistent with the required ratios of staff to residents. The tour supported the staff's knowledge of the PREA standards and management's eye toward ensuring resident safety. The facility also provided a staff person to act as a scribe to document the names and titles of the staff the Auditor interacted with along with a number of residents the Auditor had conversation with. During the tour, the Auditor spoke to residents who were at recreation, on housing floors and in their rooms. The Auditor attempted to interact with as many residents on the tour as possible to further assess the residents' perception of safety, their knowledge of PREA, how to report concerns, access to counseling services, and if they knew an audit was occurring. The Auditor tours all areas of the facility and walked all tiers to ensure residents in their rooms had an opportunity to speak to the Auditor. The Auditor also took the time to notify individuals that they may be requested for an interview and how their interview would inform the audit process. The only space not toured on day one was the staff secure unit (Bearings House) which is located outside the secure perimeter. The staff secure setting was toured on day 2 of the onsite audit.

The tour took a few hours to cover the large facility and allowed the Auditor to go into all areas of the facility. The Auditor noted lines of sight, cameras and spoke with staff in each area about potential risk and how residents with victimization histories are kept away from individuals with perpetrating histories. In addition to custody staff the Auditor learned about the therapeutic programs, educational opportunities, recreational outlets, and the work opportunities residents have and how COVID-19 has impacted the facility programmatically. The Auditor checked logbooks for supervisory rounds and took a few minutes on each unit to informally interact with residents. During these moments I was looking for residents' knowledge about PREA, how they could get help, and if they knew about the audit. The Auditor also took the opportunity to explain the reason I might wish to speak with them for an audit interview.

Resident Interviews for facilities with Under 50 resident population		
	# Interviews Required	# of Interviews Completed
Random resident interviews	5	7
Targeted resident interviews	5	6- Completed
Residents with Physical Disability	1	1 Completed
Residents who are blind, Deaf, or hard of hearing		
Residents who are LEP		
Residents with a Cognitive Disability		
Residents who Identify as Lesbian, gay, or Bisexual Transgender or Intersex	1	2 Completed
Residents in Isolation for risk of victimization	1	0- (NA at LCYDC 0 cases in 3 years)
residents who reported Sexual Abuse	1	2 Completed
residents who reported victimization during screening	1	1 Completed
Total	10	13
Informal resident conversations during the tour		24

After the completion of the tour the Auditor began the interview process. The Auditor began seeing residents and staff from the facility. The Auditor was always provided space to have confidential communication with

residents near the housing units while staff were interviewed in a conference room in the administrative area. The Auditor began each interview with an introduction, the purpose of the audit, that their participation was voluntary, and that the information would be confidential unless there was an individual at risk of harm. Interviews and file reviews continued days two and three.

The Auditor reviewed the required publicly available data on PREA Investigations on the agency website. The Auditor confirmed this information with agency and facility staff and residents while on site. The Auditor also confirmed with community agencies (hospitals and local rape crisis agencies) if they were aware of any incidents of sexual assaults. There was no PREA related Grievance filed as confirmed through the PREA incident tracking and a review of the Grievance log for LCYDC.

Day two included more interviews with staff and residents followed by the review with the facility Detective of criminal, administrative and investigations that were determined not to be PREA. The Auditor toured the Bearings House staff secure facility on day two and then interviewed staff and residents in that location. The Auditor on day three reviewed files of current residents and former residents' files during the audit process. Additional internal agency reports were shown to the Auditor in advance and while on site to support ongoing mechanisms in place to ensure Initial screening and 30-day reassessments of PREA risks are being monitored for timeliness. The Auditor provided to the Human Resources Department a chart to be completed on a random selection of 33 staff names selected out of the 155 employees and contractors at LCYDC. The Facility provided information on site on requested employees/contractors providing information on dates of hire, background checks, initial and 5-year background checks, PREA education and where appropriate prior institutional employer checks. The Auditor reviewed training record rosters and used the information to further verify training information of the remaining employees.

Documentation Reviews			
Client Files	Total population	37	37 current and closed files from the previous 12 month
Human resource files	Total Staff	155	33employees/5 contractor/volunteer
PREA Grievances	Zero Grievances filed		
Written request or third-Party Complaints	DOC PREA Hotline log		
Number of PREA Investigations	13 out of 16		

At the closure of the third day the Auditor held an exit meeting. In attendance were about 17 Department of Corrections staff personnel from the facility including the Associate Commissioner of Corrections, the Superintendent, Deputy Superintendent, Health Services Administrator, Classification Director, PREA Coordinator, PREA Monitor, and Juvenile Program Managers. Due to the COVID-19 social distancing requirements the Maine DOC used video conferencing to allow other staff in the facility to remotely attend as well as DOC central office staff which included the Deputy Commissioner of Corrections and the Manager of Correctional Operations. The Auditor thanked the members of the team for a supportive audit process by which staff and residents were easily accessible. The Auditor reviewed some of staff and resident comments during the audit process which supported a positive environment. Residents reported the facility is safe especially related to PREA and could approach staff with a problem and felt it would be investigated. Finally, the Auditor described the post audit process which will require the Auditor to review the sum of all information provided including documents, interviews, and observations. The Auditor went on to state the process must include how all indicators of the PREA standards must be considered in determining compliance. The Auditor acknowledged that some measures appeared to support an exceeds standard designation.

During the post audit period the Auditor was provided some clarifying documentation and completed phone interviews with community agencies. Volunteers and other outside individuals spoken to by the Auditor reported the facility appears to be a PREA safe environment. Individuals remarked on the improvements the facility has made over the past few years with a few focusing on improvements toward a Zero tolerance

culture in the last year. During this time, the Auditor spoke again with the LCYDC PREA Monitor and the DOC PREA Coordinator. Timetables were agreed upon for the obtainment of records/ documentation which were added to Power DMS or sent to the Auditor directly.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Long Creek Youth Development Center (LCYDC) has been in operation just over 44 years on the parcel of land in South Portland, Maine. The state of Maine has provided separation of adult and Juvenile confinement since it created the Boys Training School in 1853 a predecessor of today's facility. The Long Creek Youth Development Center serves as both the pre-trial and sentenced facility for the entire state. The facility location is in between a residential neighborhood and a commercial airport just about 2 miles from the state's largest city Portland. The Long Creek Youth Development Center is about an hour south of the Maine Correctional administrative offices in Augusta. The LCYDC consists of 2 buildings. The main juvenile secure complex and the Bearings House staff secure setting. The secure portion of the facility is laid out in two parallel corridors with a connecting corridor that houses education, recreation, administration, medical, and intake.

The Auditor was provided the current population roster for the facility which included 37 juveniles housed in one of 5 active pods and Bearings House. Pre-trial youth stay on average 3 weeks and the sentenced residents stay approximately 15 months. The current population showed a direct impact of the COVID-19 crisis in which admissions had been reduced over the previous months. The population was approximately 30% lower than the 2019 average. Of the 37 residents 5 were housed on a female unit and 32 were housed on male units. There were individuals who at different points in their stay had expressed they were transgender, but in interviews with the Auditor stated they were now identifying as bisexual. The residents reported feeling supported through the mental health services available and felt the environment was safe from sexual assault. The population security classifications at LCYDC include maximum, medium, and minimum residents. Most of the facility accessible by residents is within a secure perimeter. The noted exception is the Bearings House program that reopened the week prior to the audit. Bearings residents are approved through treatment progress and classification recommendations. Once at Bearing they can earn transitions into the community including the possibility to obtaining employment. The second floor has two bathrooms on each end of the house, a staff office to monitor resident bedrooms at night, and resident bedrooms. The Bearing facility has grass side yard for outside activities which is visible from the staff office and a workout room in the basement. The Juvenile Program Manager was able to discuss potential blind spots and he and the Auditor discussed the challenges of juvenile supervision in an open setting including PREA considerations. The residents spoken with at Bearings House were appreciative of the opportunity. Superintendent Raymond believes Bearings House will help to reduce the potential of sexual misconduct by providing a more normative, smaller environment. Juvenile with appropriate risk levels will be able to meet adolescent milestones under support and supervision of a consistent staff in what appears to be a homelike environment.

Within the secure perimeter at the Long Creek Youth Development Center there are 7 housing units all with individual bedrooms. The facility has Special Management Unit, but it is not used often, and reportedly is never used as a location to protect someone from sexual abuse. The SMU was currently closed in case of a COVID-19 outbreak to allow the isolation of the individuals from the general population. On the day of the tour only 5 of the seven housing units were being used. The bathroom and showers were located on each level of the Pod. The facility housing capacity included 50 percent of the beds in wet cells. The Long Creek Youth Development Center was designed with larger Pod capacity. The Pods include up to three housing groups per unit. The facility has used the smaller population to spread out residents while maintaining the required minimum ratio of 1 Juvenile Program Worker for every 8 juveniles in a unit. The Auditor was able to see the bathroom and shower room doors were locked when not in use. The units had good lines of site from the staff workstations except for Spruce unit where staircases can obstruct views to the bedroom areas. Staff make routine tours of unit's spaces and were aware of blind spots, and the need to monitor areas where residents congregate. Management staff also make random tours in the facility which were

documented in unit logs. Staff report they are aware of individuals with aggressive histories and those who might be at a greater risk. This information is shared through unit management, but they might not know the specific reason for a particular status. Each unit has a case manager called a Juvenile Program Specialist (JPS) whose office proximity allows for visual and auditory support of the custody staff in addressing negative behaviors by residents. The private office allows the individual residents to disclose a concern. During the COVID -19 outbreak professional visitors have been reduced on site. Resident can have either a virtual or in person visit from a professional visitor utilizing CDC safety protocols including social distancing and mask wearing. CORIS, the electronic case management system for Maine DOC, has built in PREA protections to ensure individuals with high vulnerability scores are not roomed with individuals with high aggression scores.

The Auditor made visits to all housing units in the facility. In each of the units there was PREA information posted including the audit notice. The original posting was modified as the audit was moved from April to July due to COVID travel restrictions in Maine. The Auditor did not receive mail from any resident at LCYDC. The facility has PREA posters displayed in English and Spanish. In addition to housing, the posters were in the lobby and other common areas. The posters have numbers or addresses for residents to report PREA concerns to DOC or to an outside agency. The Auditor confirmed the phone numbers listed on the posters were accurate to the agencies listed. The Auditor tried a call to the PREA hotline which all residents were aware of. Posters also offer the ability to report a PREA concern outside the DOC to the York County Jail (CCJ) PREA Coordinator. The Auditor confirmed this relationship with the named individual. There were no reported complaints to the York County Sheriff's office.

The facility has numerous cameras to cover the facility, including both interior and exterior views. The Auditor received a demonstration by the control officer on how he can provide visual support to staff throughout the building and alert staff and supervisors when residents are out of place. Cameras have been added to the facility since the previous audit and the use of body cameras has been increased.

Residents are provided with access to an indoor gymnasium, mental health and medical services. The educational environments, religious services and library all occur in the main building. The school program is accredited with classrooms adjacent to the units. Juveniles are also provided vocational training and work opportunities. Working opportunities for juveniles have been halted during the pandemic but supervisors in each working environment were able to describe how they maintain a sexually safe environment when they have juvenile workers. The supervisors provided the Auditor with tours of their work areas describing how many individuals are allowed in each space, their access to cameras to monitor activity, their active supervision of the space, and how they learn information about clients who may be at risk on their crews. There is one central dining facility for the secure portion of the facility.

The medical suite allows for a full array of services including dental and eye exams. Medical procedures can be completed on site but emergency care for significant injuries would have the resident taken to a local hospital. The staff who are employed by Wellpath provide supportive services to residents from routine sick calls and medication management. The full service medical and mental health providers work with the LCYDC DOC staff through a unit management process. In the process, each juvenile's treatment is individualized and there are routine discussions with multidisciplinary team members. In doing so communication on behavioral changes or increased somatic complaints that may be a symptom of abuse could quickly be identified. These meeting act as a double check on groupings of kids to ensure juveniles who are at risk of any type of intimidation are identified and provided extra supports.

The facility is accredited by the American Correctional Association,

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 2
List of Standards Exceeded: 334, 371

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: 0

PREVENTION PLANNING

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

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.311 (a)

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

115.311 (b)

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

115.311 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)
Documentation that Supports who is PREA Coordinator (b)
Documentation that Supports PC role/authority with-in agency
Documentation that Supports who is the PREA Monitor (c)
Documentation that Supports PM role/Authority in the facility

Individuals interviewed/ observations made.

Interview with PREA Coordinator (PC)
Interview with PREA Manager (PM)
Interview with Agency Head confirming PC authority/duties
Interview with Superintendent
Interview with Staff
Interview with Residents
Tour Observations

Summary determination.

Indicator (a). The Maine Department of Corrections has developed an agency wide Policy on efforts to ensure compliance with the Prison Rape Elimination Act. Policy 6.11 Sexual Misconduct (PREA and Maine Statutes) was written to address the various requirements of the standards. The policy is divided into seven sub policies which set forth a zero-tolerance expectation for any sexual activity. Page one of the policy sets forth the zero-tolerance condition and this initial portion of the policy defines sexual misconduct consistent with the federal terms in PREA. “The policy sets forth requirements of agency administrators and facility administrators to ensure PREA compliance. It also states “The Department has zero tolerance toward all forms of sexual misconduct or sexual harassment, regardless of whether there is a violation of federal or state law. “The policy states there is no consensual contact between residents and staff or between residents. It further identifies screening, education, and monitoring, along with other elements that supports prevention, allows for detection, and ensures a full legal and medical response to any complaint. Policy language on the agency’s effort to prevent, detect and respond to sexual abuse and harassment encompasses over 50 pages.

The facility staff showed knowledge consistent with training materials about their role in preventing, detecting, and responding to sexual assault claims. Staff also are provided with reminder cards at training about the importance of a Zero Tolerance environment. The cards are also found at the sign-in station reminding staff that failing to report sexual assault is a crime. Random residents reported a PREA safe environment and a Zero Tolerance Culture.

Indicator (b). Long Creek Youth Development Center is the state’s only Juvenile facility run by the Maine Department of Corrections. The DOC also runs several adult facilities including both Prisons and Community Confinement institutions. PREA policy 6.11 Sexual Misconduct (PREA and Maine Statutes) defines the role of the PREA Coordinator (pages 5-6). The policy defines the duties of the PREA Coordinator to include coordinating and developing procedures to identify, monitor, and track sexual misconduct incidents occurring in DOC facilities. The policy clearly supports the PREA Coordinator’s access to various DOC division Directors. The Policy goes on (pages 6-7) to provide a description of

the role of the PREA monitor. The policy requires the facility's administrator (Superintendent) to assign an individual to coordinate the facility's efforts to comply with PREA.

The Auditor was provided an agency flow chart showing the relationship between the PREA Coordinator who works in Maine Department of Corrections Central Office and DOC upper management and the facilities Wardens/Superintendent. The PREA Coordinator reports to the Manager of Correctional Operations who oversee conditions of confinement in DOC facilities as well as the state County Jail system. Documentation was also provided to further support the PREA Coordinators access to senior management staff. Department of Correction meeting notes on PREA have him at the table with senior leadership including the Deputy Commissioner, the Associate Commissioner in charge of juvenile services and the Director of Correctional Operations.

Indicator (c). Though Long Creek is Maine's only Juvenile Correctional facility it is part of the DOC's system. As such the Superintendent has assigned a position to serve as the facility's PREA Manager. Documentation was provided to support the role of the PREA Manager at Long Creek Youth Development Center. Meeting agenda and interviews support the role has access to the Superintendent and the power to influence policy and oversee the facility's effort to comply with PREA. The facility flow chart shows that the PREA Manager reports directly to the facility's Superintendent. Documentation supports the PREA Monitor is aware of his duties and responsibilities in promoting a sexually safe environment. He also aided the former contracted facility and the Bearings House in implementation of PREA consistent practices.

Conclusions: The Maine Department of Corrections has policies that define the steps taken to prevent, detect and respond to incidents of sexual abuse and sexual harassment. The policy 6.11 Sexual Misconduct (PREA and Maine Statutes) is broken into 7 sub policies that directs the different aspects of the agency's efforts to provide safe environments. The Policy 6.11 defines the roles of state PREA Coordinator and the facility PREA Monitor. Interviews with the Agency PREA Coordinator, Conner McFarland, and Long Creek Youth Development Center PREA Monitor, Tom Olson confirm their roles to ensure PREA compliance is maintained. Residents in the facility knew they could call the DOC PREA Hotline as an option or ask to speak with the PREA Monitor or the Detective. The PREA Coordinator and PREA Monitor believe they have the capacity in their jobs to advocate for policy or procedural changes needed to support resident safety. This was confirmed with the Superintendent Caroline Raymond and the Deputy Director of Operations for Maine DOC David Porter.

Maine DOC PREA Coordinator also supports the adult county correctional system with PREA compliance efforts. Compliance was determined considering multiple factors. The supporting documentation included agency and facility management charts showing PREA positions. Interviews with the Deputy Director of Operations and the Superintendent support compliance with all standard expectations. Agency policy described in depth the agency expectation to protect, detect and respond to sexual misconduct. The policy also clearly defines the roles of the state PREA Coordinator and the PREA Monitors in each facility to support this cause. The Policy also addresses prohibited behaviors and sanctions for any forms of sexual misconduct. Residents, in formal interviews and spoken to during the tour, confirmed that sexual misconduct is addressed, and they had knowledge of resources available if a concern arises. The facility has been able to maintain a safe environment where residents support violent sexual assault is not a concern. Discussions with advocacy organizations further support access to the PREA Coordinator or PREA Monitor including participation in a PREA preparation audit.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

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

115.312 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)
MOU with Opportunity Alliance showing requirement to be PREA Compliant
Documentation of the ongoing monitoring/ support by Maine DOC

Individuals interviewed/ observations made.

Interview with Manager of Correctional Operations
Interview with Director of Correctional Operations

Summary Determination

Indicator (a) The Maine Department of Corrections has one juvenile facility with whom it has an agreement for housing residents in the past three years. The Agency does also contract with county facilities on the adult side with whom they have previously provided information. The contract was with Operations Alliance of Portland ME. The agreement set forth a time frame for the facility to enter into a PREA audit. Maine DOC policy 6.11 (page 6) requires the Director of Operations to ensure contracts included PREA compliance language. The Opportunity Alliance signed a contract with language requiring PREA compliance October of 2018. Documentation further supports Maine DOCs continued involvement in ensuring compliance through planning meetings with the vendor and providing technical assistance. The Maine Department of Corrections has ended the use of these beds in February of this year.

Indicator (b). The Maine DOC PREA Coordinator collects data from the state county jails and this Juvenile contracted facility and provides assistance as needed. Evidence of the ongoing support of LCYDC and the DOC Central Office staff was provided. LCYDC was providing policy development, training assistance and staffing plan assistance prior to the closure of the contracted program. LCYDC had offered their investigator to act as the facility investigator for the Opportunity Alliance program. Meeting notes support there was ongoing monitoring of the progress toward an initial PREA Audit prior to the closure.

