

PREA Facility Audit Report: Final

Name of Facility: Long Creek Youth Development Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/10/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Jack Fitzgerald	Date of Signature: 10/10/ 2023

AUDITOR INFORMATION	
Auditor name:	Fitzgerald, Jack
Email:	jffitzgerald@snet.net
Start Date of On-Site Audit:	07/13/2023
End Date of On-Site Audit:	07/14/2023

FACILITY INFORMATION	
Facility name:	Long Creek Youth Development Center
Facility physical address:	675 Westbrook Street, South Portland, Maine - 04106
Facility mailing address:	

Primary Contact	
Name:	Donna Seppy
Email Address:	donna.seppy@maine.gov
Telephone Number:	207-242-7388

Superintendent/Director/Administrator	
Name:	Lynne Allen
Email Address:	lynne.allen@maine.gov
Telephone Number:	2078222617

Facility PREA Compliance Manager	
Name:	Noah Boucher
Email Address:	noah.boucher@maine.gov
Telephone Number:	O: (207) 907-0521

Facility Health Service Administrator On-Site	
Name:	Deborah Durant
Email Address:	dedurant@wellpath.us
Telephone Number:	207-822-2639

Facility Characteristics	
Designed facility capacity:	167
Current population of facility:	28
Average daily population for the past 12 months:	24
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Both females and males
Age range of population:	12-20
Facility security levels/resident custody levels:	Low, Moderate, High
Number of staff currently employed at the facility who may have contact with residents:	119
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	17
Number of volunteers who have contact with residents, currently authorized to enter the facility:	142

AGENCY INFORMATION

Name of agency:	Maine Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	25 Tyson Drive, Augusta, Maine - 04330
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

Name:	Randall Liberty
Email Address:	randall.liberty@maine.gov
Telephone Number:	(207) 287-2711

Agency-Wide PREA Coordinator Information

Name:	Donna Seppy	Email Address:	donna.seppy@maine.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-07-13
2. End date of the onsite portion of the audit:	2023-07-14

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Auditor reached out to local hospitals and the local rape crisis agency to determine the relationship between agencies and to get an understanding of the services available to residents at the institution. The Auditor confirmed the expected way residents could reach out to the local rape crisis agency and to the local county jail which serves as an alternative outside reporting source. The jail representative and the local rape crisis agency representative did not report any specific concerns about allegations of sexual misconduct at the institution.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	167
15. Average daily population for the past 12 months:	24
16. Number of inmate/resident/detainee housing units:	6

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

<p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>31</p>
<p>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>

42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	2
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	5
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	117
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	57
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	8
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	8

<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input checked="" type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Status Pre-trial detention vs adjudicated juvenile.</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Given the small size of the population the auditor Identified the target populations first, looked for individuals with different race/ ethnic origins and then ensure they were diverse from the units.</p>
<p>56. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Since there were only two females they were both met with.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>6</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor reviewed the population list with the Director of Security, the PREA Monitor and the PREA Compliance Manager to ensure no one was missed.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor reviewed the population list with the Director of Security, the PREA Monitor and the PREA Compliance Manager to ensure no one was missed.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor reviewed the population list with the Director of Security, the PREA Monitor and the PREA Compliance Manager to ensure no one was missed.</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor reviewed the population list with the Director of Security, the PREA Monitor and the PREA Compliance Manager to ensure no one was missed.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>2</p>

<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor reviewed the population list with the Director of Security, the PREA Monitor and the PREA Compliance Manager to ensure no one was missed.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not use segregation for victimization. The formed RHU is only used for medical isolation if needed.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	14
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The Auditor tested phone with the assistance of residents to see if I could reach the Maine DOC PREA Office and the Local Rape Crisis Center. The Auditor confirmed there was outside contact information for the county jail and the local rape crisis agency. The Auditor had discussions with the PREA Coordinator and the agency ADA Coordinator about some of the ongoing improvements that were being made.</p> <p>The Senior Deputy Superintendent did provide me a tour of the closed unit outside the secure perimeter. The unit was previously used in the last cycle as a step-down environment but with reduced population and staffing the agency consolidated these populations inside the facility to increase overall population safety.</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>The Auditor was able to see a random sample of resident and staff files to confirm the processes described in interviews and outlined in policy were being done. There were some issues identified that the facility has addressed to ensure more consistency moving forward. These issues are addressed in the report. The Auditor asked for some of the target population examples as well as some of the random population from different units in the institution. The Auditor was able to see the log and the electronic case management system used while on site. The Auditor asked for video proof of supervisor tours from dates selected by the auditor.</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	10	10	10	10
Staff-on-inmate sexual abuse	4	0	3	0
Total	14	10	13	10

