

**PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES**

Date of report: 9-30-17

Auditor Information			
Auditor name: Jack Fitzgerald – Fitzgerald Correctional Consulting LLC			
Address: 87 Sharon Drive Wallingford CT			
Email: jffitzgerald@snet.net			
Telephone number: 203-694-4241			
Date of facility visit: May 25-26			
Facility Information			
Facility name: Long Creek Youth Development Center			
Facility physical address: 675 Westbrook Street South Portland ME			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (207) 822-2600			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Colin O'Neil Associate Commissioner			
Number of staff assigned to the facility in the last 12 months: 170			
Designed facility capacity: 183			
Current population of facility: 82			
Facility security levels/inmate custody levels: medium/ low			
Age range of the population: 14-20			
Name of PREA Compliance Manager: David Grant/ Chris Concannon		Title: JCS/CCPS	
Email address: Click here to enter text.		Telephone number: (207) 822-2600	
Agency Information			
Name of agency: Maine Department of Correction			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 25 Tyson Drive 3rd flr State House Station 111 Augusta ME			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: (207) 287-2711			
Agency Chief Executive Officer			
Name: Dr Joseph Fitzpatrick		Title: Commisioner	
Email address: Joseph.Fitzpatrick@maine.gov		Telephone number: (207) 287-2711	
Agency-Wide PREA Coordinator			
Name: Kathleen Mahoney		Title: PREA Coordinator	
Email address: Kathleen.Mahoney@maine.gov		Telephone number: Click here to enter text.	

AUDIT FINDINGS

NARRATIVE

The Long Creek Youth Development Center (LCYDC) is the Maine Department of Corrections primary juvenile facility for pretrial and adjudicated youth. The South Portland facility is located some 56 miles from the capital of Augusta. The juvenile justice facility has roots back to 1853, when Maine opened the Boys Training Center. In 2002, Long Creek Youth Development Center opened to serve both male and female juveniles in the southern part of Maine. In 2015, with a declining juvenile population consistent with national trends, the state moved the adjudicated population from the sister facility Mountain View Youth Development Center to LCYDC.

Long Creek Youth Development Center is "committed to creating and providing opportunity for success through personal growth in a safe and secure environment." according to its mission statement. The multi discipline approach utilized in the facility has unit teams meeting to discuss a youth's progress in each step of his or her stay. As a youth moves through units they can gain more privileges. Highest level youth are at times allowed to go on off grounds trips and can seek employment. The facility has an accredited school programing provided secondary and post-secondary education. Youth in the school are also given opportunities to learn some basic vocational skills. The school provides youth with interscholastic teams that can compete against other local schools. The 2016-17 basketball team advanced to the regional championship game before being knocked out. The facility has a full range of Medical and Mental Health Services provided by Correct Care Solutions. (CCS). The Medical and Mental Health teams provide care and medication management to the youth. Specialists can be accessed through the local Maine Medical Center (MMC) if needed. For PREA purposes the facility will send resident sexual abuse victims out to MMC for forensic examinations by trained medical staff.

The facility also has numerous volunteers who provide a host of other opportunities to youth during their stay. Groups such as Maine Inside Out, Portland Outright and Disability Rights Maine hope to change the trajectory of juvenile lives away from the juvenile justice system. Maine Inside Out provides self-expressive opportunities through theater groups and performance of small plays. Portland Outright provides a safe group to LGBTQ, gender non-conforming and allied youth at LCYDC. Disability Right Maine provides groups teaching self-advocacy skills. During the audit, each of these groups was seen as an important resource to the youth and they felt a strong comfort in speaking with these individuals if they had PREA concerns. A couple of critical incidents in the past year, along with the retirement of the Superintendent had the facility in a state of change when the Auditor first visited in May. To meet this challenge the Associate Commissioner in charge of Juvenile Justice for MAINE DOC, Colin O'Neil, has stepped in to run the facility on a day to day basis until a successor can be found. The agency has a strong history of self-evaluation through utilization of American Correctional Association (ACA) standards and data driven information of Performance Based Standards (PBS).

The Auditor began the preparations for the audit in March some 12 weeks prior to the audit. The Auditor reviewed files with the state PREA Coordinator for Maine DOC Kathleen Mahoney. Maine uses the web based Power DMS to share information securely with the auditor. During the pre-audit period, The Auditor provided the facility with notice of the audit postings, provided periodic summary of file progress, questions and concerns. The auditor did receive letters from current and former residents because of the posting. The Auditor spoke with regional sexual assault agencies, local sheriff offices advocates and the local hospital as part of the preparations.

The Auditor arrived at the LCYDC on May 25th working an eleven-and-a-half-hour day. The second day the auditor worked ten-hour day allowing him to see all staff compliments in the two-day period. The first day began with the auditor having an opportunity to speak to the facility management team. After the meeting the auditor toured the facility and was able to have informal conversations with dozens of juveniles and staff. During this process the auditor looked for supporting practice of documentation that was reviewed, staff and juvenile knowledge about PREA reporting process and staff understanding of blind spots and other associated risks for PREA incidents. After the completion of the tour, the Auditor began the interview process and file reviews. The second day, similar to the first, continued with interviews including some overnight staff. The Auditor was able to interview and review the files of the Correctional Investigator, Joe Fagone, as well as other specialized staff and volunteers. The Director of Security for Maine DOC, Larry Austin, was interviewed the day prior to the site visit as the representative of the Commissioner of Corrections Dr. Joseph Fitzpatrick. During the audit process items that appeared to not currently in compliance were brought to the Kathleen Mahoney, the facility PREA Monitor David Grant and Associate Commissioner O'Neil for discussion and to see if other documentation was available to support compliance. At the close of the initial site visit the auditor informed Associate Commissioner O'Neil and the PREA team that some corrective actions were required. The results of the Corrective Actions are contained in the Summary of Audit findings and in the body of this report.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Long Creek Youth Development Center in South Portland is a modern Juvenile facility located in a mixed-use area of residences, small businesses and a regional airport. The 183,000-square foot facility is designed with wide hallways and natural light, like a school environment. The exterior brick clade façade gives an appearance of a school environment to those unfamiliar with the facility's purpose. The various housing units are named after different species of trees instead of numbers or letters you might find in an adult setting. Classrooms are adjacent to each unit, but youth rotate between various classrooms in the building including vocational programs such as culinary arts and carpentry. Most housing units in the facility have three pods that contain varied numbers of single bedrooms. The pods in the unit are visible to the staff, but residents are only allowed to be in the pod area during waking hours if they have earned the privilege. The housing officers confirm random tours of the pod areas occur all night long with the staff making observation's of juveniles in their bedrooms. All bedrooms in the facility are single rooms and vary between dry and wet rooms (toilet/sink unit in room). Pre-Trial youth are housed separate from adjudicated youth. One of the housing officers generally stands at the unit desk equipped with electronics that assist in the movement of youth. From this vantage point the whole unit can be seen. The facility is primarily built along two corridors allowing for good lines of sight. PREA information is posted on each unit near the resident phones including how to report a concern internally or externally along with information about the state rape crisis agencies. In addition to classrooms the facility has a gym, recreation room group space and a chapel. The facility also has a large outdoor sports field that allows for exercise during the warm weather. The recreation yard is several acres in size surrounded by a high fence. All staff are issued radios and the facility is equipped with 70 cameras and a paging system that is monitored 24 hours per day by a custody staff member. This person controls movement and can deploy available staff in a potential crisis. The facility has the capacity to remove disruptive youth or those needing extra observation to the Special Management Unit. In the initial audit, the auditor observed a youth who had a disciplinary issue and a second juvenile who had mental health concerns. Juvenile in this unit are under close observation, some reported in the initial audit visit that they asked to go to SMU. At the time of my second site visit no one reportedly had been placed in SMU in over a month. The intake/processing area is where all youth enter the facility and leave for transportation to outside court appearances. The area is equipped with electronic equipment to process new residents into the facility. The juveniles entering this area are given pamphlets on PREA, are shown a video on PREA, and are given a handbook which includes further information about PREA. Signage was visible during the tour directing youth how to get help if they had a PREA concern. As suggested, the facility increased signage supporting the reporting of all sexual assaults or sexual harassment in addition to signs supporting acceptance of all residents. Several residents remarked about the increase signage in the second audit visit. In addition to custody staff the facility has case workers and mental health staff with offices on the units. This positioning provides for additional support to residents as well as an extra set of eyes and ears monitoring youth behaviors. The facility has a metal detector through which all visitors must pass. Part of the entry process has visitors signing in and being offered information about PREA. The administrative area is adjacent to the entry point and evidence on the tour of supervisory staff including administrators (Superintendent/Deputy Superintendents) making random rounds of the facility.