Conclusions: The Manager of Correctional Operations was interviewed as the agency's Contract Manager. The interview supports that before considering the subcontracting of beds the DOC would require specific compliance requirements including obtaining and maintaining PREA compliance. Policy 6.11 Sexual Misconduct (PREA and Maine Statutes) page 6 support compliance. The policy requires the Director of Operations to ensure any new or renewal of contract for housing of DOC residents requires the immediate adoption and compliance with PREA standards including ongoing monitoring by DOC. The documentation provided to the Auditor, policy requirements and interviews with the Director and Manager of Correctional Operations support the Maine DOC will not enter a subcontracting of beds without ensuring PREA compliance. Since the program is closed the Auditor determined compliance based on the documents provided showing collaborative efforts toward achieving PREA compliance, interviews with the Manager of Correctional Operations and the Agency PREA Coordinator as well as DOC Policy. There were no reported incidents of sexual abuse or sexual harassment at the closed facility in 2019. For the above stated factors, the Auditor supports that the standard applied during the last three years and the policy, interviews, and documentation support compliance.

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
- Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.313 (b)

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

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
 Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

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

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) Yes No NA

- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)
 Policy 3.11 Staffing Requirements
 LCYDC Staffing Plan
 Logbook entry's supporting unannounced rounds
 Video Surveillance supporting Management Unannounced rounds
 Documentation of annual review meeting

Individuals interviewed/ observations made.

Interview with Superintendent
 Interview with Director of Operations
 Interview with PREA Coordinator
 Interview with Supervisory Staff
 Observation on tour of logbooks and Supervisory movement
 Observation of office space in proximity of residents
 Interview with control officers
 Interview with Residents

Summary Determination

Indicator (a) Maine DOC PREA Policy 6.11 (page 7) sets forth the requirements of what should be considered in determining a staffing plan that considers PREA safety. The policy charges the facility PREA Manager to work with the facility's administration and the agency PREA Coordinator to ensure a staffing plan that protects residents against sexual misconduct. The policy states the various elements to be considered in development of a plan including, generally accepted correctional practice,

frequency of sexual assaults/complaints, population make-up of the units and how video monitoring can support safety. The LCYDC's Staffing plan is 15 pages long and thorough in its documentation of the elements required in indicator (a). The plan provides the reader with the information used in determining the number of assigned staff as required in the element (a). The facility capacity is 167 but the Juvenile population average for 2019 was 57 residents. Included in the document was information on the frequency of PREA complaints, the risk level of the population, the client population's mental health profile and the technology that has been put in place to aid supervision. The Information included the assignment of custody staff and supervisory staff. The document provided the reader with information on programming and other staff availability including case workers call Juvenile Acuity Specialists who have offices on housing units. Interviews with the Superintendent and the PREA Monitor describe the development process used in completion of the annual assessment of staffing. The Superintendent confirmed the reports statement of no judicial, federal or oversight bodies findings of inadequacies. The facility has maintained staffing throughout the COVID-19 crisis and had shut down its staff secure unit Bearings House early in 2020 and opened it back up the week prior to the Audit.

Indicator (b). The staffing plan for the Long Creek Youth Development Center allows the management to adjust the deployment of staff as needed and in response to critical positions. When staff call out there is an ability to mandate staff to ensure overall safety of residents. The LCYDC has fixed posts and pull posts that allow supervisory staff to deal with critical incidents such as a PREA incident through a structured contingency plan. Documentation was provided to the Auditor informing me there were no instances where the supervision minimums were not maintained in the past three years. The Superintendent confirmed that at no time has the facility run a shift under the minimum staffing compliment. Residents support staff are always available to them and did not voice a concern about a lack of staffing at any time.

Indicator (c) The Maine Department of Corrections has set forth a minimum custody staffing ratio of one staff for every eight juveniles during waking hours and one juvenile for every sixteen juveniles on the overnight periods. Policy 3.11 Staffing Requirements (page 2,) requires the Superintendent of Long Creek Youth Development Center to ensure the stated ratios are maintained. The policy goes on to state that any emergency situation in which the minimum staffing level are not met must be documented in the master control log. The Superintendent confirmed that at no time has the facility run a shift under the minimum staffing compliment. The Auditor was able to review the staffing assignments for the day of the Audit and the posted schedule to ensure the ratios of 1 staff to 8 juveniles on the waking hours and 1 staff for every 16 on the overnight hours. The Auditor asked for and was able to review the staffing assignments for from each quarter in the year leading up to the Audit. These reports showed consistent assignment of staffing that support required ratios. Observations on the tour further supported that ratios are maintained.

Indicator (d) The Auditor was able to review documentation of PREA Audit preparations for a 2020 audit. Included in the agenda was an initial discussion on the staffing plan and recommendation for a subsequent review. The 8-person committee which included the Superintendent, Deputy Superintendent of Operations (responsible for developing the staffing plan), the PREA Monitor, the State PREA Coordinator along with other facility and Central Office management team members. The Superintendent approves the Staffing Plan annually and the most recent version was approved in the last quarter of 2019. The plan is descriptive of the population in each unit, the staffing to resident ratio expected in the unit on different shifts. Each housing unit has a case manager's office on the unit or in the adjacent unit. Each unit has a Unit Manager assigned who has routine interactions with the residents. The facility also has upgraded the 147 cameras and added body cameras for all housing officers and the shift rover which is addressed in the staffing plan.

Indicator (e) The Auditor was provided with documentation to support routine unannounced rounds are made by supervisory staff. This is required by the agency PREA policy 6.11 (page 7) and in documented logbooks. The Auditor was able to review logbooks during the tours of each housing unit. The Auditor also confirmed, with the line officers working the units and the control areas, that these tours do occur and that it is prohibited to notify staff of the tour. To further confirm the compliance the Auditor requested video evidence and corresponding log entries on several dates. The Auditor was provided evidence on 11 different dates over the last year.

Conclusions: Maine Department of Corrections has two policies that address the requirements of the five indicators in this standard. Policy 3.11 Staffing Requirements and 6.11 Sexual Misconduct – (General) sets forth requirements of the staffing plan including the ratios as addressed in indicator (c), the requirements for documentations of staffing deviations, the requirement of unannounced supervisory rounds and the annual review of staffing needs. The Long Creek Youth Development Center has developed a plan in a narrative format that addresses the various considerations in indicator (a). The facility is not under any current judgement for inadequacy. The plan is reviewed annually with in-house administration and then a request for staffing or electronic surveillance supports would go to Maine DOC Central Office. Indicator (b) was not applicable as there were no instances where the minimum staffing levels were not maintained. The agency has also invested in technology to support supervision and limit related PREA complaints. In the past three years the facility upgraded the camera systems and has added body cameras for custody staff. During the tour, the Auditor asked staff how they manage blind spots in the facility. This included staff who would normally supervise juvenile on work crews that had been halted during the COVID-19 crisis. In addition to custody staff the medical, mental health, education, and vocational staff provide an additional resource of information, supervision, and observation of resident's behaviors during the day. Each of the housing units have office space for Juvenile Program Specialists or Psychiatric Social Workers that provide additional support in the monitoring of residents. JPS and PSWs work evening and weekend shifts to further support custody staff when the residents are on the units after the school hours. Supervisory staff called Juvenile Facility Operations Supervisors (JFOS) routinely tour the facility and direct the assignment of staff during the shift. LCYDC also has unit managers called Juvenile Program Managers who oversee the youth treatment on the unit and provide additional staff supervision. The standard is determined to be in compliance based on policy, interviews, and observations made throughout the onsite audit and documentation provided consistent with the standard.

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

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

115.315 (b)

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

115.315 (c)

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

115.315 (d)

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

115.315 (e)

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

115.315 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

PREA policy 6.11.2 Sexual Misconduct (Prevention Planning)
Memo -supporting no cross-gender searches

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator
Interview with Superintendent
Interview with random staff
Interview with random residents
Interview with Transgender Resident
Observation on tour

Summary Determination

Indicator (a) The Maine Department of Correction PREA policy 6.11.2 section F Search of Prisoners and Residents and Protection of Privacy (page 6) prohibits cross gender observation of any anal or genital opening. It further states " Facility staff shall not visually search an anal or genital body cavity unless the staff are of the same gender as the prisoner or resident and all staff observing a visual search of an anal or genital body cavity shall be of the same gender as the prisoner or resident, except in an emergency, or unless an examination is being performed by medical staff for a medical purpose". The policy also sets forth that facility staff shall not perform opposite gender strip searches. The Policy also goes on to ensure documentation and description of the emergent situation requiring any such search. A memo was provided stating no such emergencies have occurred at LCYDC and this was further confirmed through interviews.

Indicator (b) Long Creek Youth Development Center does not perform cross gender pat searches except in exigent circumstance. Policy expectations and memos confirm that this has not occurred along with interviews with random staff and residents.

Indicator (c) As noted in indicator (a) policy requires documentation of cross gender strip searches of both male and female residents including the emergent reason for the search. The facility houses both male and female residents and appears to have sufficient staffing to further limit any reason for a cross

gender search to occur. Policy 6.11.2 Sexual Misconduct (PREA and the Maine Statutes) states “The documentation shall include a description of the emergency justifying the opposite gender search.” Staff were aware of the requirement to document emergent opposite gender searches if they were to occur. Memo provided also confirmed no such emergent situations has occurred in the past three years. Staff and resident interviews also support these do not occur at LCYDC.

Indicator (d) Policy 6.11.2 Sexual Misconduct (Prevention Planning) page 6-7 states “The Chief Administrative Officer, or designee, shall implement practices that enable prisoners or residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in an emergency or when such viewing is incidental to routine cell or room checks.”. The policy further states “The presence of staff or another person of the opposite gender from the prisoners or residents in any housing unit or other area with toilet or shower facilities shall be announced when the person enters the housing unit or other area with toilet or shower facilities, unless a person of the opposite gender is already present and an announcement has already been made. This will be recorded in the housing unit logbook.” The Auditor was able to see announcements being made on the tour by opposite gender staff entering the units. Residents support that they are never required to be unclothed in front of opposite gender staff. At LCYDC 82 rooms are wet rooms, dry room units have access to individual bathrooms on each housing unit. All showers on the housing units are single shower rooms. Resident interviews confirm staff announcements occur routinely.

Indicator (e) Maine DOC Policy 6.11.2 (page 7) set forth the requirement that Transgendered individuals are not searched for the purpose of determining genital status. The policy states “Facility staff shall not search or physically examine a transgender or intersex prisoner or resident for the sole purpose of determining the person’s genital status. If the person’s genital status is unknown, it may be determined by discussing the matter with the prisoner or resident, reviewing medical records, and, if necessary, by a health care provider performing a general physical health assessment that is not viewed by other staff.”

Intake staff interviewed knew that strip searches for the purpose of identifying genital status are inappropriate and that they would find out information through interview. If the resident was resistant in discussing the topic, they would be referred to the medical staff whom the resident may be more comfortable in having the conversation. One transgender individual who did identify at intake denied feeling he was strip searched to figure out his genital status. Medical staff confirm that they see all new admissions to the facility and would be able to have these conversations with the individual.

Indicator (f) The Maine Justice Academy trains all state and county correctional staff to be respectful, professional, and in the least intrusive practice possible for searching residents. All DOC staff are trained to routinely use the back of their hand instead of the front when completing pat searches. The Maine Criminal Justice Academy provides training specific to working with LGBT residents. The training talks about communication that is professional and supportive of the resident. The training addresses the frequency of trauma in this population, how the facility has a process to determine housing and search preferences through a multi-disciplinary process including the resident’s preference for searches. The transgender resident confirmed being asked about search preference.

Conclusion: The Maine Department of Corrections has several policies to address the various elements in this standard including 6.11.2 Sexual Misconduct Prevention and 18.8 Management of Transgender, Gender Nonconforming and Intersex residents. In 6.11.2 Sexual Misconduct Prevention elements in indicators B,C,D and E are addressed on pages 6, 7 and 8. These policy elements direct staff consistent with the standards on pat search, strip searches, resident right not to be naked in front of staff of opposite gender and procedures for working with transgender and intersex resident.

Supporting documentation for this standard included training records refresher training records, Training outlines/PowerPoints for completing searches and for working with LGBTQI populations. The file included information confirming no exigent circumstance of cross gender searches have occurred at LCYDC in the past three years. Transgender residents did state their preferences for searches were openly discussed.

Interviews with staff and residents were consistent with standard and policy expectations. There are no cross-gender searches and residents can change and perform hygiene without opposite gender observation. Residents report, and the Auditor could see during the tour, opposite gender staff do announce their presence or the officer on the housing unit announced the individual's arrival.

Compliance is based on interview with transgender and random residents as well as staff who denied any practices of cross gender searches. The Auditor also took into consideration the policy of the facility and the other named supporting documents. Absent any exigent circumstance there were no incidents to review

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No

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

115.316 (b)

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

115.316 (c)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)
Policy 13.12 Accommodations for Residents with Disabilities or Other Special Needs
Policy 1.10 Staff Communication with persons of Limited English Proficiency
Resident Handbooks- in English and Spanish and in large Print
Intake notices in English and Spanish
Agency PREA Video in English Spanish, Somali, and ASL
Agency contracts for interpretive services
Logbook entries showing use of interpretive services

Individuals interviewed/ observations made.

Interview with Director of Operations for the agency head
Interview with random Residents who are LEP or have Disabilities
Interview with Random Staff
Interview with Intake Staff
Interview with facility PREA Coordinator
PREA Signage in English and Spanish

Summary Determination

Indicator (a) The Long Creek Youth Development Center takes appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to provide a PREA safe environment. As a juvenile facility serving short and long term clients it must be able to assess and provide services to individuals with medical disabilities. Juveniles with hearing or visual difficulties would be supported by staff in understanding PREA until corrective medical measures would be put in place. LCYDC must also provide informative supports to those individuals with significant developmental delays or significant mental illness that might make them a target for abuse. The Auditor confirmed with residents that there were staff available to assist in understanding the postings or handbooks There were no individuals in the population with whom the Auditor would have needed to use interpretive services. There was signage throughout the facility about PREA safety and residents were aware of information in the handbook if needed. The posting was in English and Spanish the two most common languages spoken in the facility. There were no individuals who were hearing or visually impaired. The Auditor was able to speak to individuals who had developmental delays. These residents with significant academic challenges would be identified by the Arthur R Gould School at LCYDC a fully accredited educational environment. The PREA education video used in the facility was designed for Juveniles and is available in Spanish the second most spoken language at LCYDC.

Indicator (b) The Maine Department of Correction has a limited population of individuals with whom English is not the primary language. The Long Creek Juvenile facility is no different and as a result has only had limited use of interpretive services. LCYDC reports only one instance in which an interpretive service was needed, and that resident was housed in the facility under 1 week. The juvenile in this situation was an ICE hold but that no longer occurs at LCYDC. The DOC has contracted with agencies to provide interpretive services, can produce the resident handbook in multiple languages, and has the PREA video available in four languages. Logbook entries were provided to show instances where the interpretive services were used to support intake during which initial PREA information and questioning would be reviewed.

Indicator (c) Documentation reviewed by the Auditor stated there were no instances where resident interpreters were used. Staff were aware that it was not appropriate to use residents to interpret for each other except in extreme emergencies. This prohibition is also addressed in policy 1.10. Line staff knew to contact a supervisor if they needed to access an outside interpreter.

Conclusion: PREA policy 6.11.2 Prevention and two other Maine DOC policies have language addressing the equal access of services for those residents who have a disability or who have limited English proficiency. The Auditor was able to speak with multiple residents with cognitive disabilities but no individuals with physical concerns. There were no residents at LCYDC at the time of the audit that required translation services. The Auditor confirmed this through conversations with residents on tours, through random interviews with residents and through interviews with staff. The residents reported knowing their rights, how to report PREA concerns and if they had difficulty in understanding information how to get help.

LCYDC provides all residents with a video education about PREA upon admission. The primary video, available in English and Spanish, is "Safeguarding your Sexual Safety". Other PREA video education is also available in Spanish, Somali, and American Sign language the most common languages other than English spoken in the Maine Correctional system but these videos are. These videos are available on the state website. In addition to the video the facility has signage up on the units of how to report concerns in English and Spanish. As a juvenile facility with a fully accredited school program all youth are assessed academically which will further allow for the identification of impairments to understanding.

The CORIS information system Maine DOC uses, allows for information about languages issues, physical and mental health barriers, and other critical information to be identified and shared to staff members as needed. Staff were aware that it was not appropriate to use residents to interpret for each other except in extreme emergencies. Line staff knew to contact a supervisor if they needed to access an outside interpreter. Compliance was based on interviews with staff, residents, and administration as well as the hard materials (posters, handbooks, video) and policies that support equal access to all services. The educational materials seen repeatedly on the tour support ongoing access to information exists

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

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

115.317 (b)

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

115.317 (c)

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

for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.317 (d)

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

115.317 (e)

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

115.317 (f)

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

115.317 (g)

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

115.317 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Policy 3.03 Personnel Selection and Retention
 Policy 3.05 Code of Conduct
 Bureau of Human Resources Memo 8-06
 Union Contract language
 Department of Administrative and Financial Service -Protocol
 Wellpath (contracted Medical MH service provider) policy on background checks
 HR documentation for 27 DOC staff, 3 Wellpath, 3 volunteers
 Maine Justice Academy Website

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator
 Interview with Superintendent
 Interview with HR staff

Summary Determination

Indicator (a). Both DOC and Department of Administrative and Financial Services policies serve to address the conditions required in indicator (a). The Policies allow for complete background check of all individuals who employed or volunteering at the states correctional centers. The Administrative Services policy allows DOC to prohibit the employment of individuals who have been convicted of engaging in or attempting to engage in sexual assaults because there is a “nexus between the conviction and the job” of a correctional officer. Interviews with HR staff supports the process of screening all applicants for employment at LCYDC. They confirmed that individuals who previously engaged in the described behaviors in Indicator (a) would not be allowed to be employed at LYDC. Contractual employees of Wellpath and volunteer undergo the same screening process and the same PREA acknowledgement form that DOC staff sign. In addition to the Maine DOC completing background checks Wellpath also completes background checks on all employees.

Indicator (b). The Maine Department of Corrections has a policy prohibiting sexual harassment at its facilities. Any such actions are required to be reported and would be the subject of a formal review. The finding of that review would become part of the staff person’s record. Human Resources staff interviewed confirmed, when hiring or promoting a candidate, a complete review of prior disciplinary actions would be part of the process. Wellpath HSA also confirmed that Wellpath does not tolerate sexual harassment by any of its employees.

Indicator (c). The Maine Department of Corrections completes criminal background checks on all employees. File reviews completed by the Auditor confirmed that the process is in place and is consistently done for all new employees and at the required 5-year intervals in indicator (e). The Check includes a criminal background check and prior institutional checks and checks with the state's child abuse registry. Of the 37-employee's information requested 2 had prior institutional employment. Random sampling allowed for confirmation of the practice. 37 of the 37 files requested had documentation of the child welfare agency checks. This documentation showed that changes made in 2017 to come into compliance for that audit were maintained. Union contracts require compliance with PREA standards.

Indicator (d). LCYDC as stated in Indicator (a) completes criminal background checks on all Wellpath employees. Wellpath also ensures that all staff have child welfare checks.

Indicator (e). LCYDC provided the Auditor with information of 16 random employees who were employed over 5 years who had criminal background checks completed in the last 5 years. The random sample was confirmed through review of files onsite.