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	9	9	9	9
Staff-on-inmate sexual harassment	0	0	0	0
Total	9	9	9	9

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	2	3	5
Staff-on-inmate sexual abuse	0	3	0	0
Total	0	5	3	5

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	4	1	4
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	4	1	4

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

8

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>6</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	<p>The number of differences in question 92 between staff allegations and investigation is explained as the facility investigated an allegation dating back to 1966 in a facility that no longer existed. Also noted, the allegations of sexual assault that were substantiated were in most cases, contact over clothing, not for arousal. These incidents were often determined to be horseplay to cause temporary cause pain and embarrassment. In these incidents, staff referred them for investigation and not the juvenile victim. Most allegations in the facility related to direct physical contact are investigated as potential criminal acts, even if the victim denies the situation. If it does not meet criminal guidelines under the law the Investigator will continue to look to determine if agency policy/ facility rule violations have occurred.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
<p>Auditor Discussion Instructions</p> <p>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.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p>Maine DOC Organizational Chart</p> <p>LCYDC Organizational Chart</p> <p>Documentation that Supports PC role/authority within the agency</p> <p>Documentation that Supports PM role/Authority in the facility</p> <p>Individuals interviewed/ observations made.</p>

Interview with PREA Coordinator (PC)

Interview with PREA Manager (PM)

Interview with the Director of Correctional Operations

Interview with Superintendent

Interview with Staff

Interview with Residents

Tour Observations

Summary determination.

Indicator (a). The Maine Department of Corrections has developed an agency-wide Policy on efforts to ensure compliance with the Prison Rape Elimination Act. Policy 6.11 Sexual Misconduct (PREA and Maine Statutes) was written to address the various requirements of the standards. The policy is divided into seven sub-policies which set forth a zero-tolerance expectation for any sexual activity. Page one of the policy sets forth the zero-tolerance condition and this initial portion of the policy defines sexual misconduct consistent with the federal terms in PREA. "It is the policy of the Department of Corrections to prohibit staff, volunteers, and student interns from engaging in sexual misconduct with an adult resident, juvenile resident, adult community corrections client, or juvenile community corrections client or sexual harassment of any of these persons. It is also the policy of the Department to prohibit any resident from engaging in sexual misconduct with another resident. It is also the policy of the Department to require the reporting of any sexual misconduct or sexual harassment or suspicion of either. Any staff, volunteer, or student intern who engages in or threatens to engage in, fails to report, or otherwise fails to take appropriate steps in response to sexual misconduct with a resident or community corrections client or sexual harassment of a resident or community corrections client by any staff, volunteer, or student intern is subject to appropriate action, up to possible criminal prosecution. Any staff, volunteer, or student intern who fails to report or otherwise fails to take appropriate steps in response to sexual misconduct between residents is subject to appropriate action, up to possible criminal prosecution. The Department has zero tolerance toward all forms of sexual misconduct or sexual harassment, regardless of whether there is a violation of federal or state law." The policy states there is no consensual contact between residents and staff or between residents. It further identifies screening, education, investigations, and monitoring in the course of the subsections of the policy. Other portions describe prevention efforts and ensure a full legal and medical response to any complaint. Policy language on the agency's effort to prevent, detect and respond to sexual abuse and harassment encompasses over 43 pages.

The facility staff showed knowledge consistent with training materials about their role in preventing, detecting, and responding to sexual assault claims. Staff also are provided with reminder cards at training about the importance of a Zero Tolerance environment. The cards are also found at the sign-in station reminding staff that failing to report sexual assault is a crime. Random residents reported a PREA-safe environment and a Zero Tolerance Culture. The Long Creek Youth Development Center serves both male and female pretrial and sentenced juveniles under the age of 19.