SUMMARY OF AUDIT FINDINGS

The audit visit of May 2017, found many of the aspects of the standard documentation provided. The Maine Department of Corrections, who runs the Long Creek Youth Development Center has the policies and resources in place to create and maintain a PREA safe environment. The auditor found a modern juvenile correctional facility with good lines of site and sufficient staffing. The auditor interviews with staff and residents did support some inconsistencies in the application of some of that standards that support a zero-tolerance culture. In the interim report three standard areas were cited, the education standards for staff and residents (115.331, 115.333) as well as aspects of the ongoing assessment process in 115.341. The Administration of the facility was understanding of the Auditor's concerns at the close of the initial site visit and committed to put corrective measures in place immediately.

The Corrective Action Plan was jointly developed by the facility, the Maine Department of Correction administration and the Auditor. The plan included the retraining of all staff and residents and a refresher of the classification staff who are responsible for completing and reassessing the PREA screening tool. The trainings for staff and residents covered all aspects of PREA with a special emphasis on addressing harassing behaviors and sexually insensitive comments. Long Creek Youth Development Center also changed the educational video for juveniles and some written materials to be more juvenile focused. As noted the facility added signage supporting the reporting of abuse or harassment along with signs that support youth of all gender identities. As part of the Corrective Action process the Maine DOC would provide a time line for changes and updates on progress. The Auditor would return to complete a second site visit and further assess the culture to see if actions were more consistent with a zero-tolerance expectation. The second visit would consist of interviews, and file reviews of the three noted standards above and ongoing reviews of any new investigations or hiring.

During the audit process, the Auditor completed 17 random staff and 15 specialized staff interviews out of a compliment of 170 staff. The auditor spoke with representatives of the local hospital with SAFE/SANE nursing, rape crisis agencies, county jails to whom residents could report a PREA concern, and various advocacy organizations working with juveniles at Long Creek Youth Development Center. The Auditor interviewed 24 residents including random and targeted populations including residents who have a disability, identify as LGBTQI, or have a history of victimization. The Auditor spoke to residents who had sent correspondence before or after the first site visit. As part of the second site visit the Auditor was able to speak to the new PREA Monitor for the facility and Deputy Superintendent of Operations, Brian Libby, on their vision for monitoring the culture to ensure progress is maintained.

As part of the Corrective Action Plan a second site visit to Long Creek Youth Development Center occurred On September 7th and 8th. At the conclusion of the Corrective Action Period the Auditor has determined that the standards previously deficient are in compliance and there is a plan to provide ongoing monitoring of the previous concerns. The Department of Correction has entered a multi-pronged approach to improve the working and living conditions at LCYDC. The actions undertaken will support a PREA compliant environment. The facility has named a new Superintendent, who takes office in October, and has begun to hire staff to fill vacancies. The agency continues to expand their relationships with community organizations that support youth while also exploring more trainings for staff on topics including understanding harassment and bullying. The Maine Department of Corrections has also contracted with a team of national experts who were onsite during the second site visit. This team will assess facility programmatic and organizational needs against a set of national standards for juvenile facilities which can only further support PREA safety. After the second site visit the Auditor met with the administration of the Long Creek Youth Development Center, State PREA Coordinator Kathleen Mahoney, Associate Commissioner Colin O'Neil, and The Commissioner of Corrections Dr. Joseph Fitzpatrick. The Auditor thanked the team for their work and commitment to a PREA safe environment and shared his impressions on the noticeable changes between the two site visits.

Number of standards exceeded: [Click here to enter text.](#)

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 2- 115.312 Contracting with other entities for Confinement of Residents
115.318 Upgrades to Facilities and Technologies.

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In Policy 6.11 Sexual Misconduct – General, the Maine Department of Corrections addresses in policy the Zero Tolerance stance toward Sexual Abuse and Sexual Harassment. The policy statement addresses not only the actions of residents and staff, but of any individual who would have contact with residents. The policy set notice for the pursuit of criminal investigations. This policy is the first of a seven-part policy that addresses the Maine Department of Corrections commitment toward PREA and preventing, detecting and responding to all accusations of Sexual misconduct.

The Policy 6.11 also addresses the role of the agency wide PREA Coordinator and the facility PREA Monitor. The policy defines roles of these individuals and the responsibility to coordinate PREA activity and identify policy issues as they arise. The State PREA Coordinator, Kathleen Mahoney, oversees the statewide efforts toward compliance at all DOC facilities and supports the county jail system in their efforts to be PREA compliant. At the time of the site audit the position of PREA Monitor was with David Grant who is a Juvenile Program Specialist with an understanding that the position would be moving to Chris Concannon who is a Correctional Compliance Program Specialist. The policy and practices support there are the systems in place to effectively deal with a sexual assault and ensure swift care and investigation occurs. Interviews support each of the PREA Monitors understood their role in ensuring a PREA responsive environment. At the time of the second site visit staff for the all but a few were aware of the changes in roles and residents knew who Mr. Concannon was though he has several roles in the facility beside PREA Monitor. The second site visit interviews supported that any deficient areas related to a zero tolerance culture were addressed and plans are in place to ensure ongoing monitoring of the environment. The PREA Monitor will work with the Deputy Superintendent of Operations on daily basis to monitor all aspects of PREA.