Indicator (f). The requirements of this indicator are covered in policy 3.05 Code of Conduct (page 5). Included in the policy is a continued responsibility to self-report any misconduct. As noted in Indicator (a) all LCYDC employees are asked to complete the PREA Employee Questionnaire. This document asks all prospective employees about the required element in the aforementioned indicator. The Maine DOC had all existing employees complete the form after it was initiated in 2015.

Indicator (g). PREA Employee Questionnaire included the following passage: "any material omissions regarding such misconduct, or provision of materially false information, shall be grounds for disqualification from employment or termination." This is also stated in state policy that "supplying erroneous information or omitting pertinent information as part of the application process would be sufficient cause for discharge".

Indicator (h). The Maine DOC allows for the agency, with proper releases of information, to disclose to other institutions any PREA related concerns. Interviews with Human Resources staff confirm they make requests of both internal and outside employers when hiring, but they report they do not frequently receive similar requests for prior employees who go outside the DOC system. The only request made was internal in the DOC system.

Compliance: The Maine Department of Corrections and the Maine Department of Administrative and Financial Services have policies in place to address the requirements of the standard including the completion of background checks, and pre-employment screening that supports the agency's efforts to screen out predatory candidates from employment. The pre employment screening process is the same as other law enforcement applicants in the state of Maine. The Auditor interviewed the Human Resources staff at the LCYDC who are employed by the Maine Department of Administrative and Financial Services and are assigned to DOC to work at each facility. The facility has all staff and contractors undergo criminal background checks including FBI fingerprint checks. The Human Resource Manager reports she works closely with facility management to ensure line of communication is maintained.

The agency has several policies including Human Resource policies and Personnel Policies (3.3, 3.24), as well as union contracts that support compliance. They have an acknowledgement form that addresses various elements of this standard. The Auditor was also able to review appropriate personnel forms and criminal background checks for both employees and contractors. Record

information was requested on 37 employees and contractors at the Long Creek Youth Development Center. The Auditor was provided samples of individual who underwent prior institutional employer checks, pre employment criminal background checks, subsequent checks every 5 years and child abuse registry checks. Compliance for this standard is based on policies, the several levels of documentation provided in advance and confirmed during the onsite visit as well as the interviews with the Human Resource Manager and the Superintendent and the Wellpath HSA.

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

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

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policies and written/electronic documentation reviewed.

Policy 6.11 Sexual Misconduct

Individuals interviewed/ observations made.

Interview with the DOC Director of Operations

Interview with the Superintendent

Interview with the PREA Coordinator

Observation on tour

Random Staff spoken to on tours

Summary Determination

Indicator (a) The facility opened a new unit during the past three years to support youth who were close to transitioning back to the community. Policy 6.11 under the description of the PREA Coordinator's duties states "collaborating with the Department's Director of Operations to ensure that when a new facility is designed or an existing facility is expanded or modified or facility monitoring technology is installed or updated, consideration is given to ways of enhancing protection of prisoners or residents from sexual misconduct and harassment". The Manager of Correctional Operations for LCYDC and the PREA Monitor worked together on the modifications to Bearings House and camera placements to limit blind spots.

Indicator (b) The Long Creek Youth Development Center has upgraded its 147 cameras and recording systems in the past three years. A portion of the custody staff have also begun to wear body cameras. Discussion with the facility and the central office administration support the process in place to continually reassess needs in the technology area. The PREA Coordinator also confirms how his role could further support this process.

Conclusion: The Long Creek Youth Development is a well-designed facility with exceptionally good lines of sight throughout. The Department does have a practice of involving PREA in the discussions when designing new facilities. Long Creek Youth Confinement Center has had some operational and managerial changes in the three years since its last PREA audit. Even through changes in administration and PREA Monitors the facility and the state DOC have shown a consistent effort to address safety issues. The Associate Commissioner reports the Departments routinely review all incidents with an eye toward understanding how things could improve. In addition to adding and improving technology with cameras and body cameras the Auditor was able to read in investigative reports where cameras were recommended for repositioning as part of the investigative review. Compliance is based on formal and informal interviews that support a consistent understanding on the need to limit blind spots and when residents are in such spaces using active supervision skills. The interviews support Maine DOC is committed to regular review of its physical plant needs and electronic surveillance as a way of enhancing safety. Finally, Policy 6.11 sets forth the requirement that the Director of Operations, when looking at physical plant changes or monitoring technology, considers how to 'enhance the protection of prisoners from sexual assault or harassment.'

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

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

115.321 (b)

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

115.321 (c)

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

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

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

115.321 (e)

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

115.321 (f)

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

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

6.11.3 Sexual Misconduct (PREA and Maine Statutes) Reporting and Investigating.
6.11.5 Sexual Misconduct (PREA and Maine Statutes) Responding
7.1 Investigations by a Correctional Investigator
9.08 Preservation of Evidence
13.03 Juvenile Access to Health Care
Sexual Assault Forensic Exams and the Care of Sexual Assault Patients.
MOU with Sexual Assault Response Services of Southern Maine (SARSSM)
LCYDC Sexual Assault Response plan
Memo on State Statue 34A-Chapter 3 Confirming Correctional Investigators as law enforcement

Individuals interviewed/ observations made.

Interview with Wellpath Medical Staff
Interview with Sexual Assault trained Investigator
Interview with SASSMM representative
Interview with Hospital staff about SAFE/SANE access and services
Interview with Department of Health and Human Services staff on SAFE training/ protocol

Summary Determination

Indicator (a) The Maine Department of Corrections is responsible for the completion of criminal investigations including sexual assaults. The facility employs a Detective who is a trained law enforcement staff with full powers of a police officer. The state of Maine has a protocol for sexual abuse cases that was developed through the Attorney General's office with the assistance of medical, legal, and sexual assault advocates. The protocol, along with the Maine DOC investigative policies (6.11.3, 7.01, 9.08) ensures uniform steps are taken in obtaining physical evidence. Neither DOC nor Wellpath staff would complete the forensic exam. The resident victim instead would be sent to the local hospital which is the Maine Medical Center in Portland. The Auditor reviewed several policies which support compliance and define investigative processes. In addition, all DOC SII investigators/Detectives have received both formal training on investigating sexual assaults but have also completed law enforcement investigative trainings as required by the Maine Justice Academy.

Indicator (b) Maine has a protocol that directs how sexual assault investigations are to occur including the process for collecting forensic evidence. The Protocol has a committee that reviews current practices and makes adjustments consistent with national trends for best practice. The Auditor reviewed the protocol and compared it to U.S. DOJ document sited and found the topics similar.

Indicator (c) The Long Creek Youth Development offers victims of sexual assault the ability to have a forensic exam without cost. Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) – Responding states “ The Chief Administrative Officer, or designee, shall ensure that medical and mental health services are provided to alleged victims of sexual misconduct without financial cost and

regardless of whether an alleged victim names the perpetrator or cooperates with any investigation arising out of the incident “. This is confirmed by the local hospital staff who report funding for exams comes from a different fund within state government to ensure all victims come forward. Juveniles are guaranteed access to emergency services outside the facility which would include forensic exams (13.03- Juveniles Access to Health Care). The Auditor was able to review an investigation file which included the juvenile being sent out for such exam and a copy of the hospital report. Under the agency PREA policy 6.11.5 the Superintendent is required to ensure that all resident have access to health care and forensic exam without cost and without a requirement to cooperation in an investigation. LCYDC had 1 forensic exam in the 12 months prior to the audit and the resident confirmed no cost.

Indicator (d) Long Creek Youth Development Center has an agreement with the local rape crisis agency to provide support services to victims of sexual assault. DOC policy.11.5 Sexual Misconduct (PREA and the Maine Statutes) – Responding states “The Chief Administrative Officer, or designee, shall provide prisoners or residents with access to outside victim advocates for emotional support services related to sexual misconduct, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations”. The Sexual Assault Response Services of Southern Maine (SARSSM) is part of the state coalition against sexual assault (Maine Coalition Against Sexual Assault-MECASA). A copy of the MOU with SARSSM was provided to the Auditor which remains in force until 4/21. Local Hospital staff confirmed the practice of also ensuring a rape crisis advocate is offered routinely as part of any forensic exams. The Auditor was able speak to residents who either went out for an exam or were interviewed regarding the assault to ensure they were offered a victim advocate.

Indicator (e) Both hospital and agency staff confirm that a rape crisis staff would be available to help a victim through a forensic exam, criminal justice interview, and provide ongoing support and referral to the victim. As noted in (d) a MOU was provided to the Auditor. The PREA Coordinator and the PREA Monitor confirm working with local and state Rape Crisis agencies to build on experiences. The Auditor was able to review file documentation supporting access to the Rape Crisis agency for forensic exams and criminal investigative interviews. LCYDC residents confirm that they could have professional visits as a support on-site. Due to COVID-19 restrictions the local hospitals are offering the services of SARSSM virtually during the crisis.

Indicator (f) NA- The Department of Corrections is responsible for completing investigations at all its facilities.

Indicator (g) The auditor is not required to review this indicator.

Indicator (h) NA- The Department of Corrections offers all inmates/residents in the system access to rape crisis services. The Auditor received information on the training of Rape Crisis Advocates in Maine.

Conclusion: The Maine Department of Corrections has several policies that address concerns in this standard 7.1 Investigations by a Correctional Investigator, 6.11.3 PREA- Reporting and Investigating, 6.11.5 PREA- Responding 9.08 Preservation of Evidence and 13.03 Juvenile Access to Health Care. Criminal investigative procedures are in place to ensure evidence is preserved. The criminal investigation would be done by the Detective at Long Creek Youth Development Center. Residents who are victims of sexual assault can be taken to Maine Medical Center in Portland ME (approximately 3

miles away) for a forensic exam with a Sexual Assault Nurse Examiner (SANE). Sexual Assault Nurse Examiners in Maine are trained on protocols developed in the state of Maine Attorney General's office in conjunction with a SANE advisory team and consistent with the National Protocol for Sexual Assault Forensic Exams. The Maine Attorney General's Office has produced a guideline for Sexual Assault Forensic Exams and the Care of Sexual Assault Patients. This 185-page document provides specific steps for forensic exams and was developed in conjunction with medical and legal experts from Maine including nine SAFE or SANEs. The Auditor spoke with hospital staff who confirmed the availability of SANEs at Maine Medical Center. Hospital staff confirmed this service would be done free of charge and if a SANE is not on duty one could be called in. It is also reported that a Rape Crisis Agency would be called by the hospital in addition to the protocol set up by DOC to offer supportive services. Sexual Assault Response Services of Southern Maine (SARSSM) is the regional rape crisis agency who the auditor confirmed would send a victim advocate to support the resident through the forensic exam and any investigative process. Both the hospital and the rape crisis agency report the SARSSM staff would be present remotely due to the COVID-19 outbreak. Compliance is determined based on the availability of resources to effectively investigate, secure and process evidence. Also taken into consideration in this determination was the overall staff knowledge displayed in the random staff interviews of how to preserve evidence, including instructions to the resident involved. Investigative files document the steps to preserve evidence and in each case the resident involved, was referred to MH services even if they denied any assault. The file also contained information from the forensic exam.

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

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

115.322 (b)

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

115.322 (c)

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

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Maine Statutes related to Correctional Law enforcement Powers
Policy 6.11.3 Sexual Misconduct
Policy 07.01 Criminal Investigations
Investigative files

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator
Interview with Superintendent
Interview with Investigative staff

Summary Determination

Indicator (a) The Maine Department of Correction has systems in place to ensure criminal and administrative investigations occur in a timely fashion. The Maine DOC employs individuals in a law enforcement role within each of its facilities. The Long Creek Youth Development Center has a dedicated Detective, if an investigation involves a staff person's misconduct the Agency's Office of Professional Review may assign a separate investigator to ensure no concerns of conflict of interest exists. Review of investigative files support that all investigations occur immediately upon the report of

an incident. Documentation supports the Detective returning to the facility in the evening to respond to PREA incidents.

Indicator (b) The Maine Department of Corrections has two policies that address the requirements of this standard. The Policy also complies with Maine State Statutes which govern law enforcement duties.

Indicator (c) This indicator does not apply as the Department of Corrections is responsible for criminal investigations.

Indicator (d) Auditor is not required to audit this provision.

Indicator (e) Auditor is not required to audit this provision.

Conclusion: The Maine Department of Correction has policy and trained investigative staff in place to ensure all allegations of sexual assault and sexual harassment are investigated. The DOC has trained law enforcement staff persons who will ensure all crimes, including sexual assaults, are investigated. Incidents involving staff members, according to the Associate Commissioner, are investigated by a centralized unit; the Office of Professional Review. By using a different investigator than the facility's Detective the DOC ensures an impartial investigation occurs.

The Maine Department of Corrections investigates all incidents of sexual contact by residents as a potential criminal investigation. This is done to ensure all evidence is collected even if the resident claims initially the contact was consensual. This process has yielded actual criminal charges after residents are separated and interviewed again about the incident. Compliance was determined based on the published policy, the investigative information provided by the Detective and interviews with the Department of Corrections Director of Operations and a representative of the Office of Professional Review. Compliance is determined utilizing the above stated information which meets the requirements of Indicators (a) and (b). Indicator (c) for standard 115.322 is not applicable because Maine DOC is the criminal investigative body. Interviews further supported compliance in that the agency takes seriously all allegations and ensures impartiality of staff involved events through the Office of Professional Review.

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

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

115.331 (b)

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

115.331 (c)

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

115.331 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention
LCYDC staff training records
State approved training materials, power points program outline
Maine Justice Academy/ Maine Coalition Against Sexual Assault videos
PREA education cards

Individuals interviewed/ observations made.

Interview with LCYDC PREA Monitor
Interviews with random staff

Summary Determination

Indicator (a) The Long Creek Youth Development Center ensures all staff are trained in the agency's Zero Tolerance for Sexual Misconduct. All employees, no matter what role in the institution, are aware of their role in the prevention, detecting and responding to sexual assault and sexual harassment of residents. Random staff were able to describe in the interviews how in their day to day job they keep resident PREA safe. The staff members knew signs and symptoms of someone who may be victimized, the rights of residents related to PREA and were able to give examples of why sexual assaults may occur. Staff persons confirmed they get training how to avoid getting into inappropriate situations with a resident, the criminal liability for failing to report a PREA incident and how to respectfully work with LGBTI residents. The staff knew to use the transgendered or intersexed resident's preferred name and pronouns and they were aware that a multidisciplinary committee reviews the transgender resident's case individually to determine housing, canteen items they can have access to , search procedures and Medical or mental health treatment planning. The Auditor reviewed the LCYDC 2019 training materials to confirm the elements were addressed. The Auditor has also previously reviewed the Maine Justice Academy training materials.

Indicator (b) The Long Creek Youth Development Center is a co-correctional juvenile facility. All new staff are trained through the Maine Justice Academy in working with both male and female residents. After the academy, all staff are provided onsite refreshers in a classroom setting along with Power DMS online modules. Interview with staff support they are aware of how male and female juvenile might react differently to abuse. They were aware of trauma and its frequency in the population served at Long Creek Youth Development Center.

Indicator (c) The Maine Department of Corrections employees receive classroom training on PREA while in the state's Justice Academy which covers the required 11 elements in indicator (a). Long Creek Youth Development Center staff report ongoing training happens in a classroom setting as well as through the online Power DMS platform. Staff records reviewed and the random staff knowledge of the training information indicators support they receive training frequently. The Auditor was provided with training records which also supported compliance with the indicator.

Indicator (d) Employees sign for their training acknowledging their understanding of the content. Online training would include an electronic signature and a quiz used to confirm content knowledge. The Auditor was provided with a report showing the training dates for 119 staff/contractors who received PREA training in 2019.

Conclusion: All staff are trained in Maine DOC's Zero Tolerance policies toward sexual assault and sexual harassment. The employees, contractors and volunteers sign off confirming they have been trained on PREA and understand policy 6.11 Sexual Misconduct. Staff files reviewed as part of standard 315.17 showed this documentation. Ongoing training is documented through signatures for classroom activities and electronically for individualized learning through Power DMS or through

classroom presentations. The Maine Department of Corrections has a training program for all staff related to the 11 requirements on indicator (a). New employees are first exposed to PREA training in the Maine Criminal Justice Academy. Policy 6.11 Sexual Misconduct (page 2) addresses the requirements of the standard including the required areas of education found in indicator (a), the frequency of training and gender specific understanding of sexual victimization that is important for staff. All employees (including the contracted medical and mental health staff) have had an on-site training and understand the facility's Sexual Assault Response plan.

All staff interviewed formally and as part of the tour confirmed regular training on PREA. Random staff member interviews confirmed they were aware of the different aspects of the training presentations and were able to give examples of information provided. Staff responses support a clear education program where key elements have been reinforced and training information is retained. Training records and staff interviews further support that PREA related education of staff happens regularly. The Auditor confirmed the training dates of the 37 staff including initial PREA training and most recent PREA education. Compliance determination was based on training records, the material used in presentations and random staff ability to share examples of the content they had learned as part of PREA training consistent with standard requirements.

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

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

115.332 (b)

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

115.332 (c)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention

Volunteer List

Contracted Staff List

Training materials for volunteers and sign off on trainings

Wellpath training materials

Contractor Sign-in – (PREA acknowledgement of Brochure for 1 time or infrequent visitors)

PREA training records including contracted staff

Individuals interviewed/ observations made.

Interview with LCYDC PREA Monitor

Interview with Contractor

Interview with Volunteer

Observation on tour

Summary Determination

Indicator (a) All Contractors providing direct service to residents at the Long Creek Youth Development Center are employed by Wellpath a Medical/ Mental Health treatment provider or Day One a substance abuse treatment provider. As such they receive full PREA training that all DOC employees receive in addition to the required specialized trainings in 115.35.

All volunteers are registered in the facility and those who have routine access to the facility are required to undergo an onsite education program on responsibilities and procedure for keeping a safe environment. As part of that program the individuals are trained on PREA consistent with the agency policy (6.11.2 Page 2) which outlines training expectation to inform them how to support a zero-tolerance culture and knowing when and how to report concerns. They are provided a staff directed training class and receive a volunteer handbook; both which address expectations related to PREA. One-time visitors are provided a PREA Brochure that outlines aspects of the overall training and informs the individual how to report. Contractors and Volunteers interviewed support that they had a received training on PREA, they know the Zero Tolerance expectation toward sexual abuse and sexual harassment, and they knew how to report a concern.

Indicator (b) The training as noted in indicator (a) includes three distinct levels of training all of which address how to report a PREA Concern. Contracted staff providing direct services to residents (Wellpath) undergo full DOC training. Individual volunteers who have routine visits (religious staff, educational volunteers, canteen vendors, etc.) get an abbreviated educational program. One-time volunteers or contractors escorted by staff are still provided information about PREA at the entry point to the facility. The state PREA Coordinator has developed a workflow diagram to help Volunteer Coordinators determine the level of training to provide.

Indicator (c) PREA policy 6.11.2 Sexual Misconduct (page 2-3) requires the agency PREA Coordinator to keep track of the training. The policy requires individuals to sign for the information they receive. The Auditor was provided a sample of the PREA acknowledgement form that new volunteers sign after completing the training course. Those one-time volunteers sign in and receive a PREA brochure upon entrance to the LCYDC facility. The Auditor was able to see documentation on-site showing this process in use. A sampling of 5 volunteers and contractor files confirmed they had signed off on the form. The Auditor was also able to speak to a volunteer and a contractor as part of the audit process.