Indicator (b). Long Creek Youth Development Center is the state's only juvenile facility run by the Maine Department of Corrections. The DOC also runs several adult facilities including both Prisons and Community Confinement institutions. PREA policy 6.11 Sexual Misconduct (PREA and Maine Statutes) defines the role of the PREA Coordinator (pages 5-6). The policy defines the duties of the PREA Coordinator to include coordinating and developing procedures to identify, monitor, and track sexual misconduct incidents occurring in DOC facilities. The Policy states, "The Department PREA Coordinator shall develop, implement, and oversee the Department's efforts to comply with PREA standards in all its adult and juvenile facilities and shall receive reports and track responses to reports of sexual misconduct elsewhere in the Department.

Duties of this position include, but are not limited to:

- a. serving as the primary contact and resource for the Department on PREA-related inquiries;
- b. collaborating with the Department's Policy Development Coordinator to develop policy and procedures in compliance with federal and state statutes, national standards, and Departmental goals concerning PREA issues;
- c. receiving reports of complaints and alleged incidents of PREA violations from the facility PREA monitors;
- d. reviewing PREA investigations as well as the resolution of complaints and alleged incidents;
- e. assisting in the development, implementation, and evaluation of all PREA-related training;
- f. collaborating with the Department's Policy Development Coordinator to provide updates regarding law, policy, or services related to PREA;
- g. collaborating with the Department's Director of Operations to ensure that all new contracts and contract renewals for the confinement of adult or juvenile residents outside the Department include the other facility's obligation to adopt and comply with PREA Standards and monitoring by the Department for compliance;

- h. collaborating with the Department's Director of Operations to ensure that when a new facility is designed or an existing facility is expanded or modified or facility monitoring technology is installed or updated, consideration is given to ways of enhancing protection of residents from sexual misconduct and harassment;
- i. collaborating with the Department's Director of Health Services and Director of Training to ensure that all facility health care staff have been trained in the prevention of, detection of, preservation of evidence of, response to, and reporting of sexual misconduct; and
- j. maintaining a memorandum of understanding with the Maine Coalition Against Sexual Assault for the provision of support services to residents."

The Auditor was provided an agency flow chart showing the relationship between the PREA Coordinator who works in Maine Department of Corrections Central Office and DOC upper management and the facilities Wardens/Superintendent. The PREA Coordinator reports to the Manager of Correctional Operations who oversee conditions of confinement in DOC facilities as well as the state County Jail system. Documentation and interviews further supported the PREA Coordinator's access to senior management staff. The Auditor was able to see the interactions between the PREA Coordinator and Deputy Commissioner, the Associate Commissioner and facility leadership which supported her ability to influence policy and to be able to work collaboratively to resolve any concerns that may arise.

Indicator (c). Though Long Creek is Maine's only Juvenile Correctional facility it is part of the DOC's system. As such the Superintendent has assigned a position to serve as the facility's PREA Compliance Monitor (PCM). In the last year, the Department of Corrections has also made the Director of Security at each facility the Manager of PREA elevating the agency's commitment to ensuring safety and ongoing compliance. Documentation was provided to support the role of the PREA Manager at Long Creek Youth Development Center. Interviews and observations support the role has access to the Superintendent and the power to influence policy and oversee the facility's effort to comply with PREA. The facility flow chart shows that the PREA Monitor reports directly to the facility's Director of Security who in turn reports to the Deputy Superintendent. The Deputy Superintendent Has Previously been the Agency's PREA Coordinator's Supervisor. Documentation and Interviews support the PREA Monitor is aware of his duties and responsibilities in promoting a sexually safe environment.

Compliance Determination:

The Maine Department of Corrections has policies that define the steps taken to prevent, detect and respond to incidents of sexual abuse and sexual harassment.