Standard 115.312 Contracting with other entities for the confinement of residents

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.312 is found to be not applicable by the Auditor. The Maine Department of Corrections does not contract with outside agencies for the confinement of Juveniles.

Standard 115.313 Supervision and monitoring

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Maine Department of Corrections Policy 3.11 Staffing Requirements (Pg. 2) requires, in juvenile facilities, a juvenile to staff ratio of 8 to 1 during residents waking hours and 16 to 1 during sleep periods. On the days the Auditor was on site these ratios were maintained. The largest unit had 22 residents and three or more staff on the unit. Documentation from the facility supports they have not gone under any ratio. The Associate Commissioner reports the facility has an ability to fill shift to ensure minimums are maintained. Indicators A and D are also addressed in Policy 6.11 Sexual Misconduct- General (Pg. 7). The facility provided copies of unannounced rounds by supervisory staff in supporting documentation. Log books and interviews with staff members on the tour support the visits occur frequently without announcement (Indicator (e)). A staffing plan was provided to the Auditor that meets the required elements of indicator (a). The plan combines a narrative with diagrams of the physical plant, camera positions and numerous data on the population make up. The Long Creek Youth Development Center Houses both Pretrial and adjudicated juveniles for the state of Maine. The report addresses the assignment of location and shifts of non-custody staff to support programming throughout the day. The report also provides the reader with an understanding of the mental health needs and educational needs of the children at LCYDC. The facility uses a Unit management structure to break the population into smaller groups and provide a consistent set of staff working with youth. The facility is designed for up to 183 single bedrooms, but on the days of the Audit the population was 82 residents. During the second site visit the population was 79 juveniles and one housing unit was closed to increase staff to client ratios in the facility. Compliance is determined by the observation made on tour, the interviews with management and supervisory staff, documents provided and the thorough staffing plan provided.

Standard 115.315 Limits to cross-gender viewing and searches

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Maine Department of Corrections has policy and training protocols that support only same gender searches are to be completed except in "critical incidents" (9.7 Search Procedures). The policy goes on to further explain that even in the critical incident which is limited to a safety or security concern the line staff should get approval from a Juvenile Facility Operations Supervisor or Deputy Superintendent of Operations prior to opposite gender pat searches. Interviews with staff and residents confirm only same gender staff complete strip or pat searches. Staff, including an intake officer, confirmed

that residents could not be searched to determine one's genital status. Both staff and residents confirm opposite gender staff announce their presence and that residents can use bathroom facilities without opposite gender staff viewing. The agency provided documentation of individuals who had completed training on completing searches of transgender residents. There was no transgender resident at the time of the initial site visit. The Department provided documentation of two cases in the last year in which transgender residents were admitted and their preference for gender of staff was accommodated. In one case the resident changed their mind on the gender of staff preferred and the request was accommodated. During the second site visit the Auditor was able to speak to a transgender resident who reported being comfortable with the gender of staff performing searches and that they were asked their preference. Compliance was based on materials provided and the interviews completed.

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

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Long Creek Youth Development Center and the Maine Department of Corrections have three policies that speak to the agency efforts to ensure equal access for disabled and limited English proficient residents. PREA policy 6.11.2 Prevention, has language that addresses the concerns of the standards (Pg.3) Policies 13.12 Accommodations for Residents with Disabilities or Special needs and Policy 1.10 Staff Communication with Persons with Limited English Proficiency assert that residents will be provided equal access to services. The Auditor was unable to speak with any resident with a physical disability or who's native language was not English as there were none present. The Auditor was able to meet with youth between both site visits who had mental health or educational impairments to ensure they were able to understand the information provided to them and how to report a concern. One resident reported that he felt staff would help him if needed because he has difficulty remembering things. The facility has not had to use interpretive services in the past year but the auditor was able to review a copy of a contract the DOC has for this service. The Supervisor and Intake staff interviewed were aware of the service and could access it if needed. The Auditor also spoke with a resident who reports having health concerns that could make them seem more fragile.

The residents formally interviewed and those spoken to on the tour reported knowing their rights, how to report PREA concerns, and if they had difficulty in understanding information how to get help. The Facility provides all residents with a video education about PREA upon admission. The 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. These videos are available on the state website. The facility, during the corrective action period, has begun to use a more juvenile focused video. In addition to the Video the facility has signage up on the units of how to report concerns in English and Spanish. The CORIS information system Maine DOC uses allows for information about languages, physical and mental health barriers to be identified so the facility can plan accordingly. 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 and inmates and administration as well as the hard materials (posters, handbooks, video) and policies that support equal access to all services. The standard is compliant based on interviews with residents and staff, the documentation provided and the materials seen available on the tour.

Standard 115.317 Hiring and promotion decisions

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Maine Department of Correction has policy in place to address the requirements of the standard including the completion of background check and pre-employment screening that supports the agency's efforts to screen out predatory candidates from employment. The auditor interviewed the Human Resources staff at the Long Creek Youth Development Center who oversee the hiring. The agency has all staff and contractors undergo criminal background checks including FBI fingerprint checks. The agency's pre-employment process includes forms that gather standard required information on reporting of prior sexual misconduct as described in the indicators (a) and (c) as well as a continued obligation to report misconduct. The material omissions in an employment application are grounds for termination. As part of the audit process the auditor was able to obtain information supporting documentation on 30 staff and contractors. The agency meets the juvenile standard requirement in indicator (d) of completing child abuse registry checks in addition to criminal background checks.

The Maine DOC has directed human resources staff on the process for requesting information on sexual misconduct from an employment candidate's prior institutional employer (Policy 3.24 Pre-Employment Background Investigations) as well as giving direction on when they receive a request about former Maine DOC employees who may have had a substantiated sexual abuse or sexual harassment investigation. Human Resources officer was able to produce examples of employees hired this year who had this form completed. The facility has not received any request for former employees of MCC being employed in other correctional centers. The agency has several policies including Human Resource policies (5.8, 8.06), Personnel Policies (3.3, 3.24). Compliance was determined by information provided through interviews with the Human Resources staff and the state PREA Coordinator. The Auditor was also able to review appropriate personnel forms, child abuse registry checks and criminal background checks for both employees and contractors. Record reviews support that all employees and contractors at the LCYDC 5 years or longer had a second criminal record check completed in the last year. Compliance is based on Policy, the several levels of documentation provided in advance and confirmed during the onsite visit as well as the interviews with Human Resource staff. During the second site visit the Auditor was provided with records of new hires showing standard indicators are continuing to be met. The information included the criminal and child welfare checks, the required acknowledgements on any prior sexual abusive behavior and the continuing responsibility to report as well as prior institutional work checks.

Standard 115.318 Upgrades to facilities and technologies

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard is not applicable. The Long Creek Youth Development Center has not had any significant additions of technology or physical plant modifications in the past three years. Maine DOC policy, 6.11 Sexual Misconduct- PREA, sets forth the requirement to take into consideration PREA safety concerns on any modification project undertaken in Maine DOC facilities. During the tour the PREA Monitor and the PREA Coordinator were able to point out locations in which they would like to add cameras.