Conclusion: The Long Creek Youth Development Center is compliant with the standard expectations. LCYDC ensures all contractors and volunteers receive training in the agency efforts to prevent, detect and respond to sexual assault and sexual harassment. Training records, interviews with contractors on the tour and formal interviews support they have received comprehensive training equivalent to their level of contact with the residents. Training records and interaction with contractors as part of the tour clearly support an understanding of the agency 'Zero Tolerance' to PREA related issues. Nursing and mental health staff confirm that the Wellpath staff receive required facility PREA training in addition to medical/mental health specific training. Infrequent and one-time service contractors, who would provide services under the supervision of DOC staff, are given notice of PREA when they arrive at the facility including a brochure on PREA. The Auditor was offered information about PREA upon arrival at the facility and was required to sign for the information before entering the site. Compliance was determined through supporting documents and interview with the contracted staff persons and volunteers who were able to identify training elements. They were all able to explain how they could report a PREA concern at the facility if they arise.

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

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

115.333 (b)

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

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

115.333 (c)

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

115.333 (d)

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

115.333 (e)

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

115.333 (f)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Maine DOC Website (PREA Education Videos)

6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention

Resident handbook

Resident files showing they have received PREA educational materials

Individuals interviewed/ observations made.

Interview with Intake Staff Person

Interview with Unit case managers

Interview with Resident

Observation on tour of PREA Signage in two languages

Summary Determination

Indicator (a) All Residents are provided information about PREA upon admission to LCYDC. Residents are provided a description of PREA and how to protect themselves, how to report a concern and what services are available if someone has been a victim. They are provided this information in the form of the Resident handbook, and a video. The video "Safeguarding Yourself Sexually" is, available in multiple languages, was produced by the Moss Group and uses age appropriate speakers to present the material. The Auditor was walked through the admission process by an intake staff including the information the intake officer goes over routinely related to PREA. In the year prior to the audit 204 individuals were admitted and all individuals were provided PREA education. In addition to the resident signing for their handbook the completion of PREA education is documented electronically in the facility. Residents confirmed getting PREA Materials at intake.

Indicator (b) All residents at Long Creek Youth Development Center are provided with a review of the facility specific PREA information with their Juvenile Program Specialist in the first few days in the facility. During this meeting PREA reporting information is reviewed including how to protect themselves, how and why it is important to report, how they will not get in trouble for reporting and how they will be protected from retaliation. The Auditor was provided a report showing 100 percent compliance with the timeliness of PREA education within 10 days. The 19-page report is electronically generated from the official correctional record of the Maine Department of Corrections electronic case management system. Interviews with intake staff, case management staff, and residents further support the education of residents in a timely and complete manner.

Indicator (c) All residents at Long Creek Youth Development Center have received an education into PREA. If a resident is transferred out of the Department of Corrections or release returns for any reason they would be reeducated on PREA. Long Creek is the Maine Department of Corrections only fulltime juvenile facility. The Auditor also spoke to residents and reviewed case files to confirm education dates against the provided documentation.

Indicator (d) Education is available in multiple languages and forms from written to video to large print documents. Videos are provided in English and Spanish the most spoken languages in the Department of Corrections. Long Creek had no residents at the time of the onsite visit that could not speak English. Language line services are available as noted in standard 115.316. Residents support that they can go to staff if they need assistance in comprehension of written or oral PREA education. The facility has a full school environment so individuals with comprehension issues will be identified. The assistance is available to any individual who needs assistance including those with physical disabilities, cognitive limitations or those who cannot read. The Auditor did see postings at LCYDC in both English and Spanish the two languages most spoken at the facility.

Indicator (e) Records were reviewed for a random sampling of 15 clients along with a full report of the previous year's admissions. The documentation reviewed confirmed education of residents is tracked by the facility.

Indicator (f) Observations throughout the tour support there are materials available to resident continuously. The information viewed included handbooks, posters, and other signage about PREA or resources such as the Local rape crisis agency. The Auditor suggested periodic video refreshers be made available to residents given the long-term nature of the institution.

Conclusion: The Maine Department of Corrections Policy 6.11.2 PREA-Prevention sets forth on page 3 the expectation of the timeliness of resident education, manners in which education is delivered and the requirement for materials for LEP and disabled resident's education. Residents at LCYDC confirm they are educated on PREA and the zero tolerance expectations as soon as they get to the facility. PREA information is reviewed with the resident by the Intake Officer and they are provided a Resident handbook that contains PREA information. The information reviewed is signed by the resident and placed in their case record. The facility has PREA educational materials available to residents in the form of videos, brochures, and posters in addition to the handbook. Information in the written document seen on the tour includes phone numbers to state PREA Coordinator, how to report to an outside agency and rape crisis agencies throughout Maine. Other resident advocate organizations were also seen on the tour and mentioned by residents as a resource for reporting a concern.

Compliance determination considered the supporting educational documents, the residents' answers about education and their knowledge about facility specific steps for reporting a concern. Further supporting compliance is the Auditor's review of resident records that showed timely education, the materials viewed during the tours and the videos from the state website.

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

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

115.334 (b)

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

115.334 (c)

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

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policies and written/electronic documentation reviewed.

6.11.3 Sexual Misconduct (PREA and Maine Statutes) – Investigations

Training Material from Moss Group training on completing a sexual Assault Investigation

Training rosters

CI training attendance what SANE nurses do

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with trained Investigators

Observation on tour

Summary Determination

Indicator (a) The Maine Department of Corrections employs its own investigative body. The Department of Corrections employs Special Investigations and Intelligence Unit (SII) and Detectives are official Law Enforcement with full powers of arrest in the state of Maine. Long Creek Youth Development Center employs a Detective who is required by policy (6.11.3 pg. 2-3) to have received specialized training in completing Sexual Assault investigations. As such, they have received a training in completing investigations consistent with the Maine statutes and DOC policy. There are no SII staff currently assigned to Long Creek Youth Development Center. The Maine Department of Corrections was able to have a cadre of staff members trained in 2014 by the Moss Group on “How to complete sexual assault investigations of the correctional setting.” In November of 2019 they were able to again obtain a three-day training from the PREA Resource on “PREA Investigator Specialized Training”. In addition to the Detective for Long Creek three other staff, including the PREA Manager, also completed the course. The course was completed by 25 DOC employees including the Manager of the Office of Professional Review who would oversee investigations of staff misconduct.

Indicator (b) The Auditor reviewed the slides that were developed by the PREA resource center to ensure the content was consistent with the topics required by the standard. The training materials and the interview with a trained investigator confirmed the trainings covered how to communicate with a victim of sexual assault, the use of Miranda and Garrity Warnings, proper steps in the collection and preservation of evidence and the factors in making a determination of substantiation for administrative action or prosecutorial referral. The materials also used examples from Maine DOC case files.

Indicator (c) Training records were provided for onsite staff who complete investigations and for staff from the Office of Professional Review who would complete investigations on staff involved incidents. Copy of the Detectives certificate was also included in the file.

Conclusion: The Maine Department of Corrections ensures that staff who complete investigations have received appropriate specialized trainings on investigating sexual assault in a correctional setting. Prior to working for DOC, the Long Creek Youth Development Center's Detective had completed a 26 year career with the Portland ME Police Department where he was a Detective. He previously also attended a 40-hour training on Sexual Assault Forensic Examination which brought law enforcement and medical staff together.

Documents and interviews support that the facility's investigators are trained in the requirements of a PREA related investigation. Maine has set up, that if allegations are against staff, the agency's Office of Professional Review would be brought in to investigate and ensure an impartial process. Given the number of DOC trained PREA Investigators, the level of professional investigative training provided to the staff and the interview with the facility's trained investigator, the Auditor finds the facility exceeds the standard expectations. Samples of investigations completed, the additional training undertaken by the Detective and the supporting training documents all supported the Auditor's findings.

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

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

115.335 (b)

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

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if

the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.335 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention
Wellpath PREA training materials
Documentation of staff training

Individuals interviewed/ observations made.

Interviews with Medical and Mental Health staff

Summary Determination

Indicator (a) the Long Creek Youth Development Center employs the services Wellpath, a private Correctional Medical and Mental Health Services Provider. The agency trains staff on PREA specific considerations from the medical and mental health provided prospective. Included in the training materials and the staff interviewed was information that the training addressed signs and symptoms of abuse, communication with a victim, how to report an allegation and how to preserve evidence. Nursing staff were aware that they should not clean any injuries and only treat critical health concerns before transport to the hospital for a rape kit.

Indicator (b) The staff do not complete a forensic exam.

Indicator (c) Documentation was provided to the Auditor for the 20 Wellpath staff confirming the specialized training was completed.

Indicator (d) A review of the training record and the interview with staff confirms that all Wellpath staff receive the same training as the DOC employees annually as well as the training described in 115.32.

Conclusion: Medical and Mental Health Staff at Maine DOC facilities are employed by Wellpath. Wellpath provides PREA training with a medical and mental health focus for their employees and provides the PREA Monitor with the documentation. The PowerPoint reviewed by this Auditor addressed how to detect, assess signs, and preserve evidence of a sexual assault. The training materials and interviewed staff support they were trained in how to respond appropriately to sexual assault victims. The Auditor met formally with Wellpath staff and was able to ask questions of other Wellpath staff on the tour. Medical and Mental Health staff knew to whom to report allegations and suspicions of sexual abuse or sexual harassment. They were able to explain the reporting would be up their agency chain of command while also notifying the chain of command of the prison. Medical and Mental Health Staff knew to also report any concerns to the Detective or PREA Monitor. The contracted staff reported they attended PREA classes from Maine DOC with the state employees. Wellpath staff will not do forensic medical examinations but are aware of how to protect evidence and what facilities they would refer residents to for an exam by a SAFE or SANE if needed. Policy 6.11.2 also was reviewed by the Auditor to determine compliance along with interviews, a review of the Wellpath training program materials for Medical and Mental Health Staff and training records for the Wellpath staff figured into the compliance determination.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

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

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

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

115.341 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention

18.4 Health Screening and Assessment

Population report for LCYDC

Screening results

PREA Coordinator screening report

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interviews with Wellpath staff.

Interview with staff who complete screening

Observation on tour

Summary Determination

Indicator (a) Policy 6.11.2 Sexual Misconduct – prevention (pages 3-4) that all individuals admitted or transferred be screened for likelihood to be a victim of sexual violence or likelihood of being a perpetrator of the same said violence. The Policy defines the positions trained to administer the screening tool. The Policy stated in indicator (a) sets forth an obligation for the screening to be completed sooner than the standard requirement. The Maine DOC requires the screening to be completed in the first 24 hours. As a facility that receives pre-trial population a portion of the population is discharged on the same day they are admitted. There were instances documented that the screening was not complete but also documented the client was not put into the population but instead held in the intake area until court. All residents are reassessed within 14 days of admission and at legal status changes (pre- trial to sentenced) and if any additional information is learned. Residents may also be rescreened. The review of the screening reports supports the practice of screening and reassessment of individuals is standard. This was verified in the review of 35 active and closed files from the past year.

Residents routinely had multiple screenings documented and in some cases the reassessment was for cause.

Indicator (b) The tool developed by the Maine Department of Corrections for screening residents for potential sexual violence or sexual victimization is an objective tool utilizing information from the residents criminal records, information from other treatment and justice setting, and the clients self-reported information. The Auditor was provided with the materials on how to administer and score the tool to ensure that the application is objective. The Auditor spoke with an individual who completes the screening to verify the process. The tool scores all residents on three levels of risk for perpetration of sexual violence or sexual vulnerability.

Indicator (c) A review of the objective tool used in Maine DOC facilities shows that it accounts for all 11 elements required in this indicator. In completing the tool, the staff person reviews documentation provided at intake and obtains information from the client. Long Creek Youth Development Center's medical staff complete a medical screening at intake including some PREA related questions. Medical staff will work with the Intake Officer to ensure any medical issue or disclosure by the youth to medical staff that would affect the scoring tool is provided. The residents confirmed they were asked about their sexuality, their past victimization history and if they felt if they were going to be safe. Tool also looks at

their past charges and detention history and uses scoring from another normed screening tool the MAYSI to help determine Emotional and Cognitive development and the juvenile history of trauma. The staff member also assesses age and size compared to the existing population.

Indicator (d) The Long Creek Youth Development Center uses regular treatment meetings once a client is admitted to continually assess the client's needs and interactions. The treatment team consists of individuals that interact with the youth in a variety of settings, in the facility including custody, medical, mental health, education and vocational. It is at the treatment team where the client's initial assessment information is reviewed and if additional information comes to light in medical, mental health or educational assessments or records review the scoring can be adjusted appropriately.

Indicator (e). The Maine Department of Corrections completes the screening information in its electronic case management system. The Coris electronic case management system limits who may have access to the screening information, especially the clients more sensitive information. Disclosures made in the Medical or Mental Health records are completely siloed from the custody staff in the electronic medical records which are controlled by Wellpath. Staff are only provided enough information as necessary to keep them safe. Information on an individual's past abuse from record to treatment disclosures would not be available to custody staff. Residents support information is kept confidential unless someone is getting hurt.

Conclusion: The Long Creek Youth Development Center ensures all residents are screened for sexual victimization and abusiveness using an objective tool. Policy 6.11.2 (page 4) requires that all residents be screened initially within 24 hours and reassessed within 14 days by the facility classification team. Maine DOC has developed a report that can be used by the facility PREA Monitor and the State PREA Coordinator to ensure standard timeliness benchmarks are being met. The Agency also requires periodic rescreening by using the PREA assessment instrument in CORIS. This is done also when warranted due to a referral, request, incident of sexual misconduct or receipt of additional information that bears on the prisoner's risk of sexual vulnerability or sexual violence. CORIS is the Maine DOC electronic case file system and the Wellpath EMR protects resident's sensitive information. The objective tool was developed by Maine DOC and has clear guidelines for its use. The tool accounts for all factors required in indicators (c). They have also implemented a system to ensure that after the initial screening the resident are asked about sexuality, victimization history and perceived safety. Unit Management team members were aware of resident screening and the importance of using the information. Medical staff will also ask PREA related information at the initial assessment and pass any new information back to the intake staff to ensure the screening encompasses all information obtained at intake. Compliance was determined based on the sample screens provided consistent with time requirements in the standard. Interviews with staff and residents further support that the appropriate questions are being asked. The Maine DOC report tool on the timeliness of initial screening and reassessment and 35 random records reviewed supported an effective screening process.

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

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

115.342 (b)

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

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No

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

115.342 (d)

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

115.342 (e)

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

115.342 (f)

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

115.342 (g)

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

115.342 (h)

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

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

115.342 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Policy 6.11.2 Sexual Misconduct (PREA and Maine Statutes)– Prevention
 Policy 18.8 Management of Transgender Juveniles

Individuals interviewed/ observations made.

Interview with Facility PREA Monitor
 Interview with Intake Officer
 Interview with Teacher /vocational supervisors
 Interview with Unit Manager
 Interview with Random Staff
 Interview with random Residents
 Interview with transgender Residents
 Population report
 Observation on tour

Summary Determination

Indicator (a) Policy 6.11.2 Sexual Misconduct – Prevention (page 4) states “information from the risk screening is reviewed and considered by appropriate staff when making housing and work, education and other program assignments so that those prisoners or residents at high risk of being sexually

vulnerable are kept separate from those identified as being at high risk for sexual violence and ensuring that determinations about how to ensure the safety of each prisoner or resident are individualized". The PREA screen used at LCYDC provides immediate assistance in determining the appropriate housing unit for any new resident. The agency's electronic case management system ensures those with high score for perpetration of sexual violence from being placed in the same cell as an individual with a known victim history. Individuals with victimization history or perpetrating histories are provided counseling onsite by Wellpath staff or through the rape crisis agency SARSSM. The multi-discipline team, using the results of the screening and the client history plan for housing, treatment and education placement. The Unit team will determine when a resident has earned the privilege of having a job on site and at that point will work with staff who supervise the jobs about risk concerns of a resident. During these team meetings potential conflict would be identified between the known individuals on each side. Interviews on the tour of staff overseeing the Kitchen and the Laundry confirmed they are provided information to ensure known or possible victims are kept apart from known or potential perpetrators.

Indicator (b) NA- Long Creek Youth Development Center has not isolated any residents in the past 3 years. DOC policy addresses if this occurs including the requirement that the placement in isolation is the last resort to maintain safety. Residents are required to have regular access to programming, education, recreation, and all medical and mental health services.

Indicator (c) PREA Policy 6.11.2 states "The determination whether to assign a transgender or intersex prisoner or resident to a facility for male or female prisoners or residents and other housing and program assignments shall be individualized, take into account the views of the prisoner or resident, and be based on protecting the prisoner's or resident's safety and mental health and preventing security issues." The Auditor confirmed through review of population records and interviews with random staff and resident's that there is no practice of housing LGBTI residents, in any particular unit, because of perception of vulnerability or aggressiveness, based on gender identity.

Indicator (d) The Maine Department of Corrections clearly states in two policies that the Transgender and Intersex resident housing will be made on a case by case basis. Policy 6.11.2, as referenced in indicator (c), and Policy 18.8 Management of Transgender Juveniles both confirm the case by cases determination process. Policy 18.8 states " in the case of a transgender or intersex resident, the decision about housing shall be made on a case-by-case basis, taking into account the views of the resident, and shall be based on protecting the resident's safety and mental health and preventing security issues, including, but not limited to, risks to the safety of other residents." LCYDC received its first transgender admission in 2020 since 2017. The resident meeting notes discussed housing, the residents preferred pronouns, accommodations provided, and treatment services offered which included bringing in a local LGBTI support agency to work with the resident. The Maine Department of Corrections has instituted a SOGIE (Sexual Orientation, Gender Identity, and Gender Expression) questionnaire for any resident who identifies as transgender.

Indicator (e) The Auditor reviewed the records of the client who identified in 2017 as transgendered and found meeting notes more frequently than every 6 months. Policy 6.11.2 Sexual Misconduct. States "Facility, housing, and program assignments for a transgender or intersex prisoner or resident shall be

reviewed through the facility classification process at least every six (6) months to consider any threats to safety experienced by the prisoner or resident.” The Auditor also was provided information once onsite of the June initial multi-disciplinary review of the resident who disclosed in 2020.

Indicator (f) Policy 18.8 states “in the case of a transgender or intersex resident, the decision about housing shall be made on a case-by-case basis, taking into account the views of the resident. Interview with a juvenile who had identified as transgender confirmed they were asked about housing preference in the multi-disciplinary meeting.

Indicator (g) Policy 6.11.2 requires “If a facility does not have separate individual shower facilities for use by transgender and intersex prisoners or residents, then a transgender or intersex prisoner or resident shall be given the opportunity to shower at separate times from other prisoners or residents.” Long Creek Youth Development Center residents all have access to individualized showers.

Indicator (h) NA Long Creek Youth Development Center has not Isolated any residents. DOC policy addresses if this occurs including the client’s safety perception and an inability to provide another alternative way of guaranteeing the resident safety.

Indicator (i) NA Long Creek Youth Development Center has not Isolated any residents. DOC policy addresses if this occurs including a review at a minimum of every 30 days.

Conclusion: As discussed, the Maine DOC has two policies (Policy 6.11.2 Sexual Misconduct – Victim Services and 18.8 Management of Transgender and Intersex Residents) that describe the requirements of the various indicators in this standard. The electronic case management system of Maine DOC (CORIS) will prevent housing of potential or known victims with potential or non-aggressors based on the PREA Screening tool in 115.41. All residents are asked how they feel about their safety which helps guide the placement process for housing and eventually programming. LCYDC currently has no transgender residents. The documentation from three years ago and the policy language in place support they understand the steps needed to protect the right of all LGBTI residents. During the tour and subsequent movement, the Auditor was able to see how transgender residents have privacy during shower or bathroom use. Documentation supports that LGBTI residents are not all housed together or denied programming or work. There is no legal judgement requiring such condition to exist. Through the Unit Management process other areas of the resident’s life are given enough information to ensure potential victims and potential perpetrators are monitored closely. Education staff, Correctional Trade Instructors and Correctional Industries Supervisors were aware of who in their program is at risk for victimization. The Auditor discussed with several of these staff members during the tour, how they take steps to manage residents on the job site including watching groupings and keeping good lines of sight. Line custody staff also understand the need to protect potential victims from potential aggressors and discussed during the informal and formal interviews, how they get to know the resident and observe and address any behaviors.

The standard is determined to be compliant based on policy, supporting document and interviews with residents and staff. The Auditor finds that practices are in place to use screening information and there is good communication about those at risk. The Current transgender individual confirmed that there was a meeting about her need in the LCYDC.

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

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

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) Yes No NA

115.351 (c)

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

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes)

PREA Brochure

Resident handbook

PREA Posters

Photos Poster of MECASA and Disability Rights

MOU with local rape crisis agency

MOU with outside agency who will take complaints

Memo informing the Auditor on the frequency of complaints to outside agencies.

DOC PREA Hotline

Individuals interviewed/ observations made.

Interview with Random Staff

Interview with Random staff

Interview with SARSSM and MECASA staff

Interview with

Interview with local outside reporting agency

Observation on tour

Summary Determination

Indicator (a) Random residents' interviews confirmed that the residents know there are multiple ways to report a concern within the facility or to the Department of Corrections Central Office. Residents knew of the postings on the walls of the units and information on how to report a concern in the Resident handbook. Residents described options to report a concern including directly to a staff they trust, to any case manager or medical or mental health staff, by writing the Superintendent or by calling the DOC PREA 'hotline' (agency PREA Coordinator). It should be noted Residents supported they have comfort with going to line staff to report a concern. The PREA Coordinator did confirm there were no

claims filed through the PREA Hotline for LCYDC. The DOC PREA Policy 6.11.3 which covers reporting and investigation on page 2 states that each facility administrator will ensure there are multiple ways for residents to report concern related to sexual abuse, sexual harassment, retaliation, or staff neglect that contributed to abuse. Posters were visible on the tour and the Auditor tested the ability to call the hotline.

Indicator (b) The Maine Department of Corrections has set up two ways in which residents can report a PREA concern to an outside agency. The phone numbers for the local rape crisis agency are posted prominently in each housing unit. The poster also has the address of the PREA Coordinator of the local county jail if they do not feel comfortable reporting to DOC staff. Residents were aware of these options and stated they could call attorneys or family members to report a concern. The residents were also confident, if a family member called to report a concern, that the staff would take it seriously and it would be investigated. The Auditor was provided with MOUs for both the Rape Crisis Agency (SARSSM) and the local county Jail (York County). The Auditor confirmed the relationship with both agencies. Residents also referenced the ability to speak with Disability Rights, a legal advocacy organization.

Indicator (c) Random staff interviews confirm consistent with agency policy (6.11 Sexual Misconduct - page 2) that all staff take any report of a PREA related incident seriously and report the concern to a superior or to the facility investigator. Random staff knew they had to report the claim no matter the source of information including anonymous notes. The staff reported that any claim, even if they thought it did not occur, needed to be reported. The staff also confirmed that after giving notice to a supervisor they were required to file a written report on the claim. Finally, the staff also confirmed they had to report on the actions or failure to act of a fellow employee that leads to a sexual assault. Staff reported verbal notification to a supervisor was required as soon as possible and that an incident report must be filed before the end of the shift. The random staff statements were consistent with the language in DOC policy and this standard indicator.

Indicator (d) The Auditor confirmed with residents how they could file a written complaint on PREA through the grievance system or in-house mail to a staff person they trust. They also were aware they could write outside agencies and most understood the meaning of privileged correspondence. The Auditor saw the mailbox system on the housing used to send internal or external mail. LCYDC PREA Manager also confirmed the various ways in which a client reports a concern and how he would be notified of any claims

The Agency provides several avenues for staff to report a concern of sexual assault or sexual harassment. Beyond reporting an incident to their immediate supervisor, if the staff had a concern about the supervisor or another staff being involved with a client they report to another supervisor or to a higher ranking individual, they can make a report using either the posted phone numbers to SASSMM or The Maine DOC PREA Coordinator. Staff interviews confirmed they were aware of multiple avenues to report a concern. The staff knew they could report out of the chain of command without consequences. The Auditor also was provided with a PREA informational brochure which describes how staff and volunteers can report a concern.

Conclusion: Maine Department of Corrections and LCYDC Policy 6.11.3 SEXUAL MISCONDUCT - Reporting and Investigation, outlines the requirements of this standard. Page one of the policy addresses the staff responsibility to accept all forms of resident reported sexual abuse and sexual

harassment claims. The facility's Sexual Assault Brochure, the Resident Handbook and posters throughout the facility all give direction on the importance and methods of reporting sexual abuse and sexual harassment. Interviews with staff were consistent in their understanding of their duties of accepting and responding to all reports of sexual assault or sexual harassment whether it was done verbally, in writing, anonymously or by a third party (indicator (c)).

Residents interviewed were aware of multiple ways in which they could report including telling staff, calling the hotline to one of two numbers, mail administration or the local county jail, complete grievance form or call or write the local rape crisis agency. Posters seen on all the housing units during the tour direct residents to call the DOC PREA Coordinator or write the local county Jail if they did not want to speak to DOC personnel. The rape crisis information is also located in the resident handbook. Residents spoken to formally and on tour reported comfort in speaking with staff including the unit staff if they had a concern. Custody staff reported knowing how to privately report PREA concerns to administration and that there is no problem reporting out of the chain of command. The Auditor finds compliance with standard provisions, based on the policy, documentation provided and viewed on the tour, and the interview findings of random staff and residents as well as interview information from the PREA Monitor and PREA Coordinator.

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

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

115.352 (b)

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

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (d)

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

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

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

115.352 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

6.11.4 Sexual Misconduct – Administrative Sanctions and Grievances

Grievance Log

Memos from Grievance officer and Compliance Manager

Individuals interviewed/ observations made.

Interview with facility PREA Monitor

Interview with Superintendent

Interview with the Associate Commissioner

Interview with Random Residents

Observation on tour

Summary Determination

Indicator (a) The Long Creek Youth Development Center is not exempt from the standard; Residents can file a grievance on conditions that violate their rights or prison rules. Sexual misconduct is a reason for which a resident can file a grievance. Of the thirteen grievances filed in the 12 months prior zero were sexual assault or sexual harassment claims.

Indicator (b) Agency policy and client handbooks support the resident can file a grievance to a person who is not the subject of the grievance, and there is not a time requirement for filing a PREA Grievance. There is also no requirement to resolve the situation through an informal process. Agency Policy 6.11.4 (page 5) set forth these conditions.

Indicator (c) The facility has a grievance officer who residents can send sealed mail. If the grievance officer is the subject of the complaint, consistent with agency policy (6.11.4 page 4-5), the residents can send the grievance directly to the facility administrator. The Superintendent did not report receiving any PREA related grievances.

Indicator (d) Policy 6.11.4 SEXUAL MISCONDUCT (PREA AND MAINE STATUTES) ADMINISTRATIVE SANCTIONS AND GRIEVANCES. Sets forth the requirements for response and appeal consistent with the standard. The Maine DOC requires a faster response period than the indicator requires. As a smaller facility grievances are resolved generally in days instead of months.

Indicator (e) Policy 6.11.4 (page 5-6) states “The resident may be assisted in filing the grievance by any Departmental staff person or by any other person with whom the resident is permitted to have contact. Such a person may also file the grievance on behalf of the resident, provided that the prisoner or resident consents to the filing. If there is any question about consent, the Grievance Review Officer may personally speak to the prisoner or resident to ascertain whether he or she consents to the filing of the grievance on his or her behalf. If he or she does not consent, the Grievance Review Officer shall document that fact and shall not respond to the grievance.” Residents spoken to by the Auditor confirmed that there is no prohibition on assisting or filing a grievance for another resident. Most residents did not pick grievances as an option for reporting a PREA concern without prompting. Most residents identified direct communication with staff, administrators or calling the PREA Hotline. Staff were also aware they need to accept all complaints or grievances from third party individuals.

Indicator (f) In Policy 6.11.4 Pages 6 and 7 describe the provisions for an emergency grievance. Any emergency grievance or grievance where there is an imminent risk for sexual misconduct requires immediate notification to the facility's chief administrative officer. There were no incidents in which an emergency grievance was filed in the last 12 months. Discussions with both the Superintendent and the Associate Commissioner support an expectation of immediate response to any claim of sexual misconduct including grievances with a focus on providing the victim safety without the use of isolation.

Indicator (g) Residents can only be disciplined if, through an investigative process, it is substantiated that the grievance was filed in bad faith. This is the same standard for all PREA complaints filed even if they are not through the grievance process. The Auditor was able to see investigations where residents did file false reports or were sanctioned for misuse of the PREA hotline number.

Conclusion: Long Creek Youth Development Center is not exempt from the exhaustion of administrative remedies. The Maine Department of Corrections has a policy *6.11.4 Sexual Misconduct – Administrative Sanctions and Grievances* as an option for residents to file a PREA complaint. There were no instances in which normal grievance, or an emergency grievance was filed. Grievance Logs reviewed support that residents can use grievances as a process to resolve concerns in the institution. Residents in the random interviews reported no history of filing a grievance on a PREA related concern. Residents reported comfort in telling staff directly about concerns and if they felt it was not addressed, they would send a request to the Superintendent or the PREA Monitor to discuss concerns. With no PREA Grievance (sexual harassment case) to review, compliance determination relied on the policy and interviews with the Associate Commissioner, Superintendent, PREA Monitor and the residents who were aware the grievance process was a possible avenue to report a Sexual Misconduct concern.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

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

115.353 (b)

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

115.353 (c)

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

115.353 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

The Department of Correction has a policy that (Policy 6.11.2 Sexual Misconduct – Prevention) DOC

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Superintendent

Observation on tour

Summary Determination

Indicator (a) The LCYDC provides access to the local rape crisis agency. The Sexual Assault Response Services of Southern Maine (SARSSM) and the umbrella rape crisis agency in Maine MECASA can provide access to services in the facility and provide a network of resources for youth leaving custody to other parts of Maine. The Agency's employees are granted professional visitor status which allows for confidential communication. This means that calls are not recorded, mail is not read, and visitation can be private. The LCYDC had previously been able to hold juveniles for civil immigration violations, but policy changes no longer allow for that to occur. The facility has postings up to inform residents how to access legal assistance in addition to posting from MECASA that shows the contact information for all of Maine's rape crisis agencies including SARSSM.

Indicator (b) All residents are informed at the inception of services that confidentiality is limited when there is an individual who has been victimized in the institution. All Long Creek Youth Development Center Residents sign acknowledgement forms with Wellpath as part of their service introduction for both medical and mental health services.

Indicator (c) The Department of Correction has a Memorandum of Understanding with SARSSM which covers both the Maine Correctional Center and the Long Creek Youth Development Center. The agreement is current through April of 2021. The DOC also has an agreement with the state-wide rape crisis agency Maine Coalition Against Sexual Assault (MECASA).

Indicator (d) Three DOC policies address the rights of residents to have confidential communication with attorneys or outside professional visitors. 16.01 Resident Mail, 16.02 Access to Telephone and 16.03 cover confidential communication with legal and professional visitors. Communication with sexual assault agencies is defined in the policy as "privileged", like legal communication. Residents are aware of the level of privacy in speaking with their parents. During COVID -19 only professional visitation occurred on-site to limit the risk of disease spread. Residents have had access to Maine Disability Rights in addition to their court appointed attorneys.

Conclusion: Resident victims at LCYDC can access victim advocates for emotional support. The agency has entered into a Memorandum of Understanding with the SARSSM to provide support to victims (Indicator (c)). The Deputy Commissioner has signed the MOU with both MECASA and SARSSM which can be renewed. As part of the audit process the Auditor spoke by phone to SARSSM and MECASA representatives who confirms their ability to provide service at DOC facilities. The PREA Brochure and signage throughout LCYDC had a toll-free number for residents to access from the unit phone in the facility or with their case manager. The handbook informs residents they can call or write SARSSM who could come to the facility to provide services as a professional visit. Residents could identify how confidential the communication is within the facility including mail and telephone contacts. Residents also knew that outside counseling staff could be spoken to in a professional visiting setting. The Auditor could see, on the tour, posters for MECASA and legal assistance for those detained. All four indicators of this standard were covered in policy which supported compliance along with the documentation visible on the tour and through interviews with residents and outside organizations. The PREA Coordinator also invited SARSSM to participate in a PREA prep audit of the facility.

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Policy 6.11.2 Sexual Misconduct – PREA and Maine Statutes
Maine DOC Website
PREA Posters on Housing units
Logs of the PREA report Hotline

Individuals interviewed/ observations made.

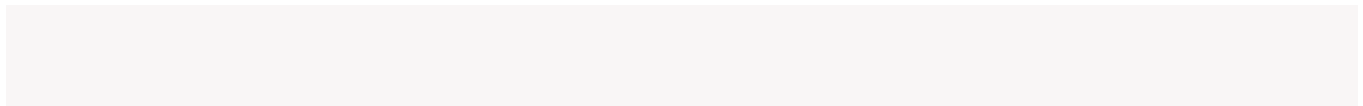
Interview with Agency PREA Coordinator
Information from York County Jail PREA Coordinator
Observation on tour

Summary Determination

Indicator (a) Maine Department of Correction has developed a mechanism for individuals who want to report PREA concerns as a third party; be they fellow residents, family, or friends. Information can be given in person, by phone, by e-mail, by US mail or by contacting the agency PREA Coordinator through the agency website Maine.Gov. There is information directing residents in the PREA brochure, PREA poster, resident handbook and on the website noted above. The residents are provided information on how to send complaints to the local county jail. During the pre-audit phase the Auditor reached out to the PREA Coordinator of York County who is named as a resource on the LCYDC PREA poster. He

reported he has not received any PREA complaints from Long Creek Youth Development Center. Staff were aware that they must take all reported concerns about PREA potential violations including from third parties. The facility phones allow for residents to dial out to the advocates or the Maine DOC PREA Coordinator. The Maine DOC Policy on Communication mail and visiting 16.3 and Sexual Misconduct policy 6.11 and 6.11.5 address the requirements of this standard. The Auditor called the PREA Hotline from the housing unit phone and the PREA Coordinator received the message on his phone in minutes.

Conclusion: Maine Department of Corrections has put in place multiple resources of resident and families to report a PREA related concern. The PREA Coordinator shared the log of calls that had come into the state hotline of which only one case was a third-party report. As part of the audit process the PREA Auditor spoke with the PREA Coordinator of the local jail to confirm the Memorandum of Understanding that LCYDC residents could make complaints. Compliance was based on policy and the systems Maine DOC has put in place to support residents and that residents were aware they could make a complaint on behalf of another resident. Finally, the Auditor took into consideration the systematic logs of information on all calls to the PREA Line. This document supports an organized process to track all calls no matter the source even if the call was a hang up. The Auditor was able to see how the call log also documents the referral back to the institution for the initiation of an investigation including when the call is anonymous.



OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

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

115.361 (b)

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

115.361 (c)

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

115.361 (d)

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

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No

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

- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? Yes No

- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Policy 6.11.5 Sexual Misconduct – responding
 Policy 6.11.3 Sexual Misconduct – Reporting and Investigating
 LCYDC Sexual Assault Response Plan
 DOC PREA Hotline logs

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator
 Interview with random staff
 Interview with facility Investigator
 Interviews with Medical and Mental Health staff

Summary Determination

Indicator (a) In several parts of the Agency's PREA policy 6.11 Sexual Misconduct (PREA and Maine Statutes) staff are directed to report all knowledge or suspicion related to sexual misconduct against a resident. Policy 6.11.3 staff "shall immediately report verbally" to a supervisor when they become aware of an incident of sexual misconduct or retaliation. In the general section of Policy 6.11 failure to report an incident could result in criminal charges. Staff understood, as evident in random staff questioning, the expectation included when a resident discloses information about abuse in a prior institution. The staff were also clear that knowledge of misconduct by staff through actions or inactions leading to abuse must be reported.

Indicator (b) Policy 6.11.3 Sexual Misconduct (PREA and the Maine Statutes) Reporting and Investigating states "If the victim of the alleged sexual misconduct is under the age of 18 or is considered a dependent or incapacitated adult under 22 M.R.S.A Section 3472, the Chief Administrative Officer, or designee, shall report the allegation to the Department of Health and Human Services." Random staff interviewed were aware of the requirement and the Auditor was provided with examples of the reporting documents sent.

Indicator (c) Random staff were aware of the importance of keeping information disclosed by a resident to those with a need to know such as the Supervisor on duty, and appropriate medical or Mental Health staff who may respond. Policy also outlines this on page 3 of the Reporting and Investigation portion of the DOC PREA policy that the content of PREA incident reports are confidential and may only be shared with supervisory, investigative staff and health care personnel in order to obtain treatment..

Indicator (d) As noted in previous standards the Wellpath Medical and Mental Health Staff ensure client confidentiality unless there is a risk that another could impact the safety of individuals. Staff report residents sign that they understand the limits of confidentiality with medical and mental health upon initiation of services. .As noted in indicator (c) Maine state law requires notification of any abuse of juvenile residents Wellpath Medical and Mental Health staff were able to discuss the requirements for informed consent and how they notify all residents at the initiation of services on the limitations of their confidentiality. Random residents interviewed support they understood the limits of confidentiality when speaking to Medical or Mental Health professionals.

Indicator (e) Policy 6.11.3 (page 3) sets forth the obligation to notify parent or legal guardian of any allegation of sexual assault. As stated in indicator (b) the Department of Health and Human Services is required to be notified in all cases of abuse.

Conclusion: There are policies that direct staff of LCYDC in the handling of a report of Sexual Assault or Sexual Harassment. These policies include Maine DOC's Sexual Misconduct Policy 6.11.3 and Sexual Misconduct Policy 6.11.5. Random staff interviews confirmed that staff are aware of the immediate need to report all accusations of sexual assault or sexual harassment. They knew this included third party and anonymous complaints and accusations that may not be true. The staff interviewed knew they also had to report on a coworker whose actions or inactions lead to a sexual assault. Staff were aware of the importance of timely reporting and the need to provide confidentiality

about information. Staff were aware that exceptions are when reporting to supervisory staff, investigative staff or information needed to secure treatment or provide for the safety/security of others. The facility's Medical and Mental Health clinicians were aware of the timely reporting concerns to Wellpath Supervisor, the resident's parent/guardian, LCYDC Administration and the States Department of Health and Human Services. Medical and Mental Health staff have all residents sign a form understanding the limit of their confidentiality prior to service. All staff, including the contractors, were aware of mandated reporting and their legal responsibility to report. The above stated facts support compliance and that the staff have a clear understanding on the responsibility to report a concern related to PREA. Finally, the client interviews support an understanding of the limits of confidentiality if a resident was a risk of being hurt or hurting someone else.