Standard 115.321 Evidence protocol and forensic medical examinations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Department of Corrections is responsible for the investigation of all sexual assaults at the Maine Correctional Center. The Maine Department of Corrections has two policies that address concerns in this standard 7.1 Investigations by a Correctional Investigator and 6.11.3 PREA- Reporting and Investigating. Criminal investigative procedures are in place to ensure evidence is preserved. The criminal investigations at LCYDC would be done by the Correctional Investigator Joe Fagone. Criminal Investigators are trained as law enforcement officers and Mr. Fagone is a retired detective of the Portland Police Department. Residents who are victims of sexual assault are taken to a Maine Medical Center in Portland (approximately 3 miles) for a forensic exam with a Sexual Assault Nurse Examiner (SANE). SANE staff are trained and protocols developed in the state of Maine Attorney General's office in conjunction with a SANE advisory team and consistent with the 2013 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. She reports 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. The Department of Correction also has on staff a trained staff member in rape crisis counseling if for any reason a local provider was not available. 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 inmate involved. Investigative files document the steps to preserve evidence and that in each case the inmates involved were referred to Medical and Mental Health services.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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. Incidents involving staff members are also investigated and a centralized unit (Office of Professional Review) is involved to ensure an impartial investigation occurs. Maine Department of Corrections and Maine Correctional Center have two policies that address concerns in this standard 7.1 Investigations by a Correctional Investigator and 6.11.3 PREA- Reporting and Investigating; both of which are on the state website. As part of the audit process the Correctional Investigator reviewed the cases he investigated in the past year. The reports reviewed showed situations where juvenile complaints were made directly or through counseling staff. In other situations, staff inquiry into resident’s behaviors led to an investigation and referral for prosecution.

Compliance was determined based on the published policy, the investigative information provided by CI Joe Fagone and interviews with the Department of Corrections Director of Security and the Auditor’s prior discussions with a representative of the department’s 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. Indicator (D) which is not required, is also met through the DOC Policy on Investigations which governs the process of investigations.

Standard 115.331 Employee training

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All staff of the Long Creek Youth Development Center are trained on PREA and understand policy 6.11 Sexual Misconduct. Staff files reviewed as part of standard 115.317 showed this documentation. Ongoing training is documented through signatures for classroom activities and electronically for individualized learning through Power DMS. The Maine Department of Corrections has a training program for all staff related to the 11

requirements on juvenile indicator (a). New employees are first exposed to PREA training in the Maine Criminal Justice Academy. All staff persons hired before PREA were trained in the requirements in a classroom setting and get refresher training on the subject provided through direct instruction and online refreshers. 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 response plan. Because of the co-correctional setting of Long Creek the staff get gender specific training on dealing with female residents. The PowerPoint presentation reviewed by the auditor provided data and talked about specific needs of females in custody vs their male counterparts.

A copy of the PowerPoint portion of the general PREA training was also reviewed by this Auditor. 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. The auditor in interviews with staff and residents during the initial visit, found an inconsistency in the application of some elements that support a Zero Tolerance culture. After discussions with Associate Commissioner O'Neil and state PREA Coordinator Kathleen Mahoney, the Department worked with the auditor in the development of a plan to retrain staff. The plan included retraining all staff on PREA and providing them a separate training by the state rape crisis agency MECASA. The plan had dates for completion and individuals who are responsible for its implementation.

During the second site visit staff members confirmed they received updated training since the Auditor's initial site visit. Staff were more positive about their co-worker's attitudes toward addressing PREA concerns. Staff acknowledged that this has improved feeling they are better on addressing resident's negative comments. Residents support that staff are doing a better job addressing concerns including sexualized behaviors and humor. The Maine DOC also has used this opportunity to explore more training that could improve staff skills including topic on harassment and boundaries. Staff are identifying youth who could benefit from support groups in the environment and the DOC has been encouraged to use the community organization as a resource for training. Compliance is based on staff and resident interviews and training materials provided.

Standard 115.332 Volunteer and contractor training

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Long Creek Youth Development Center 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. Correct Care Solutions (CCS) provides all contracted Medical and Mental health employees in the facility so they also receive specialized trainings required in 115.335 in addition to DOC training on PREA. Regular volunteers complete a training on PREA as part of their orientation. The course provides

basic information about PREA, how to report concerns, and how to avoid inappropriate situations with residents. The course also goes over how one piece of information learned at the facility helped prosecute a parent for sexual abuse. Visitor 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 a contracted staff person who was able to identify training elements and who at LCYDC to report a PREA concern if it arises.

Standard 115.333 Resident education

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Long Creek Youth Development Center is the Maine Juvenile Detention and adjudicated facility in the state of Maine. Resident at LCYDC report education into the facility's Zero Tolerance regarding PREA begins as soon 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 in the last section. 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 brochures and posters in addition to the handbook. The orientation process also includes the viewing of a PREA video. During the audit, it was realized that some residents did not get the video portion as a result of a youth damaging the equipment. Residents have access to their handbook that can be translated into multiple languages as needed. Handbooks inform residents about consequences for negative behavior including sexual misconduct. The handbook tells residents about PREA and the importance of reporting and seeking help. Information includes phone numbers to state PREA Coordinator and the local rape crisis agency. The facility has posters up that inform residents on how to report PREA events or how to access advocate services. Residents report they are given PREA information within one day of admission. Residents sign, at admission, acknowledging their PREA education. Interview with residents confirm they know how to report incidents if they were to occur. Resident reported comfort in telling staff if they were to experience or be witness to an incident of sexual abuse or harassment. Residents knew of several ways to contact administration or outside individuals if they did not have comfort in telling the line staff. 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 education.

During the initial site visit interviews with residents it was supported not all residents understood the expectations of a zero-tolerance culture. After discussions with Associate Commissioner O'Neil and State PREA Coordinator Kathleen Mahoney it was agreed to pursue corrective measures. A corrective plan was development in consultation with the auditor. The DOC has agreed to rewrite the PREA memo into juvenile friendly language, improve signage, reeducation of all residents utilizing a new video on PREA as well as presentation from the state

rape crisis agency MECASA. The program has agreed to add PREA to house meeting discussions to reinforce the concepts for residents over time. The auditor was able to confirm during the second site visit that juveniles did receive the required training; the signage was improved and that new PREA video and PREA information were more juvenile friendly. Residents support that there has been an improvement on addressing sexually harassing comments. Deputy Superintendent of Operations has a plan in place to ensure that PREA is an ongoing topic in house meeting with residents monthly and a topic covered in unit management with the staff. Compliance is based on the information provided and the residents confirmation on a change of behaviors in the facility.