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Policy 6.11.2 Sexual Misconduct (PREA and Maine Statutes)
Population report for Long Creek Youth Development Center

Individuals interviewed/ observations made.

Interview with the Associate Commissioner
Interview with the Deputy Director of Operations
Interview with Superintendent
Interview with Random Staff

Summary Determination

Indicator (a) The Long Creek Youth Development Center had one incident in which they enacted steps to protect a resident in imminent risk of sexual abuse. In the incident medical, mental health and custody staff all were engaged within an hour of the resident notification of a concern. The documentation supported interviews with the Director of Operations for Maine's Department of Correction, and Superintendent acknowledged the agency response would be immediate. Policy 6.11.2 Sexual Misconduct (PREA and Maine Statutes)- Prevention Planning (pages 4-5) directs staff, contractors, and volunteers on the steps to take if a resident state they feel at risk of abuse. If the facility believes a resident might be at risk the facility can place them on "pod shadow" which acts as almost a one to one for extra support. The Associate Commissioner was clear on not only the physical steps he expected to support a resident at risk, but also the steps he expected to emotionally support individuals at risk. He reported, in addition to the in house medical/ mental health supports, they could also engage outside services including advocacy organizations such as SARSSM.

Conclusions: The Long Creek Youth Development Center and the Department of Corrections administration are verbal about their commitment to resident safety. The administration supports that they have several housing options to protect a resident from potential abuse. Interviews with facility and Agency administration supported the ability to be responsive to individuals who were at risk of abuse in addition to those who may have been the victims of abuse. Random staff interviewed identified what to do in situations of imminent risk including immediate separation of parties, increased contact, support to the residents, notify up the chain of command and documentation of the incident. Compliance was determined based on the interviews with Administration and line staff. The Auditor also took into consideration that residents expressed staff were approachable and believed staff would take a complaint seriously.

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

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

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

6.11.3 Sexual Misconduct- PREA Reporting and Investigations

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Superintendent

Summary Determination

Indicator (a) The Maine Department of Corrections Policy outlines the requirements if an individual discloses at one facility that they were previously victimized at a prior correctional facility. The policy requires the notification is made to the state PREA Coordinator and the facility administrator or designee. There was one reported incident of sexual abuse allegations made while the resident was living at another facility. Interview with the PREA Monitor and the Superintendent support that LCYDC has the culture in place to ensure all allegations including ones that occurred in another setting are reported promptly. The Superintendent knew that residents who disclose abuse at another facility must be reported to the head of that other facility and that any call she would receive would be referred for investigation. In one case, the LCYDC Detective investigated a potential abuse claim that was almost 20 years old.

Indicator (b) The PREA Coordinator, PREA Monitor and the Superintendent were all aware in their formal interviews that notifications to outside facilities should be made as soon as possible but no later than 72 hours. The DOC Policy 6.11.3 states "Department's PREA Coordinator, the Chief Administrative Officer, or designee, of the facility where the allegation was made shall forward a copy of the written report to the Chief Administrative Officer, or designee, of the facility where the alleged sexual misconduct or sexual harassment occurred, no later than seventy-two (72) hours after receipt of

the report by the Chief Administrative Officer, or designee. The Chief Administrative Officer, or designee, shall document that notification was provided.”

Indicator (c) As noted in indicator (b) the policy requires notifications are to be documented. Since there were no incidents the Auditor relied on policy and the knowledge of the individuals interviewed.

Indicator (d) Documentation was provided that there were no outside reports of sexual assault of a former resident from LCYDC by another facility. The Superintendent confirmed, consistent with policy that all outside allegation will result in an investigation.

Conclusion: Maine Department of Corrections Policy 6.11.3 Sexual Misconduct- PREA Reporting and Investigations pages 3 and 4; addresses the requirements of reporting to other confinement facilities of incidents of sexual assault that had occurred in those facilities. The Policy requires that at all DOC facilities notification is done in writing and within 72 hours. Interviews with Superintendent and PREA Coordinator confirmed they were aware of responsibilities, including the documentation of notifications. Absent a current case, compliance with this standard was based on the agency policy, the Superintendent and PREA Coordinator’s knowledge of their responsibilities and the documentation provided.

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

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

115.364 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policies and written/electronic documentation reviewed.

Policy 6.11.3 Sexual Misconduct- PREA Reporting and Investigations
Incident reports from first responding staff person

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator
Interview with investigative staff
Resident who reported Sexual assault
First Responding Staff person

Summary Determination

Indicator (a) Policy 6.11.5 Sexual Misconduct Responding covers the requirements of the first responder duties including: 1) separating victim and alleged abuser 2) preserving and protecting the crime scene 3) directing the alleged victim on protecting evidence until they can be transported for forensic examination 4) ensure the alleged abuser also does not take actions to destroy evidence.

All random staff interviewed were aware of the duties of the first responder. Interview with first responding staff person and a resident who reported abuse confirmed appropriate steps were taken to protect the resident and support the evidence. Random staff also were able to provide examples they would take to preserve evidence.

Indicator (b) All staff and contractors in the Department of Corrections are all trained on how to protect evidence in the event of a sexual assault, The random custody and non-custody random staff, along with contracted staff interviewed recognized the importance of closing off the crime scene, separating individuals, instructing the individuals not to eat, drink, wash or use the bathroom. They also know to not have them change clothing.

Conclusion: The Maine DOC trains all employees and contractors in the duties of a first responder. Maine DOC has developed a coordinated response plan that gives first responders directions and information to support them through the crisis. Compliance determination relied on the interviews with staff who were able to identify step 1-4 in (Indicator A) and that they were to tell the alleged victim and perpetrator not to do anything that could affect the collection of evidence. Medical staff and vocational staff were also aware of the steps to preserve evidence. (Indicator B). Staff at LCYDC are prepared to respond as evident in their answers that support compliance. First responding staff interviewed confirmed steps taken to protect the resident, the evidence, and the crime scene. Compliance is based on policies, the interviews and the investigative files supporting immediate separation of individuals and steps taken to preserve evidence.

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Policy 6.11. Sexual Misconduct- (PREA and Maine Statutes) General
Policy 6.11.5 Sexual Misconduct- (PREA and Maine Statutes) Responding
LCYDC Sexual Assault Response Plan

Individuals interviewed/ observations made.

Interview with Facility and Agency PREA Coordinator
Interview with Superintendent
Interview with Investigators

Interview with Medical Staff
Interview with Hospital with SAFE/SANE staff
Interview with local Rape Crisis Agencies
Interview with Supervisory staff

Summary Determination

Indicator (a) The Maine Department of Correction updated its facility preparedness plan in 2019 for sexual assault incidents. The revised plan directs staff in their duties, so a coordinated response is done the same way each time. The eight-page plan is individualized at the facility level to increase staff response time and accuracy of information needed including, local hospital numbers and local rape crisis agency contact information. Policy 6.11. Sexual Misconduct (page 7), in the described duties of the PREA Monitor sets forth the responsibility of the development of an institutional response plan to address how individuals in different roles in the facility will ensure the appropriate tasks are taken in event of a sexual assault or sexual harassment case.

Conclusion: Long Creek Youth Development Center is compliant because it has developed a coordinated response plan that directs staff in their duties. The 2019 plan was reviewed and updated by a multidisciplinary team. Policy 6.11.5 (page 2) Sexual Misconduct responding addresses the steps to coordinate efforts in response to a sexual assault. The facility plan describes the duties of first responders, supervisory staff, investigative staff, and medical and mental health staff duties. The document includes information about how to contact the local hospital to ensure a SANE staff is available in addition to information on the local rape crisis agency. The Auditor confirmed with these agencies their ability to provide the services described in the plan. Interviews with the Superintendent, PREA Monitor, Supervisory staff and Medical staff all confirm knowledge of their roles in the plan. The Auditor also confirmed with outside agencies the information related to the role of individuals from these organization. Compliance is based on the policies, the plan that was provided, the available community resources and staff knowledge of the plan and interviews with the Superintendent and PREA Monitor.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

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

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

The Department of Correction has a policy that (Policy 6.11.5 Sexual Misconduct AFSCME and MSCA Union Contracts

Individuals interviewed/ observations made.

Interview with Deputy Director of Operations
Interview with Agency PREA Coordinator
Interview with Superintendent

Summary Determination

Indicator (a) Maine Department of Corrections has union employees but the contracts consistent with Policy do not prohibit the agency from putting a staff person out on administrative leave.

Indicator (b) The Auditor is not required to review this indicator

Conclusion: The Department of Corrections has contracts with multiple bargaining units. A review of the contracts by the Auditor did not find any language which would limit the Department of Corrections from removing an alleged Staff Sexual Abuser from having contact with the reported victim. Each of the contracts has a subsection on the Prison Rape Elimination Act. In this section the unions and the Department of Corrections acknowledge they must comply with the Prison Rape Elimination Act. Deputy Director of Operations for Maine DOC reports the ability to remove staff if needed from contact with resident. The agency has used administrative suspensions to separate staff from inmate/residents during an investigation. LCYDC has not had to take such actions during the past audit cycle. This standard is compliant based on the information provided that supports the practice is used elsewhere in the system, the contractual documents provided and the interviews with administrators.

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

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

115.367 (b)

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

115.367 (c)

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

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

115.367 (d)

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

115.367 (e)

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

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Policy 6.11.3 Sexual Misconduct (PREA and the MAINE Statutes) Reporting and Investigating Retaliation monitoring form

Individuals interviewed/ observations made.

Interview with the Associate Commissioner

Interview with Agency PREA Coordinator
Interview with Interview with PREA Monitor
Interview with Superintendent
Interview with random staff

Summary Determination

Indicator (a) Maine Department of Corrections has information on the expectation to monitor individuals after any PREA claims. The information is contained in Policy 6.11.3 on pages 3 and 4. The Maine Department of Corrections has a tracking form that documents the process for monitoring individuals who have been involved in a PREA allegation. The PREA Monitor will ensure the monitoring process is documented. Management team will determine the most appropriate individual to provide the direct monitoring. The form documents the types of monitoring that occurs in the given week from review of incidents, discipline to follow up with mental health or direct conversation with the resident by the person completing the monitoring.

Indicator (b) The Superintendent supported the facility is large enough with sufficient housing units to ensure individuals who have been separated post a PREA Incident can be safely managed to ensure no retaliation. Residents would routinely be offered counseling services and case workers would provide routine check-ins to ensure the client is feeling safe. Staff who may have concerns would work with the operational supervisor to mitigate the concern.

Indicator (c) As noted in Indicator (a) the Department of Corrections policy supports all individuals (Residents and Staff) who report a PREA Incident are monitored for changes in behaviors that might be a symptom of their being retaliated against. The form developed also addresses the nine elements of this indicator. The individual completing the form must document if they reviewed discipline, if housing moves occur or are requested, programmatic or job performance changes as well as document if face to face communication has occurred or if a mental health follow up was requested from any of the monitoring concerns. The policy (6.11.3 – page 4) states the monitoring will go for a period of at least 90 days. The Auditor was able to review a completed monitoring form. The form documents weekly review by the monitoring staff. The monitoring staff documents if they reviewed disciplinary report, housing change, follow up by Mental health staff, and programmatic assignment changes. The form further documents direct conversations with the victim and their continued perception of safety.

Indicator (d) The occurrence of status checks can be documented through the form as well as the unit management team notes or mental health chart. The completed forms reviewed supported direct conversations occurred. Client who was the subject of the monitoring confirmed periodic check-ins during the site visit. Several investigations were from staff observation of contact between residents that were not subjects of consensual contact incidents.

Indicator (e) As noted in indicator (b) the facility has sufficient means to protect a resident. Long Creek is the only Juvenile facility for housing the Maine Department of Corrections' clients unless they are classified to be able to go to a staff secure setting. The facility has multiple housing units and the ability to single cell residents.

Indicator (f) The Auditor is not required to review this indicator

Conclusion: The Department of Corrections has policy in place to address the elements of this standard. Documentation supports the facility has been compliant with monitoring expectations. The facility did not have a staff person who needed to be monitored this year. The Human resources staff are aware of the standard and the Superintendent would also utilize his administrative staff to further monitor staff. The Associate Commissioner stated he expects 'vigilance' in the monitoring of individuals who come forward with a sexual abuse or sexual harassment claim.

The Associate Commissioner and the Superintendent, both described multiple mechanisms that would be put in place to protect individuals who report sexual assaults which include changing housing, preventing contact between the accused and the victim and monitoring reports about the resident or staff to see if there is any change in behaviors.

The agency has a monitoring form that addresses the various required elements in Indicator (c). The facility also has an administrative report available to supervisory staff on residents that need to be kept separate. The PREA Monitor and Superintendent were aware that retaliation monitoring should be done with all individuals who cooperate with the investigation. The standard is compliant based on information provided, interview statements and the policy.

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policies and written/electronic documentation reviewed.

Policy 6.11.2 Sexual Misconduct (PREA and the Maine Statutes) -Prevention

Individuals interviewed/ observations made.

Interview with Superintendent

Interview with Associate Commissioner

Summary Determination

Indicator (a) The Maine Department of Corrections Policy 6.11.2 states “Prisoners or residents screened or assessed as high risk for sexual vulnerability shall not be placed in a special management housing unit or protective custody housing unit due to this risk unless there has been a consideration of all possible available alternatives, and it is determined that there is no available alternative means of separation from likely perpetrators.” The Policy also guarantees the individual access to programs and reviews at least every 30 days to ensure the housing need still exists. Long Creek PREA Monitor reports no instance in which special management practices were required to be used for a victim of Sexual Assault. As a facility they have moved away from the use of special management housing. During the tour, the SMU unit was empty and set up as a potential COVID-19 medical isolation unit. The SMU is considered the ideal space for this purpose due in part to its proximity to the medical suite.

Conclusion: In the interview with the Superintendent, the Auditor, confirmed documentation from the audit file stating they have not used segregation of any victims of a sexual assault in the past year. The Superintendent stated, given the size of the facility and the various housing options there would be no reason to house the individual in the SMU as a protective measure. The Superintendent confirmed the practice is to ensure limited impact on the victim and movement would preferably be of the aggressor. The Associate Commissioner also stressed that aggressors are the individuals who need to move in the event of an incident. Since there was no use of special management the Auditor could not interview a resident or staff person who had supervised them. The standard is determined to be compliant based on policy, documentation provided, and interviews completed.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

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

115.371 (c)

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

115.371 (d)

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

115.371 (e)

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

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.371 (g)

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

115.371 (h)

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

115.371 (i)

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

115.371 (j)

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

115.371 (k)

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

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policies and written/electronic documentation reviewed.

06.11.2 - SEXUAL MISCONDUCT (PREA and Maine Statutes) PREVENTION PLANNING
Policy 6.11.3 Sexual Misconduct (PREA and the MAINE Statutes) Reporting and Investigating
Policy 7.1 Investigations
Policy 7.02 REPORTING OF ALLEGATIONS OF ABUSE OR NEGLECT OF RESIDENTS AT JUVENILE
Policy 07.03 - ADMINISTRATIVE AND PERSONNEL COMPLAINT INVESTIGATIONS FACILITIES
Policy 22.06 -Resident Record Management
Sexual Assault Response Plan (SAR)
Training Records Sexual Assault Investigations
Investigative files
Retaliation monitoring forms

Individuals interviewed/ observations made.

Interview with the Associate Commissioner
Interview with Agency PREA Coordinator
Interview with Interview with PREA Monitor
Interview with Superintendent
Interview with an Investigative Staff

Summary Determination

Indicator (a) Maine Department of Corrections in Policy 6.11.3 on pages 4 to 6 set forth the responsibilities of the Detective including the need for a prompt thorough investigation of the facts, a complete report outlining the processes undertaken, and the reasoning behind the findings. The Policy and the SAR define duties and agency policy requires investigation of all allegations including those from third party or anonymous sources. Random staff interviewed supported they must report all claims no matter the source or if they believe the incident to have occurred. The Department of Corrections further supports the objective investigatory process through its Office of Professional Review. This office will complete an investigation of any staff related complaints instead of having the investigative team associated with the facility lead the investigation. The facility Detective confirmed the requirements.

Indicator (b) As noted in 115.334 the Maine DOC has several staff who have completed a course through PREA Resource Center on 'Investigations of Sexual Assaults in a Correctional Institution.'" LCYDC has a Detective who had completed this training and had three other members of the current LCYDC staff completed the training including the PREA Monitor.

Indicator (c) In the Detective's interview he described the steps to gather and preserve evidence. The Detective for LCYDC knew how to collect evidence from a crime scene to ensure the preservation of evidence including DNA. He spoke on how evidence collected by the SAFE/SANE at the local hospital would become part of the criminal investigative file. He also reviewed the steps to ensure witness

testimony and video surveillance is also secured. It should also be noted that the random staff interviewed all were able to explain how to protect evidence until the Detective arrives.

Indicator (d) The Detective confirms they will not terminate an investigation if a resident recants their allegation. In the files reviewed the Auditor was able to see investigations that were completed even after the alleged victim recanted their allegation.

Indicator (e) The Detective supports that individuals can complete compelled interviews and that they would work closely with the local prosecutor on the case. Policy 6.11.3 describes the expected interactions with the prosecutorial authorities (page 5). Several of the investigative files further document the consultation with the local prosecutor.

Indicator (f) The Detective interviewed confirmed that there is no requirement of a victim to undergo any polygraph or other truth telling process to proceed with an investigation. The Investigator confirmed in the discussions with the Auditor what policy requires (6.11.3 -page 4). The Investigating Officer will assess the credibility of everyone involved in the case without biasness toward their position as a staff or resident.

Indicator (g). All criminal investigations potentially can include a referral to the DOC Office of Professional Review if the evidence supports that a staff persons actions or inactions led to a resident on resident sexual assault. Administrative investigations into sexual harassment claims or other staff actions in sexual misconduct investigations can result in discipline outside of termination. All administrative investigations that are completed are required to have a related investigation file which includes written or oral statements, video or other physical evidence, and the reasoning behind the conclusions reached. (Note if there were any administrative investigations to review)

Indicator (h). All criminal investigations completed by the Detective resulted in a written report as required in the agency's related policies. The investigative files reviewed by the Auditor included documentation of interviews, physical evidence and videos or other documents reviewed as part of the investigatory process. All files also have an investigation checklist to allow tracking of information obtained and a consistent practice.

Indicator (i) The Auditor reviewed 13 investigative files from the last 12 months. The files included cases which were substantiated and referred for criminal prosecution. There were incidents that were not of a criminal nature that were also substantiated and referred for in house disciplinary considerations. Agency policy requires all criminal acts to be referred for criminal prosecution (policy 6.11.3 page 5).