Standard 115.334 Specialized training: Investigations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Correctional Investigator Joe Fagone is the on-site Investigator at the Long Creek Youth Development Center. CI Fagone has 32 years in law enforcement. He was Police Officer and Detective for 26 years in Portland ME and has been Correctional Investigator with DOC for the past six years. He has been certified by the Criminal Justice Academy of the Maine Department of Public Safety. This designation gives him full authority of a law enforcement officer and all rights including arrest. CI Fagone was part of a two-and-a-half-day on-site PREA investigator training provided by the Moss Group on behalf of National PREA Resource Center. The Department of Corrections, according to the record provided, sent 21 staff to the training. In addition to the Moss Group staff, the training brought in local experts on forensic exams and prosecutorial process to further educate the participants in Maine laws related to investigations of sexual assault. The training reportedly covered the Miranda and Garrity warnings in the section on Interviewing Techniques. If CI Fagone is on vacation the DOC has sufficient resources in place to ensure a PREA Investigation is completed. CI Fagone recently went through a 40 hour training program on Sexual Assault Forensic Exams. The training was provided to both law enforcement and medical professional including discussion on working with victims of abuse.

Documents and interviews support that the facility's investigator is trained in the requirements of a PREA related investigation of juveniles. Maine has set up that if allegations are against staff the agency's Office of Professional Review would be brought in to investigate to ensure an impartial process. Given the number of DOC trained PREA Investigators, the level of professional investigative training provided to the staff, the interview with the facility Correctional Investigator, samples of investigations completed and the supporting documents of the trainings, the auditor finds the facility in compliance with all indicators in this standard.

Standard 115.335 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Medical and Mental Health Staff are employed by Correct Care Solutions (CCS) at Long Creek Youth Development Center. Correct Care Solutions provides PREA training with a medical and mental health focus for all their employees. 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 two different CCS staff. Medical and Mental health staff were able to discuss how and 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 LCYDC. Medical and Mental Health staff knew to also report any concerns to Criminal Investigator Fagone or PREA Monitor David Grant. CCS staff will not do forensic medical examinations, but are aware of how to protect evidence and what facilities they would refer juvenile 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 CCS training program materials for Medical and Mental Health Staff and training records for the CCS staff at the LCYDC.

Standard 115.341 Screening for risk of victimization and abusiveness

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Long Creek Youth Development Center ensures that all residents are screened for sexual victimization and abusiveness using an objective tool. Policy 6.11.2 (page 4) requires that all residents are screened initially within 24 hours and reassessed within 14 days by the facility classification team. The Agency also requires periodic rescreening by using 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 juvenile's risk of sexual vulnerability or sexual violence. CORIS is the Maine DOC electronic case file system that links their records as the residents moves between facilities. (Since Long Creek is the primary facility for juveniles there is little movement between it and Mountain View in northern Maine.) The objective tool was developed by Maine DOC and has clear guidelines for its use. The tool accounts for all 11 factors required in indicators (a). They have also implemented a system to ensure that after the initial screening the residents are asked about sexuality,

victimization history and perceived safety. The screening officer confirmed residents cannot be punished for refusing to answer questions about sexuality, prior victimization and vulnerability. It is confirmed that only case management and administrators know the specific reasons for PREA scoring results in CORIS. Unit Management team members were aware of resident screening and the importance of using the information. 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

During the interview process with staff and residents during the initial site visit it was determined that not all the questions needed for effective reassessment were being asked consistently. As part of corrective action plan LCYDC had all staff who act as intake officers and all case management staff retrained on the PREA screening process. The Retraining was provided by the State PREA Coordinator. Documentation of the retraining was provided to the auditor in advance of the second site visit. Intake and case management staff were able to explain why it is important to ask questions on sexuality, victimization history and the residents feeling safe. As a result of the information provided, systems in place to monitor compliance and the interviews with staff and residents the standard is determined to be compliant.

Standard 115.342 Use of screening information

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Long Creek Youth Development Center Policy 6.11.2 Sexual Misconduct – Victim Services described the use of the PREA Screening tool (Pg.4-7). A second policy in 18.8 Management of Transgender and Intersex residents also addresses the indicators in this standard. All residents at LCYDC are housed in single occupant rooms. Unit managers and educational staff will prevent potential or known victims being with potential or known aggressors based on the PREA Screening tool in 115.341. All individuals entering LCYDC are asked how they feel about their safety which helps guide the placement process for housing and eventually programming. The auditor reviewed reports on the decision process used by LCYDC with two transgendered juveniles in the last year. The reports describe various requests from the residents that were reviewed by an interdisciplinary team supporting the process is individualized. The reports reviewed show that the reviews are scheduled every six months but youth cases can be discussed weekly through the Unit Management process. The units have single showers so separate showers could be maintained for transgendered and intersex residents. The facility had no transgendered residents at the time of the initial audit. A review of the population and discussion with staff and residents supports that LGBTI residents are not all housed together or denied programming. A complaint about one prior resident's ability to get a work assignment could not be verified as the individuals involved in the case are no longer at the facility. In the year prior to the audit the facility reports never having to house a victim/potential victim in the special management unit for their safety. The Special Management Unit can provide immediate separation of aggressive youth from the population as well as an extra observation unit for youth with acute mental health concerns. Associate Commissioner Colin O'Neil reports that protection measure would be put in

place including moving of the potential aggressor before utilizing the SMU for victims. Residents report at times they request placement in the SMU to get a break from peers. Only one youth was in the SMU on the day of the audit tour and only for a disciplinary issue. During the second visit, the Auditor reconfirmed the above stated facts and spoke with a transgender youth who reported they felt they had a say in their programming and housing placement. The Auditor also spoke with a victim of sexual assault who denied being placed in isolation and that measures are in place to keep him separated from his aggressor. The standard is determined to be compliant based on policy, supporting document, and interviews with residents and staff.

Standard 115.351 Resident reporting

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Maine Department of Corrections and MSP 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 Harassment claims. The facility Sexual Assault Brochure, the Resident Handbook and posters throughout the facility all give direction on the importance and methods of reporting Sexual Assault 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. In the year prior to the audit 6 complaints were received from residents to staff and one call was taken through the state PREA hotline.

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 directs residents to call the DOC PREA Coordinator or a local county Jail facility 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 the ability to find a staff person they could speak to if they had a PREA 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. In addition to the local rape crisis agency (SARSSM) the youth pointed to Disability Rights Maine, Portland Outright or their Attorneys with whom they could also report a PREA Concern. 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

- Exceeds Standard (substantially exceeds requirement of standard)

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Long Creek Youth Development Center is not exempt from the exhaustion of administrative remedies. No complaint relating to PREA has been filed at the facility in the past 12 months according to Chris Concannon. Concannon was recently appointed the Grievance Officer for LCYDC. He is aware that PREA related grievances do not have a time constraint for filing an interview with Deputy Commissioner O’Neil confirmed the use of policy 6.11.4 Sexual Misconduct – Administrative Sanctions and Grievances as an option for the juvenile residents to file a PREA complaint. Section D of this Policy addresses requirements such as there is no time limit to submit an allegation (pg. 5- indicator (b)), or requirements to use of informal grievance process, including having to speak with the alleged staff member who is the subject of the grievance (pg. 5 indicator (c)). The Policy also goes into depth on the agency response and appeal process which is compliant with indicator (d). Indicators (e), (f) and (g) are also covered in the policy on pages 6 and 7 which address third party filings, emergency grievances and grievances filed knowingly in bad faith.

Grievance Officer provided a list of reported outcomes for the last year’s none of which were reported to be PREA related. He also reports policy does not prohibit other residents from assisting each other with the filing of grievances. Residents acknowledged the ability to use the grievance but felt more confident in telling a staff they trusted. Residents in the random interviews reported no history of filing a grievance on a PREA related concern. Without a PREA Grievance to review compliance determination relied on the policy and the Associate Commissioner’s and Grievance Officer’s knowledge of the standard’s expectations and well as the resident knowledge of this option to report a concern.

Standard 115.353 Resident access to outside confidential support services

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Long Creek Youth Development Residents can access victim advocates for emotional support. The agency has entered into an MOU with the (SARSSM) Sexual Assault Response Services of Southern Maine. As part of the audit process the Auditor, spoke by phone, to an agency representative that confirms their ability to provide service at DOC facilities. The LCYDC PREA Brochure has a toll-free number for residents to access from the pay phone in the facility or with their case manager. The handbook tells residents they can call or write the Maine Coalition Against

Sexual Assault (MECASA), of which SARSSM is a member, who could come to the facility to provide services. Requirements of this standard are covered by agency policy 6.11 Sexual Misconduct. Residents whose sexual assault history was not a PREA related event may pursue treatment options through the facility Mental Health services or through SARSSM. Residents could identify how confidentially the communication is within the facility including mail and telephone contacts. The juveniles knew that outside counseling staff could be spoken to in a professional visiting setting. The auditor could see, on the tour, posters for MECASA the umbrella organization for Sexual Assault Services (which includes SARSSM and 6 other regional service providers) so residents who are discharging will have knowledge of services in their home communities. Residents were aware of the existence of multiple outside agencies with who they could talk in addition to SARSSM. Residents report comfort with the counseling staff of Correct Care Solutions (CCS) and the various support groups who came to the facility including Disability Rights, Portland Outright and Maine Inside Out. All three indicators of this standard were covered in policy which supported compliance along with the documentation visible on the tour and through resident interviews and conversations with the representative of SARSSM.

Standard 115.354 Third-party reporting

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Long Creek Youth Development Center and the Department of Corrections have 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 done 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. 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 the advocates, York county jail PREA Coordinator 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. 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 juveniles could make complaints. Documentation provided prior to the audit showed no third-party referrals had been made at the time of the initial audit. During the Corrective Action Period The facility investigator, CI Fagone, completed two investigations from a third party. One was from an outside individual who called the state PREA hotline and the other was from another correctional center. In each case the investigator immediately began to investigate the claims. During the second audit tour, a resident and the State PREA Coordinator used the housing phones to call the PREA hotline DOC has set up. Compliance determined based on policy, observations from touring the facility, a interview with the subject of the third party complaint, the systems Maine DOC put in place to support the residents and that the juveniles were aware that they could make a complaint on behalf of another resident.

Standard 115.361 Staff and agency reporting duties

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Long Creek Youth Development Center has several policies that address issues in this standard including its Sexual Misconduct Policy (pg. 2-3), Investigation Policy (pg2-3), Confidentiality Policy, and the Records Policy. Staff interviews confirm awareness of the immediate need to report all accusations of Sexual Assault or Sexual Harassment including third party and anonymous complaints. Staff in the interviews with the Auditor 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 CCS and the LCYDC Administration. Both the CCS and LCYDC staff interviewed were aware of both the Correctional Investigator and the PREA Monitor at LCYDC. Medical and mental Health staff have all residents sign a form understanding the limit of their confidentiality prior to service (indicator (d)).

All Staff including the contractors were aware of mandated reporting and their legal responsibility. Indicator (f) requiring the investigation of all complaints was confirmed by supervisory staff, the PREA Monitor, and CI Joe Fagone. In Correctional Investigator Fagone's files there was documentation of notification to parent/guardians in compliance with Policy 6.11.3 (pg.3) (indicator (e)). Compliance determination by the Auditor was based on the policy and staff knowledge of importance of reporting, legal implication of not reporting and the importance of limiting information about abuse to those with a need to know as well as file reviews of investigations completed. The auditor also took into consideration the information provided in the Correctional Investigative files.

Standard 115.362 Agency protection duties

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Long Creek Youth Development Center has not had to protect a resident in imminent risk of sexual abuse in the past year. Random staff interviewed identified what to do in these situations including: immediate separation of parties, increasing contact, support to the residents, notify up the chain of command. The Director of Security for Maine's Department of Corrections and Associate Commissioner O'Neil acknowledge that the agency response would be immediate. Efforts would include both housing changes and other facility based changes as needed to increase safety. The agency PREA Coordinator, Kathleen Mahoney, would also be notified of these events. Compliance was determined based on the interviews and took into consideration the information in Policy 6.11.2 Sexual Misconduct Prevention Procedure D Substantial Risk of Imminent Sexual Misconduct.

Standard 115.363 Reporting to other confinement facilities

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Long Creek Youth Development Center 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 notification is done in writing (Indicator c) and within 72 hours (indicator B). There was no incident in the past year of notifications from another institution that required the Superintendent to notify another facility. The Auditor was able to see an investigation of a complaint that was taken at a adult correctional center during the corrective action period. CI Fagone investigated the complaint on an incident that was file a decade earlier. Though DOC had previously investigated the, now adult inmates, claim the Investigator reopened the case and went to see the inmate at the other institution to see if any new information could be obtained. Compliance with this standard was based on the agency policy, the Associate Commissioner and PREA Coordinator's knowledge of the standard expectations and the efforts and documentation by the facility's Correctional Investigator.

Standard 115.364 Staff first responder duties

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

LCYDC trains all staff as potential first responders. The auditor questioned random staff members including non-security staff about expectations. All random staff interviewed were aware of the requirements of the first responder. LCYDC has developed a coordinated response plan that gives first responders directions and information to support them through the crisis. The Auditor attempted to meet with a victim of sexual abuse during the initial site visit but the resident was willing on the second site visit. The victim reported that the investigation began as soon as LCYDC were made aware and that the child was taken to Maine Medical Center for a exam. The resident supports that the Correctional Investigator met with him the same day. 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 (Indicator B). In addition to the first responder and random staff interviews the auditor considered the documentation in the investigative files that supported steps were taken to protect evidence, closing off the crime scene and separate the individuals involved until supervisor arrives.

Standard 115.365 Coordinated response

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Long Creek Youth Development Center has a coordinated response plan that directs staff in their duties. Policy 6.11.5 Sexual Misconduct responding addresses the steps to coordinate efforts in response to a sexual assault. Interview with a victim supports the steps were taken once the facility became aware of the assault. The facility has an eight-page plan that 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. Interviews with PREA Monitor and Medical staff all confirm knowledge of the plan. Documentation of PREA incident investigations, interviews with the aforementioned staff, the written plan and the corresponding policy statement were all considered in making the compliance determination.