Indicator (j) The Maine Department of Corrections record retention requires a greater retention period than 5 years beyond separation of the parties from the institution. This was confirmed through the investigator's interview and review of Policy 22.06 which shows that records are maintained in the facility for 7 years and then are sent to the state archives.

Indicator (k) Agency policy 6.11.3 (page 5) and the Investigators interviewed confirmed individual's departure from the institution would not result in the case being closed. The Detective for LCYDC is a trained law enforcement officer as defined by the Maine Justice Academy with full police authority to go

outside the institution to continue to pursue information related to the case. During the past year, the Detective had to investigate a claim of a former resident dating back almost 20 years. The 9-page report thoroughly documents the efforts to investigate the victim's claims.

Indicator (l) Auditor is not required to audit this provision.

Indicator (m) This indicator does not apply as noted above; the Maine DOC has full authority to complete criminal investigations in its facilities.

Conclusion: The Maine Department of Corrections has several policies that support this standard. In accordance with policy 6.11.3 Sexual Misconduct- Reporting and Investigation, requires all incidents are investigated promptly upon notification to staff. This Policy along with 7.1 Criminal Investigations allows for prompt investigations of sexual misconduct and sexual harassment in Maine's DOC facilities by a trained Detective. In determining compliance, the Auditor took into consideration many factors. The Maine Department of Corrections has sufficient and appropriately trained individuals who can complete sexual assault investigations. Maine DOC investigates all potential sexual related incidents as possible PREA events even if the residents report the actions were consensual. In doing so they ensure all incidents are investigated, evidence collected, which provides an opportunity for a reluctant victim to come forward later. As part of the audit process the Auditor reviewed 13 correctional investigative files of 16 incidents at LCYDC in the 12 months prior to the site visit. Four of the cases were unfounded as residents admitted in three of them to lying about the incident. There were another four cases in which consensual contact was believed to occur. Three cases could not be substantiated and the other two were forwarded to the Assistant District Attorney for consideration of prosecution. To ensure issues are handled impartially, if the incident involved a staff member, the DOC central office's Office of Professional Review would lead the investigation. Associate Commissioner explained that all PREA incidents are reported through the chain of command in a system called 'blue team'. In this process DOC central office administration is made aware of incidents in real time and can monitor incidents, and provide resources through PREA Coordinator or the Office of Professional Review as needed.

In the Auditor's interview, the Detective was able to identify the steps taken to gather evidence, how credibility of the various persons involved is determined on an individual basis, and that polygraph exams would not be required for the initiation of an investigation. Consistent with policy, it was stated investigative reports will be completed on all administrative and criminal investigations. The agency has implemented some forms that direct a consistent formation of a report including the content. The Auditor found consistent reports with physical, testimonial and documentation of evidence used in determining outcome. In determining compliance, the Auditor considered the stated information found in policy and actual investigative files as well as interviews with the investigative staff and a resident who had alleged abuse. The Auditor believes LCYDC and the Maine Department of Corrections have exceeded the standard expectations. The Detective's reports are thorough, show a clear description of evidence supporting or negating a claim and supports a regular consultation with the Assistant State Attorney and most importantly show a quick response. The Departments efforts to support the investigative process through quick notification ensures agency wide review of the events. Finally, the availability of the Office of Professional Review to ensure impartial investigation of staff members by investigators who are not associated with the facility is an important practice.

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Policy 6.11.4 Sexual Misconduct (PREA and Maine Statutes) – Administrative Sanction

Individuals interviewed/ observations made.

Interview with an LCYDC Detective

Summary Determination

Indicator (a) Maine DOC Policy 6.11.4 (Page 4) states “The burden of proof for determining whether there is substantiated allegation concerning sexual misconduct, sexual harassment, or another violation of a departmental sexual misconduct policy by a Department employee is preponderance of the evidence.”

Conclusion: Compliance was based on the policy and the interview with the Detective and his explanation of case files. This investigator was able to explain if the evidence supported the standard of preponderance of evidence in the case files reviewed. The Auditor reviewed the investigative files including cases that were substantiated, unsubstantiated and unfounded. In each document there is a clear process by which the detective has laid out evidence that supports or does not support the allegations.

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

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

115.373 (b)

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

115.373 (c)

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

115.373 (d)

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

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Investigations
 LCYDC Investigative files

Individuals interviewed/ observations made.

Interview with an Investigative Staff
 Interview with PREA Coordinator
 Interview with PREA Monitor

Summary Determination

Indicator (a) Maine DOC provides notification to all residents on the outcome of their investigations into sexual misconduct. The agency policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes)

Investigations page 6 requires the notification to residents if the allegation was substantiated, unsubstantiated or determined to be unfounded.

Indicator (b) This indicator does not apply as Maine DOC completes criminal and administrative investigations at all DOC facilities.

Indicator (c) The policy (6.11.3) also requires notification if the accused perpetrator is a staff person, contractor or volunteer, if the individual has been removed from areas where they would come in contact or if they have been removed from access to the facility. The policy also requires notifications be made to any resident regarding any indictment or conviction of a perpetrator if the victim is still in custody. The agency notification form uses language directly from the standard as part of the notification process. A resident who had alleged a sexual abuse incident did confirm he was notified of the outcome.

Indicator (d) The Policy language covered in indicator (c) requires notification on all cases and does not differentiate between if the perpetrator is a staff person/ contractor / volunteer or another resident. The policy 6.11.3 requires notification on all indictments and convictions. It states “The Chief Administrative Officer, or designee, shall also inform the prisoner or resident whenever any alleged perpetrator has been indicted on a charge related to the alleged sexual misconduct or has been convicted on a charge related to the sexual misconduct.”

Indicator (e) Samples of notice provided to residents were provided to the Auditor in the pre audit phase and more were found in the Auditor’s review of the investigative files. The DOC Policy 6.11.3 sets forth (page 7) that Superintendent ensures individuals who alleged Sexual Assault are provided written notification of the outcome of the investigation. Interview with the investigator confirms the victim would be informed of any convictions.

Indicator (f) The Auditor is not required to audit this provision.

Conclusion: The Auditor reviewed the form letter in investigatory files for consistency with the standard intent and a consistent application of the process. Maine does not limit outcome notification to sexual abuse cases and will document investigation findings by the Detective of sexual harassment cases. I was also able to confirm with a victim that he was informed timely on the outcome of the investigation and subsequent referral for prosecution. The Auditor also took into consideration that the DOC policy addresses the required elements of the standard. Interviews with both the PREA Monitor and Detective confirm they have a clear understanding of the expectation of this standard.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

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

115.376 (b)

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

115.376 (c)

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

115.376 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances

Policy 3.15 Disciplinary Sanction

Letter from the Office of Professional Review

Individuals interviewed/ observations made.

Interview with an Investigative Officer

Interview with Human Resources representative

Interview with Superintendent

Interview with the Associate Commissioner of Corrections

PREA Coordinator

Summary Determination

Indicator (a) Maine DOC provides notification to all employees in two policies on the sanctions for violating agency policies. In its Disciplinary Sanction policy 3.15 (Pages 1, 2) the DOC states the use of sanctions are to “enforce the high standards and to ensure safe and efficient correctional operations”. It goes on the further to state ‘Misconduct that is considered egregious may result in disciplinary actions including dismissal without progressive discipline.’ The DOC Sexual Misconduct Policy 6.11.4 (PREA and Maine Statutes) further supports staff discipline for violation of the Sexual Misconduct policy including termination for those who engage in sexual abuse. It states. “If the violation is that a Department employee engaged in, attempted, threatened, or requested an act constituting sexual misconduct, termination of the employment of the employee shall be the presumptive disciplinary sanction.”

Indicator (b) The PREA policy 6.11.4 on page 2 states If the violation is that a Department employee “engaged in, attempted, threatened, or requested an act constituting sexual misconduct, termination of the employment of the employee shall be the presumptive disciplinary sanction”. The Auditor confirmed that no staff person was substantiated for sexual misconduct with a resident in the past year as noted on their pre audit documentation. This was confirmed by the Superintendent and the agency PREA Coordinator. The fact that termination is the presumptive discipline for sexual abuse was also confirmed by the Associate Commissioner and the Manager of the Office of Professional Review (OPR). OPR is the unit charged with investigations of staff misconduct including sexual abuse or sexual harassment claims.

Indicator (c) Maine Department of Corrections policy allows for other sanctions to occur beside termination if the incident is of a non-criminal act. Discipline can occur for other behaviors related to PREA such as inappropriate comments/language. In these cases, the DOC policy dictates it would review the individual’s history and make suitable sanctions consistent with laws and their bargaining unit agreement.

Indicator (d) The Auditor was able to confirm, with the Maine DOC’s Investigator of the Office of Professional Review, that any termination or resignation would not stop the case from being referred for

prosecution. Policy 6.11.4 states “Termination of employment for a violation of a departmental sexual misconduct policy or the resignation by a Department employee who would have been terminated if not for his or her resignation, shall be reported to the appropriate criminal prosecuting authority, i.e., the Attorney General’s office or a District Attorney’s office, unless the activity was clearly not criminal, and to any relevant licensing bodies.”

Conclusion: The Maine Department of Corrections policies 6.11. Sexual Misconduct (page 2) and 3.15 Disciplinary Sanction (page 2) address the standard’s expectation toward the discipline of staff persons who sexually assault or harass an individual in the custody. The Maine Department of Correction has created an Office of Professional Review to ensure transparency of the investigative process. Though there has been no discipline of staff at Long Creek Youth Development Center in this past year the agency can point to the actions they have taken in other facilities to support compliance. Disciplinary actions of staff include a variety of sanctions, including termination which will be presumed for a substantiated finding of sexual abuse. The Policies also require, consistent with the standard, criminal acts are referred for prosecution and misconduct are also reported to appropriate licensing bodies. It was also confirmed that as incidents are investigated, assessments are made on policy compliance including staff persons actions or inaction. Compliance is based on policy, interviews, and the track record of DOC handling of cases.

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

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

115.377 (b)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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Policies and written/electronic documentation reviewed.

Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances

Individuals interviewed/ observations made.

Interview with an Investigative Officer
Human Resources representatives
Interviews with Contracted staff and Volunteer
Interview with Superintendent
Interview with PREA Coordinator

Summary Determination

Indicator (a) Maine DOC provides notification to all contractors and volunteers about the agency's zero tolerance for sexual misconduct with residents. This is done through an orientation program for volunteers and contractors. Any violation of agency policies can lead to an immediate cessation of privileges. This is covered in the PREA Policy 6.11.4 (page 3) as well as in the orientation training for all new volunteers. Contracted employees receive the full training on PREA that the DOC staff receive. Both contracted and volunteers sign acknowledgement forms stating they understand an act of sexual misconduct or failure to report such actions could result in termination of access to the facility and when appropriate criminal charges being file. If the investigative process reveals the actions were criminal in nature the case would be referred for prosecution and in the case of Wellpath staff the appropriate state licensing body would be informed.

Indicator (b) Interviews support that violations other than actual sexual assault by a contractor or volunteer would be reviewed to determine if it were appropriate to continue services.

Conclusion: The Long Creek Youth Development Center has contractors and volunteers sign an acknowledgement form which notifies them that any sexual misconduct can result in termination of privileges and that they may be subjected to civil or criminal prosecution. Upon arrival at the facility the Auditor was asked to sign for information on PREA. Policy 6.11.4 Sexual Misconduct -Administrative Sanctions (page 3) allows LCYDC to bar entry to any contractor or volunteer to prevent contact with potential victims in incidents of sexual abuse or harassment. The policy requires the agency to refer

incidents involving these individuals for investigation by law enforcement agencies. There were no incidents requiring the removal of a contractor or volunteer for sexual assault or sexual harassment according to the Superintendent and the PREA Monitor. Contracted staff were aware that they could be barred for violation of DOC rules related to PREA. The Auditor was able to speak to a volunteer and contractors to confirm their training and understanding of PREA. Compliance is based on policy, supporting documentation and interviews and the review of the allegation tracker.

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

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

115.378 (b)

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

115.378 (c)

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

115.378 (d)

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

115.378 (e)

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

115.378 (f)

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

115.378 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policies and written/electronic documentation reviewed.

Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances

Policy 15.03 Resident Discipline

Individuals interviewed/ observations made.

Interview with Detective
Interview with Resident
Interview with Superintendent
Interview with PREA Coordinator

Summary Determination

Indicator (a) Residents at Long Creek Youth Development Center who have been found to have engaged in a criminal offense, including sexual assault, are not only subjected to criminal prosecution they are also referred for facility disciplinary hearing. Policy 15.03 page 4 defines any form of sexual contact including consensual acts as a Major Misconduct. There were no substantiated cases of resident on resident sexual assault in the past 12 months, but the Auditor was provided information on a previous case referred for prosecution in 2018.

Indicator (b) Residents can be sanctioned for engaging in sexual misconduct even if it is consensual. The discipline code defined in Policy 15.03 shows different levels of sanctions that could be imposed as part of the behavioral system at the facility. Pages 6 and 7 of policy outline the definitions of and the ranges of consequences for both major and minor misconduct. Through this process consistent application of discipline appears to be supported.

Indicator (c) Residents are afforded a hearing before any formal sanction is imposed. If the resident is found guilty of violating the resident behavioral expectations the policy states “ In the case of a resident who has been identified as mentally ill or developmentally disabled, the Superintendent, or designee, shall consult with the appropriate mental health staff prior to determining the consequence or consequences.” (page 13). This was confirmed in the Superintendent’s interview with the Auditor.

Indicator (e) The investigative staff and facility PREA Monitor confirmed that residents who engage in sexual misconduct with staff will not be disciplined unless it is proven the staff did not consent. The facility has not had any such cases in the last three years. Page 4 of Policy 6.11.4 states “A prisoner or resident may not be disciplined for sexual activity with staff, except upon a finding that the staff person did not consent to such activity.”

Indicator (f) Page four of Policy 6.11.4 states a resident cannot be disciplined for a PREA allegation unless it is proven the allegation was filed in bad faith. The Detective must conclude this then the resident would be subject to a Major Violation as defined in the Resident Discipline policy 15.3 (page 4) for Dishonesty. A copy of a disciplinary hearing was provided for a case where a resident made a false accusation about a PREA incident. The incident was investigated before a referral for disciplinary action was made after completing an investigation.

Indicator (g) Residents who engage in consensual sexual misconduct can be subjected to discipline as defined in policy 15.3. Sexual activity not by force or under duress is considered a Major violation of the resident discipline system even if it is not a criminal violation. The Auditor reviewed several cases with the Detective of investigations that determined that sexualized contact between residents was consensual. In these cases, the Auditor was able to see where the cases were referred for disciplinary actions for violation of facility rules.

Conclusion: Maine DOC policy 15.3 Resident Discipline, 6.11 Sexual Misconduct (general) and 6.11.4 Sexual Misconduct (administrative sanctions) addresses the requirements of this standard. Policy 15.3 addresses the requirements of indicators (a)- (d) relating to disciplinary hearing, the consideration of the mental health of the resident in determining consequences, the requirement of ongoing treatment and that sanctions in the facility will be proportional to the offense. The Maine Department of Corrections prohibits consensual relationships between residents and between residents and staff, which is also stated in the resident handbook.

Residents who engage in sexual misconduct with staff cannot be disciplined unless it is determined the staff did not consent to the act. Residents can be disciplined for making an intentional false report related to PREA. Compliance was based on policy reviews, interviews with staff and residents and documentation provided in investigative files. The Auditor was able to review cases in which residents were disciplined for engaging in sexual misconduct that were not criminal in nature and where they were sanctioned for making false claims.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

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

115.381 (b)

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

115.381 (c)

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

115.381 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Policy 6.11.2 Sexual Misconduct (PREA and the Maine Statutes) Prevention

13.4 Health Screening and Assessment

13.5 Healthcare

13.6 Mental Health Services

Resident intakes showing referral to Mental health

Resident records

Individuals interviewed/ observations made.

Interviews with Medical Staff

Interviews with Mental Health Staff

Interview with residents

Interview with PREA Coordinator

Observation of Electronic Medical records and CORIS

Summary Determination

Indicator (a) Residents who identified through the screening process or who admit a history of sexual trauma can be referred to either Wellpath Mental Health Services or to the local rape crisis agency. The Auditor confirmed this practice through the review of documented cases in client files and through interviews with resident and Mental health and Medical staff. Policy 13.04 (JF) - HEALTH SCREENING AND ASSESSMENT (page 4) states "the resident shall be interviewed by intake health care staff to establish the resident's history of sexually assaultive behavior or risk of sexual victimization. The resident shall be monitored by staff and counseled by mental health staff as appropriate." This ensures if the resident does not disclose to custody staff during the PREA screening the resident has a second opportunity to disclose to medical staff. In either opportunity the requirement is the completion of a referral to mental health.

Indicator (b) Residents who engage in sexual assault or have a history of sexual offenses are automatically referred to Mental Health for an assessment. Some individuals may be placed in specific programming for sexual offenders. Policy 13.06 Mental Health Services requires all resident are seen by mental health within 14 days of admission

Indicator (c) PREA policy 6.11.2 page 4 requires that residents with prior victimization history are to be seen by the appropriate medical/ mental health provider to ensure the unit team has sufficient information to plan for the client's needs in the first 14 days. The DOC requires the PREA reassessment be completed by this date. Information disclosed by a resident about prior abuse history other than in screening tool information is part of the medical and mental health chart. Only information pertinent to

the resident's treatment is disclosed to ensure safe placement in housing, education, programming, treatment, and work assignment. The Auditor confirmed through interviews with intake staff, case management staff, medical staff, Mental health Staff, Unit Management, and the PREA Coordinator that sensitive information is protected. Residents interviewed supported that information given to counseling staff is kept confidential.

Indicator (d). All residents sign with Wellpath staff an understanding on the limits of confidentiality as it relates to criminal behaviors. Residents interviewed confirmed both they had signed acknowledgement forms and they verbally understood the reasons why a medical or mental health staff must disclose actual sexual abuse or imminent risk situations. Mental health staff were able to explain the circumstance in which a resident who discloses prior abuse must be reported to the state child welfare agency and how it might vary if the resident is over 18.

Conclusion: All residents are screened when they arrive at the Long Creek Youth Development Center. Residents are screened by custody and medical staff. Residents with sexual assault histories and sexual victimization histories are offered treatment in a meeting with a mental health professional within 14 days of admission. Wellpath Medical staff have several intake questions that are PREA related, this allows resident who did not disclose concerns at admission a second opportunity to disclose in a medical environment. The Auditor confirmed medical and mental health records are not accessible to the custody staff. CORIS, the DOC electronic case management system, has access controls and similarly the Wellpath Electronic Medical Records (EMR) limits access to the most vulnerable information protecting the residents from having information exploited. Supporting documentation provided to the Auditor showed how Medical informs Mental Health who follows up on any disclosure of sexual abuse. Compliance was based on policies noted, documentation provided showing referrals for treatment follow up, the security of records, interviews and information provided on tours by the Medical and Mental Health staff.

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

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

115.382 (b)

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

115.382 (c)

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

115.382 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding
Policy 13.03 Healthcare
Policy 13.06 Mental Health Services
Resident records

Individuals interviewed/ observations made.