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

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Maine Department of Corrections has contract with the AFSCME bargaining unit for its staff members at LCYDC. A review of the contract by the auditor, which was signed in 2016, did not find any language which would limit the Department of Correction from removing an alleged Staff Sexual Abuser from having contact with the reported victim. The Contract in article 40 acknowledges that the Department of Corrections and its staff must comply with the Prison Rape Elimination Act. Director of Security for Maine DOC and the Associate Commissioner reported the ability to remove staff if needed from contact with residents. The agency has used administrative suspensions to separate staff from resident during an investigation. This standard is compliant based on the information provided.

Standard 115.367 Agency protection against retaliation

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Long Creek Youth Development Center policy 6.11 Sexual Misconduct General (page 2) covers the requirements of this standard. Most of the investigation reviewed by the auditor were staff initiated incidents into potential sexual acts in the facility. The incidents reviewed were rarely resident based complaints. The Director of Security for Maine DOC, who was interviewed on behalf of the Commissioner, and the Associate Commissioner 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, monitoring reports about the resident or staff to see if there is any change in behaviors. Unit management support this practice, By reducing the number of individuals reviewed by a multi-disciplinary team it allows the PREA Monitor to get regular update on each juvenile’s progress. The facility also has an administrative report available to supervisory staff on residents that need to be kept separate. The PREA Monitor was aware that protection monitoring should be done with all individuals who cooperate with the investigation. The PREA Coordinator has been working to improve consistent documentation of the monitoring process. During the second site visit a victim of sexual assault reported having positive supportive staffing and that they and the alleged assailant have no direct contact. He reports that he feels

supported and could go to someone if he felt uneasy and they would help.

The standard is compliant based on information provided, interview statements and the policy.

Standard 115.368 Post-allegation protective custody

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Long Creek Youth Development Policy 6.11.2 Sexual Misconduct– Prevention (pg5): states that segregated housing can only be used for victims in rare instances for short periods of time when no other manner of safety can be provided. The LCYDC has not used segregation on any victims of a sexual assault in the past year. The MSU unit at LCYDC is not strictly for discipline; it is also used for close observation for mental health needs. Aggressors, not victims, by practice are placed in the unit for temporary segregation from the population. Consistent with juvenile trends nationally the facility's use of seclusion is limited. Once juveniles are calm they are allowed out of their rooms on the unit. It was reported during the second site visit that the SMU had not been used for any residents in 6 weeks. The standard is determined to be compliant based on policy, documentation provided and interviews completed with staff working the unit and the one juvenile who was assigned to the unit on the tour date.

Standard 115.371 Criminal and administrative agency investigations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Maine Department of Corrections 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 and 7.3 Administrative and Personnel Complaint Investigations, gives detailed directions on the completion of different investigations. Maine DOC employs investigative staff who have legal authority to complete criminal and administrative investigations. At LCYDC Joe Fagone is the Correctional Investigator. He is a

certified law enforcement officer through the Maine Justice Academy with full powers of arrest. In his extensive law enforcement career CI Fagone has received thousands of hours of training including investigation, interviewing techniques and special training on conducting PREA related investigations in a correctional setting. This PREA specific training was provided by the Moss Group for the Maine DOC. Most recently he also completed a training with SAFE and SANE nurses to see first hand the steps taken in the forensic exam.

In review of the investigations CI Fagone has completed he was able to show documentation of evidence protection and collection steps. His report confirmed interviews of victims, perpetrators and witnesses. He confirms he would continue an investigation even after a discharge of one of the individuals involved. He was able to provide a case where he went to a youth's home to interview him. The auditor received information on how the CI assess the credibility of witnesses and how he uses preponderance of evidence in determining whether to substantiate an incident occurred. He also explained that he has a relationship with the local prosecutor and will routinely review cases during his investigations.

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. All LCYDC staff are trained on steps to protect evidence and knew that forensic exams would be done at the local hospital. Maine DOC also has a policy 7.1 Investigation by Correctional Investigators which outlines the steps taken in the investigative process including requirements for communication with prosecution (Indicator (E)), the development of two investigations when involving staff, one criminal and one personnel and the requirement of notification at the time of interviews the reason for the investigations. File reviews support that investigations continued even when the perpetrator or victim had left the facility (indicator k). An example of a case referred for prosecution (Indicator e) was reviewed. Agency policy supports that records are not destroyed but held on site for 7 years after a resident's release and then forwarded to the state archives. Polygraph exams would not be required for the initiation of an investigation according to CI Fagone. Consistent with policy, 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. Cases that were referred between the Auditors first and second site visit were reviewed with the Criminal Investigator. Indicators (d) and (k) were strongly supported in review of investigative files. In one incident the investigator check back with the reported victim several times even though they denied the incident. In another case CI Fagone looked into a over ten year old accusation including driving some distance to interview the alleged victim at county jail.

The standard is compliant based on the review of the investigative files which were thorough, the interviews with investigative staff who showed knowledge of both investigative standard as well as an understanding of victims abuse and policy that supports the materials provided. Also considered in making the compliant determination is the ability to use the Office of Professional Review to provide investigations without an appearance of biasness.

Standard 115.372 Evidentiary standard for administrative investigations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Correctional Investigator Joe Fagone confirms that he uses no greater standard than preponderance of evidence in making determination on cases. Maine DOC Policy 6.11.4 states “The burden of proof for determining whether there is substantiated an allegation concerning sexual misconduct, sexual harassment, or another violation of a departmental sexual misconduct policy by a Department employee is preponderance of the evidence.” Compliance was based on the policy and the interview with the Investigative Officer and his explanation of case files. CI Fagone has a extensive law enforcement career that has given him not only the training necessary to ensure this standard but has allowed him to develop relationship with key prosecutorial authorities to ensure criminal cases are handled appropriately. Administrative investigations of staff and volunteer actions can be reviewed by a Criminal Investigator assigned from Maine DOC office of Professional Review in accordance with policy 7.3.

Standard 115.373 Reporting to residents

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Maine DOC policy 6.11.3 (Page 6) defines the agency’s responsibilities to notify a resident of the outcome of the investigation if it has been substantiated, unsubstantiated, or unfounded. The policy also addresses the requirements if the perpetrator is a staff or other residents. The auditor was able to see the report check list the investigators use as part of the process and also a copy of the notification letter to inmates which covers the requirement of indicators (c), (d) and (e). The use of the documentation form was new to LCYDC so the auditor rechecked that the form was used in more recent investigations at the second site visit. Indicator (b) is NA since Maine DOC is responsible for both criminal and administrative investigations. The newest investigations cases investigated were unfounded and one individual was a adult former resident. The victim housed in the facility reports positive communication with the facility investigator and is aware of the current status of the case. He reports if he had any concerns or questions he could get access to Correctional Investigator Joe Fagone. Compliance is based on policy documentation provided and interviews with a victim as well as the Investigative Officer.