Interviews with Medical Staff
Interviews with Mental Health Staff
Interview with Residents
Interview with PREA Coordinator
Observation of the medical unit

Summary Determination

Indicator (a) The Long Creek Youth Development Center has a full-service medical clinic that operates around the clock. Registered Nurses are always available and there is after-hours availability of on call medical and mental health practitioners. The services are diverse and consistent with community health

clinics. Residents report access to these services if they are in crisis. Medical staff report having medical autonomy if the resident must go out of the building for emergency services to facilitate that trip. The Wellpath medical staff state the facility administration is supportive of the work they do, and they work to resolve issues when they arise. Client files support quick access to health services in response to PREA allegations including, when appropriate, the referral to a local hospital for SANE services. Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding states “The Chief Administrative Officer, or designee, shall ensure that alleged victims of sexual misconduct receive immediate, unimpeded access to medical and mental health services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.”

Indicator (b) Medical services are available 24 hours per day at the Long Creek Youth Development Center. Random staff knew as part of their first responder duties, that immediate notification to medical was required. This is also stated in the facility Sexual Assault Response plan.

Indicator (c) Discussions with both hospital staff and facility medical staff confirms that sexual assault victims would be offered prophylaxis medications. The Auditor confirmed the same medications would be offered to the resident again upon return from a forensic exam even if they initially denied it. Medical staff confirmed they would educate the resident on the importance of such medications for continued health. Investigative files support the offering of medications for STDs. There were no instances requiring emergency contraception. Medical staff at the hospital confirmed that emergency contraception is available to victims.

Indicator (d) The Auditor confirmed that Wellpath medical services related to sexual assault victims are provided without cost. This is guaranteed in policy 6.11. The Auditor also confirmed that victims of sexual assault are provided initial and follow up services at a local hospital through funding from the state. This is done to encourage all victims to come forward for help. The Medical team at LCYDC would function in the same way by providing follow up care.

Conclusion: LCYDC can quickly respond to and provide emergency care and referral to a local hospital for forensic services. The agency response plan for PREA incidents outlines the steps taken to ensure access to care. Maine DOC has on site medical nursing staff 24 hours per day. The facility also has on call providers that can help to facilitate the referral to an outside medical hospital. Compliance is based on policy, staff understanding of expectations, the availability of onsite medical and mental health resources and the ability to access SANE nursing services at both local hospitals and evidence in client files supporting standard expectation. Clients confirm they were also sent out to hospitals for SANE assessments in a quick fashion.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

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

115.383 (b)

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

115.383 (c)

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

115.383 (d)

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

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (f)

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

115.383 (g)

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

115.383 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding

Individuals interviewed/ observations made.

Interview with Medical Staff
 Interview with Resident
 Interview with SARSSM
 Interview with PREA Coordinator
 Observation of the medical unit

Summary Determination

Indicator (a) The Long Creek Youth Development Center ensures that all residents are provided with the appropriate level of medical and mental health services for any issues of sexual abuse. Wellpath staff will provide the appropriate level of care depending on how long ago the abuse occurred. If the incident has occurred recently the resident will be offered a forensic exam at a local hospital. If the incident is a prior life event that occurred in another institution or in the community the medical and mental health teams will complete a health assessment and mental health referral for services. If the resident is more comfortable to discuss the abuse with a rape crisis agency staff person a mental health referral can be made to the local rape crisis agency to provide appropriate level of counseling. Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding states “The Chief Administrative Officer, or designee, shall ensure that alleged victims of sexual misconduct receive immediate, unimpeded access to medical and mental health services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.”

Indicator (b) Resident who are victims of sexual assault in a Maine correctional institution are immediately referred to mental health services as well as medical services. If the services are provided initially in a hospital setting, as would occur in forensic exam, Wellpath can provide the appropriate follow up services. The Wellpath Medical and Mental Health staff spoken with confirmed, as did the SARSSM representative, that they would make referrals to ensure continuity of care if the resident were released home or transferred to another facility. Policy 6.11.5 Sexual Misconduct (PREA and the Maine

Statutes) Responding states “If a prisoner or resident has been transported to the hospital, upon return to the facility, the facility medical staff shall thoroughly review the discharge instructions, carry out orders as appropriate, and develop treatment plans for alleged victims, which shall include, as appropriate, follow-up services, and when necessary, referrals for continued care following release from custody. Facility medical staff shall document in the prisoner’s or resident’s health care record.”

Indicator (c) Wellpath offers residents of LCYDC a full array of medical and mental health services including dental and vision. The medical clinic addresses the needs associated with the adolescent male and female population. Medical team can address any issue related to post sexual assault including prophylactic treatments for STD and pregnancy testing and counseling. Mental Health services include counseling, medication management and when needed the extra support. Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding states “The Chief Administrative Officer, or designee, shall ensure that alleged victims of sexual misconduct are provided access to medical and mental health services consistent with the community level of care.” Residents of Long Creek spoke about access to Mental Health Services and Medical Services.

Indicator (d) As a co-correctional facility the victims of sexual assault can be offered pregnancy testing. Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding states “Pregnancy testing or other pregnancy-related services shall be offered by the facility medical staff, as deemed medically appropriate by the facility medical provider.” Since there has not been an assault of a female resident there was no documentation to review

Indicator (e) As noted in Indicator (d) client victims are provided pregnancy related services at LCYDC. Residents who become pregnant because of a sexual assault would receive counseling from a medical provider

Indicator (f) The Auditor confirmed with both the medical staff at LCYDC and the representative of Maine Medical Center, that victims of sexual assault are offered testing for sexually transmitted diseases. This testing is provided free of charge consistent with agency policy.

Indicator (g) Treatment services are provided without cost to the resident including if the resident must go out for a forensic exam. Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding states “The Chief Administrative Officer, or designee, shall ensure that medical and mental health services are provided to alleged victims of sexual misconduct without financial cost and regardless of whether an alleged victim names the perpetrator or cooperates with any investigation arising out of the incident. “

Indicator (h) All individuals involved in a sexual assault, both the victim and perpetrator, are referred for mental health assessments. Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding states “The Chief Administrative Officer, or designee, shall ensure that the alleged victim of sexual misconduct is referred to the facility mental health care staff for assessment, counseling, and/or treatment, as appropriate. Facility mental health care staff shall ensure that a prisoner or resident is informed of the option of referral to a community sexual assault response services agency and shall ensure that a prisoner or resident who requests it is referred to a community sexual assault response services agency for the provision of services in the facility or after release.” The Auditor was able to review documentation from charts supporting MH follow ups have occurred.

Conclusion The Maine Department of Corrections ensures residents have ongoing access to services that address healthcare needs of resident victims of sexual abuse. The Auditor reviewed the healthcare

policies and found several references that address standard indicators along with information from the PREA policies. Wellpath, the DOC health services provider, would provide follow up medical and mental health services for victims of sexual assault or perpetrators of sexual offenses. Wellpath would ensure that all medical needs and follow up treatment were provided after an initial referral to the local hospital for a forensic exam. Medical staff confirm that they could educate residents about the importance of pregnancy testing, STD testing and prophylactic treatments if they initially refused these treatments at the hospital. Compliance is based on the resources available on site and community-based services, the interviews with medical and mental health staff as well as interviews with representatives of SARSSM and client files.



DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

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

115.386 (b)

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

115.386 (c)

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

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Policy 6.11.1 Sexual Misconduct (PREA and the Maine Statutes)
Incident review form
LCYDC Investigation Data

Individuals interviewed/ observations made.

Interview with the Detective
Interview with Superintendent
Interview with PREA Coordinator and PREA Manager

Summary Determination

Indicator (a) Policy 6.11.1 (page 2) sets forth the requirement of an incident review on all cases of sexual misconduct unless the investigation has determined the allegation was unfounded. The policy goes on to describe the individuals who should be on the review team and the information that should be considered. The Auditor was provided with examples of the review teams findings on the Maine Department of Corrections Sexual Misconduct Review form. The facility provided aggregate data in the investigative file which was used to confirm the number of expected incident reviews held.

Indicator (b) The policy states the review should occur within 30 days of the investigation conclusion. The sample provided in the electronic file supports this time frame was met.

Indicator (c) As noted in indicator (a) the policy language addresses the multi-discipline nature of the team. In review of documentation provided and various staff interviewed, the multi-disciplinary nature of the team was confirmed. The review team in the incident provided included The Superintendent, Administrative and Treatment Unit Manager, medical and mental health staff, the facility's PREA Monitor and the DOC PREA Coordinator.

Indicator (d) The elements described in this indicator are all covered in policy 6.11.1 the Maine DOC PREA policy on page 2. The agency form used to document the review panel's considerations includes the required information. The form asked if policy needs to be reviewed, it looks at the underlying motivation of the incident including if the victim was targeted due to their perceived membership of a particular group. It goes on to look at staffing, physical plant issues and surveillance needs.

Indicator (e) The form used in Maine DOC facilities documents the finding of the various questions in this standard. It provides the reader with information if the team has determined the cause of the abuse was related to the six sub indicators described in (d) along with any recommended actions to take place. In the form reviewed by the Auditor there were immediate recommendations on staff training on and the report documented ongoing steps including retaliation monitoring.

Conclusion The Maine DOC policy 6.11.1 pg. 2 requires the completion of the steps outlined in this standard. The steps to provide for a critical incident review on all PREA sexual assault cases. The policy requires what information needs to be part of the incident review. The language comes directly from standard. As evidence to support the standard the facility provided a documentation of the incident reviews. The information supported that the questions in indicator D were all asked and answered. The review team included a multi-disciplinary team of management, custody and medical and Mental Health Services. Compliance was determined based on policy language, documentation provided, incident review member's understanding of the requirements and the incident review form completed previously. The PREA Coordinator is working on increasing the documentation that is recorded across all Maine DOC sites.

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

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

115.387 (b)

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

115.387 (c)

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

115.387 (d)

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

115.387 (e)

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

115.387 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Policy 6.11.1 Sexual Misconduct (PREA and the Maine Statutes) Administration
 Institutional data tracking
 Agency annual report

Individuals interviewed/ observations made.

Interview with Director of Operations
 Interview with PREA Coordinator

Summary Determination

Indicator (a) The agency collects data consistent with the policy definitions which were developed to be consistent with the standard. Policy 6.11.1 Sexual Misconduct (PREA and the Maine Statutes) Administration states “Each facility’s PREA Monitor shall ensure the collection of incident-based sexual misconduct data and shall report that data to the Department’s PREA Coordinator at least annually,

who shall aggregate it for all department facilities.” The Auditor was provided a copy of the states PREA Incident tracker which shows consistent information is provided from each of Maine’s facilities.

Indicator (b) The agency completes an annual report with aggregate data from the Long Creek Youth Development Center. The Auditor was able to see the data from 2019 and the data produced so far in 2020. The Auditor also reviewed the agency’s annual report.

Indicator (c) The Auditor was able to confirm the various elements of the Survey of Sexual Violence are maintained and could be used to complete the report if requested by the Department of Justice. There has not been a request by the Department of Justice for a Survey of Sexual Violence report for the Long Creek Youth Development Center. Interviews with both the Facility PREA Monitor and the state PREA Coordinator confirmed the elements were tracked. The Auditor also took into consideration information reviewed in investigatory files.

Indicator (d) The agency has rules on the retention of records at all DOC facilities. Copies of criminal files involving resident on resident contact will be retained locally with a copy to the agency PREA Coordinator. If the alleged incident involved a staff person as the accused perpetrator the Maine DOC Office of Professional Review would retain the copy of the incident. The PREA Coordinator would receive all incident outcomes and ensure data accuracy.

Indicator (e) The Department of Corrections has provided the Auditor with the Data from the county jail with whom they subcontract. The Juvenile Facility that closed had no cases of sexual assault or sexual harassment while it was open.

Indicator (f) The Department of Justice has not requested PREA related information from the Maine DOC in the past year.

Conclusion. The Auditor has found the standard to be compliant. The Maine DOC has a system in place for collecting uniform data that could be used to complete the Survey of Sexual Violence. The 2019 Maine Department of Corrections Prevention of Rape in Prison report outlines the efforts including data for each of Maine DOC’s adult and juvenile facilities. The agency policy 6.11.1 pg.3 commits the agency to comply with the data collection requirement of the standard. The policy states “Each facility’s PREA Monitor shall ensure the collection of incident-based sexual misconduct data and shall report that data to the Department’s PREA Coordinator at least annually, who shall aggregate it for all Department facilities.” The agency has not been required to complete the Survey of Sexual Violence for this year, but the State PREA Coordinator reports he has all the information available to complete the report and provided the previous year’s report to further support their compliance.

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

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

115.388 (b)

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

115.388 (c)

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

115.388 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Policy 6.11.1 Sexual Misconduct

Individuals interviewed/ observations made.

Interview with the Associate Commissioner
Interview with the Deputy Director of Operations
Interview with the Superintendent
Interview with Agency PREA Coordinator

Summary Determination

Indicator (a) The Maine Department of Corrections utilizes both data related to PREA incident and data related to other critical safety incidents to determine program improvements. The department's central office staff and the facility's administrative team review critical incidents with an eye toward improving safety. Interviews with the Superintendent, Deputy Director of Operations and the Associate Commissioner support critical analysis occurs not only at the facility level but also at a system level. Examples were provided how improvements have been used across the system to improve safety. The Superintendent also confirmed trends are used to further guide policy/ procedural practices or the disbursement of resources.

Indicator (b) The Maine Department of Corrections annual report has a comparison by each facility on the number of sexual assault and sexual harassment claims. Each facility's data compares the current year to prior year's data. The report shows if the accused was a staff or a resident and provided the outcome determination.

Indicator (c) The Deputy Director of Operations confirms the PREA report developed by the agency PREA Coordinator is approved by the Commissioner before being placed on the agency's website.

Indicator (d) The DOC removes all identifiers from summary reports. The Auditor was able to review several documented reports on PREA that show cumulative data without utilizing identifiers.

Conclusions: Maine Department of Corrections meets the requirements of this standard in Policy 6.11.1 page three. The data elements are required to be reviewed by the agency PREA Coordinator to ensure consistent data. Interviews with the Associate Commissioner, Deputy Director of Operations and the Superintendent supported they utilize data to make informed decisions on programmatic and policy needs. This is consistent with the standard expectation to do critical review of data to identify problem areas and enact corrective actions. Since the PREA Coordinator works in the operational oversight unit of the Maine Department of Corrections, trends can be reviewed and changes supported either from the facility level; such as supporting the need for additional staff or electronic surveillance equipment; or from a central administrative level such as policy/procedural modifications. The agency also showed compliance with PREA standards through the annual report that combines data, graphs, and narrative information on Maine efforts since 2011 in development of PREA safe facilities. The report highlights each facility and tracks trends of incidents without identifying information.

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

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

115.389 (b)

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

115.389 (c)

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

115.389 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)
Policy 5.3 Computer Safety

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator
Intake staff persons
Medical and Mental health staff
File security

Summary Determination

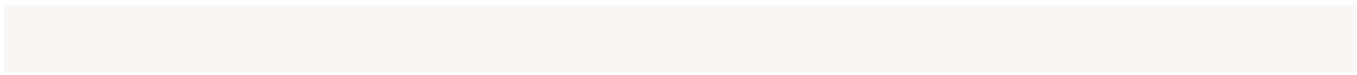
Indicator (a) The Maine Department of Corrections has policies that protect the security of information. Policies 5.3 and 6.11 outline the safety of PREA information and who has access. Discussions with PREA Coordinator, the individuals who completes screenings and medical and mental health staff describe layer of controls in place to ensure no unnecessary disclosure.

Indicator (b) The Maine Department of Corrections ensures the information related to PREA incidents and the agency’s efforts to support a zero-tolerance culture are published in an annual report available on the agency website. The Website provides information on the department’s efforts to create and maintain environments free of sexual abuse and sexual harassment.

Indicator (c) The annual report located on the state’s website does not include any identifiers.

Indicator (d) Policy 6.11 Pages 6 and 7 set forth the obligations of the agency’s PREA Coordinator including the responsibility for collecting all incidents. Maine statutes controls record retention. The Agency PREA Coordinator is aware that all PREA related data be maintained for a period of no less than 10 years.

Conclusion: The Standard is compliant., Maine State Statute (Title 5 pg. 65) and Department of Correction policies ensure that records are maintained in a secure manner. Since much of DOC documentation lies within the CORIS information system policy 5.3 dictates security. Aggregate data for DOC and contracted facilities are available annually. The Auditor reviewed the agency website to ensure the report was posted without any identifying information. The Policy 6.11.1 requires “The Department’s PREA Coordinator shall maintain the data reported or collected for at least ten (10) years.” DOC PREA Coordinator confirmed compliance with this standard’s expectations.



AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Maine Department of Corrections website

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Summary Determination

Indicator (a) The Maine Department of Corrections website shows all its current and former facilities have been audited for PREA Compliance starting in 2014. The website supports that the audits are ongoing every three years since the initial audits.

Indicator (b) The Maine DOC has no less than one facility audited in a year. The number of DOC facilities audited per year has been impacted by the closing of facilities and the combination of other institutions. The five current adult and juvenile facilities have all been audited in the past three years.

Indicator (h) The Auditor did have open access to all parts of the facility. The Auditor was able to move freely about the housing units on the tour to be able to speak informally with juveniles to ensure they were aware of the Audit, the agency's efforts to educate juveniles and how to seek assistance if the need arises. Because of COVID -19 resident were spoken to within proper social distancing guideline during the tour and in the interview spaces. All parties were required to wear masks.

Indicator (i) The Maine Department of Corrections uses POWER DMS electronic PREA auditing files. The web based application allows for electronic storage of information. The Auditor was also able to get copies of other documentation as requested on site.

Indicator (m) The Auditor was able to interview juveniles throughout the facility in private spaces. The space provided was appropriate to allow the Auditor and the juvenile to speak freely without others being able to hear our conversations.

Indicator (n) The Auditor did not receive confidential correspondence during the initial posting of the Audit that was scheduled to occur in April. Due to the Corona Virus outbreak the Auditor submitted a second posting with the new date 6-weeks in advance of the July site visit, but no correspondence was

received. The Auditor's information was posted and electronically verified in advance of the site visit and during the tour and resident interviews. During the audit, the facility PREA Monitor was informed the posting should remain up until the final report is issued.

Conclusions: The Maine Department of Corrections has had PREA audits of each of its facilities since 2014. The DOC has spread its facility audits over the three-year PREA cycle and have set up strong deadlines when contracting for new beds to be PREA compliant including undergoing formal audits. The Auditor was given full access to the site and was not prohibited from returning to areas of the facility if requested. The Auditor was provided ample space and privacy to conduct confidential interviews with staff and residents. The facility did post the audit notice, it was visible on the tour and residents were aware of the posting and the audit. Compliance is based on the above-mentioned facts which supports a culture in which PREA is monitored daily.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Maine Department of Correction website

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Summary Determination

Indicator: (f) The Maine Department of Corrections website has all the previous PREA Audits posted. This was determined through a review of the state's DOC Website.

Conclusions:

The Maine Department of Corrections' website has all previous facility PREA Audits posted under its PREA information link. The Auditor's prior experience with the agency allows first-hand knowledge of the prompt uploading of these documents. The Auditor also took into consideration that the Agency PREA Coordinator was also aware of the timing requirement for the posting of the audit report.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Jack Fitzgerald

8/19/20

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.