Standard 115.376 Disciplinary sanctions for staff

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Long Creek Youth Development Center policy 6.11. Sexual Misconduct (page 2) and 3.15 Employee discipline states that staff who violate agency sexual abuse or sexual harassment policies are subject to disciplinary action. Disciplinary actions include a variety of sanctions, including termination which will be presumed for a substantiated finding of sexual abuse. Discipline, according to policy, will be commensurate to the nature and circumstances of the acts committed, and comparable to other staff with similar histories. Agency policy requires all allegations of sexual abuse to be investigated regardless of whether the staff resigns or is terminated. In the last year one employee was substantiated for sexual misconduct and was terminated from employment. Review of investigations support staff assault cases are referred for prosecution. Compliance is based on policy and the track record of DOC handling of cases.

Standard 115.377 Corrective action for contractors and volunteers

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Long Creek Youth Development Center has contractors 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. All contractors, including delivery persons, must sign for PREA information before entering the facility. 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. The auditor was shown documentation of the notifications to support compliance. There were no incident requiring the removal of a contractor or volunteer according to the Superintendent for Sexual Assault or Sexual Harassment. During the second site visit the auditor was provided further documentation and completed interviews that supports volunteers and contractors are made aware of PREA and their personal expectation in interacting with residents. The Maine DOC is prepared to hold these individuals accountable. Contracted staff were aware that they could be barred for violation of DOC rules related to PREA. Compliance is based on policy, supporting documentation and discussions with the PREA Monitor and the states PREA Coordinator.

Standard 115.378 Disciplinary sanctions for residents

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Maine DOC policy 20.1 Prisoner Discipline, 6.11 Sexual Misconduct (general) and 6.11.4 Sexual Misconduct (administrative sanctions) addresses the requirements of this standard. The policy 20.1 addresses the requirements of indicator A-D relating to disciplinary hearing, the consideration of the mental health of the resident in determining consequences, the requirement of on-going treatment and that sanctions in the facility will be proportional to the offense. The agency prohibits consensual relationships between juveniles and between juveniles and staff, which is also stated in the Resident handbook. The facility staff monitor relationships closely and residents who have committed sexual assault have been disciplined. Residents who engage in sexual misconduct with staff can be disciplined unless it is determined the staff consented to the act. LCYDC did not report any residents disciplined for making a false report related to PREA (indicator F) but was able to provide discipline for sexual activity (Indicator G). Both the Deputy Commissioner and PREA Monitor were aware of the standard requirements and confirmed that resident perpetrator's mental status and treatment planning would be assessed as part of the incident review. The auditor reviewed, with the State PREA Coordinator, The disciplinary actions taken against a resident who was referred for prosecution for sexual assault of a peer. Compliance is based on the informations provided, the policy and the administrations understanding of the standards expectations.

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

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All residents are screened when they arrive at LCYDC. Residents are seen by medical and mental health staff and the screening process is reviewed in a classification team meeting within 14 days of admission (Indicators A, B). DOC policy requires several assessments be completed within the initial 14 days including a reassessment of the initial PREA screen done on date of admission. Residents with sexual assault histories and sexual victimization histories are offered treatment. Residents who are admitted to LCYDC are seen by Medical and Mental Health staff (employees of Correct Care Solutions (CCS). CCS staff have several intake questions that are PREA related, PREA Audit Report

this allows juveniles who did not disclose concerns at admission a second opportunity in a medical environment. Resident records of the Medical and Mental Health are not accessible to the custody staff. 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 policy, documentation provided, 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

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The LCYDC has 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 provider. The Correct Care Solutions and Maine DOC will follow the requirements as outlined in Policy 6.11.5 (responding) Sexual Misconduct. The State of Maine has a list of several facilities with SAFE or SANE capabilities. The inmates at LCYDC would be referred to the Maine Medical Center in Portland ME. As part of the audit process the Auditor spoke to a hospital representative of the Maine Medical Center. The hospital representative confirmed the access to SANEs. According to her if they are not available on site they have the ability to be called in. There is no financial cost to any resident in DOC custody for medical or mental healthcare. The State of Maine Website has the document: SEXUAL ASSAULT FORENSIC EXAMINER PROGRAM GUIDELINES for the CARE OF THE SEXUAL ASSAULT PATIENT which covers the need to offer victim patients prophylaxis treatments for STD and emergency contraception. Compliance determination took into consideration of the access to services, the contractual and on staff mental health services, policy of the DOC, information from the State on Forensic exam requirements and interviews completed.

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

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Long Creek Youth Development Center is committed to ensuring residents have ongoing access to services if they have been a victim of sexual abuse in any criminal justice setting. The Maine DOC has staff who have received training in Sexual Assault Crisis in addition to Contracting with the local Rape Crisis Service SARSSM (Sexual Assault Response Services of Southern Maine).

DOC Policy 6.11 and Policy 18.5 Health Care services speaks to each aspect of this standard. The availability of SARSSM allows for ongoing treatment services if they prefer to use them instead of the onsite staff provided by CCS. Through contracting with rape crisis centers the Maine DOC has opened resident victims to resources post release. The MECASA organization is the umbrella organization for Rape Crisis Services in Maine of which SARSSM is a member. The services provided between the community hospital, the facility and the contracted services providers ensure that residents at the LCYDC are provided with equitable services to those provided to victims in the community. Indicators (d) and (e) according to CCS staff would be compliant in that female residents can be test for pregnancy and would receive appropriate counseling services. 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 hospital staff.

Standard 115.386 Sexual abuse incident reviews

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Long Creek Youth Development Center and Maine DOC 6.11.1 pg. 2 requires the completion of the steps outlined in this standard. The policy requires what information needs to be part of the incident review. The language comes directly from standard. It is the practice of the DOC to complete incident reviews on both sexual assault and sexual harassment investigations. As evidence to support the standard the facility provided a documentation of the Incident review. The information supported that the questions in indicator D were all asked and answered. The incident report team made recommendations for training issues and operational request for electronic surveillance of the blind spot area. Compliance was determined based on policy language, documentation provided, staff understanding of the requirements and the relationship between the central office of Maine DOC and its facilities.

Standard 115.387 Data collection

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

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The Maine DOC has a system in place for collecting uniform data that could be used to complete the Survey of Sexual Violence. The 2016 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 auditor was presented with the monthly reports for the facility which includes 21 different elements and includes specific definitions. The agency has not been required to complete the Survey of Sexual Violence for this year but the State PREA Coordinator provided the previous year’s report to further support their compliance.

Standard 115.388 Data review for corrective action

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

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Maine Department of Correction policy 6.11 meets the requirements of this standard in Policy 6.11.1 page three. The data elements are required to be reviewed by the state PREA Coordinator to ensure consistent data. Associate Commissioner O’Neil, and Director of Security Larry Austin along with other agency officials 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. Currently the last three annual reports are available on the state DOC website.

Standard 115.389 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Maine State Statue (Title 5 pg. 65) and Department of Corrections 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.”

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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Jack Fitzgerald

9/29/17

Auditor Signature

Date

relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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9/29/17

Auditor Signature

Date