	<p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes) is broken into 7 sub-policies that direct the different aspects of the agency's efforts to provide safe environments. Policy 6.11 defines the roles of the state PREA Coordinator and the facility PREA Monitor. Interviews with the Agency PREA Coordinator, and Long Creek Youth Development Center PREA Monitor, confirm their roles to ensure PREA compliance is maintained. Residents in the facility knew they could call the DOC PREA Hotline as an option or ask to speak with the PREA Monitor or the Detective. The PREA Coordinator and PREA Monitor believe they have the capacity in their jobs to advocate for the policy or procedural changes needed to support resident safety. This was confirmed with the Superintendent and the Director of Operations for Maine DOC.</p> <p>Compliance was determined considering multiple factors. The supporting documentation included agency and facility management charts showing PREA positions. Interviews with the Director of Operations and the Superintendent support compliance with all standard expectations. Agency policy describes in depth the agency's expectation to protect, detect, and respond to sexual misconduct. The policy also clearly defines the roles of the state PREA Coordinator and the PREA Monitors in each facility to support this cause. The Policy addresses prohibited behaviors and sanctions for any form of sexual misconduct. Residents, in formal interviews and spoken to during the tour, confirmed that sexual misconduct is addressed and had knowledge of resources available if a concern arises. The facility has been able to maintain a safe environment where residents support violent sexual assault is not a concern. Documentation supports all potential incidents are reported and investigated. Through this process, the facility reduced some harassing behaviors and further clarified for the juveniles the zero-tolerance expectation toward sexual abuse or sexual harassment.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Manager of Correctional Operations</p> <p>Interview with Director of Correctional Operations</p>

	<p>Interview with the PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Corrections has one juvenile facility with whom it has an agreement for housing residents in the past three years. The Agency does not currently contract with agencies for juvenile beds. The agency has made attempts in the past three years to secure bedspace to aide residents as they transition back to the community. Maine DOC policy 6.11 (page 6) requires the PREA Coordinator to work with the Director of Operations to ensure contracts for bed space include PREA compliance language. The policy states, “collaborating with the Department’s Director of Operations to ensure that all new contracts and contract renewals for the confinement of adult or juvenile residents outside the Department includes the other facility’s obligation to adopt and comply with PREA Standards and monitoring by the Department for compliance;”. The Maine Department of Corrections has not used the contract in 2023.</p> <p>Indicator (b). The Maine DOC PREA Coordinator collects data from the state county jails and would receive any data of sexual misconduct at any juvenile contract. Discussion with the PREA Coordinator confirmed her intent to visit all contracted beds to make visual observations of compliance efforts.</p> <p>.</p> <p>Compliance Determination:</p> <p>The Manager of Correctional Operations was interviewed as the agency’s Contract Manager. The interview supports that before considering the subcontracting of beds the DOC would require specific compliance requirements including obtaining and maintaining PREA compliance. Policy 6.11 Sexual Misconduct (PREA and Maine Statutes) page 6 support compliance. The policy requires the Director of Operations to ensure any new or renewal of contract for housing of DOC residents requires the immediate adoption and compliance with PREA standards including ongoing monitoring by DOC. Absent an active contract the auditor had to base compliance on interviews and policy language and the steps taken to monitor adult contracted beds.</p>
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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed.

Long Creek Youth Development Center Pre-Audit Questionnaire

Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)

Policy 3.11 Staffing Requirements

LCYDC Staffing Plan

Logbook entries supporting unannounced rounds

Video Surveillance supporting Management Unannounced rounds

Documentation of annual review meeting

Memo from Deputy Superintendent during Covid-19

Individuals interviewed/ observations made.

Interview with Superintendent

Interview with Director of Operations

Interview with Deputy Superintendent

Interview with PREA Coordinator

Interview with Supervisory Staff

Observation on the tour of logbooks and Supervisory movement

Observation of office space in proximity of residents

Interview with control officers

Interview with Residents

Summary Determination

Indicator (a) Maine DOC PREA Policy 6.11 (page 7) sets forth the requirements of what should be considered in determining a staffing plan that considers PREA safety. The policy charges the facility PREA Manager to work with the facility's administration and the agency PREA Coordinator to ensure a staffing plan that protects residents against sexual misconduct. The policy states the following under the PREA Monitors duties. "Developing and, as necessary, revising a plan, to be reviewed at least once a year with the PREA Coordinator, to protect residents against sexual misconduct. When developing the facility's plan, the following shall be considered:

- 1) generally accepted correctional practices;
- 2) any findings of inadequacy by courts or by federal or state investigative or oversight agencies;
- 3) all components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated) and availability of video monitoring;
- 4) the composition of the resident population;
- 5) the number and placement of staff, including supervisory staff;
- 6) facility programs occurring on a particular shift;
- 7) any applicable state laws, regulations, or standards; and
- 8) the prevalence of substantiated and unsubstantiated incidents of sexual misconduct; and any other relevant factors."

Agency policy 3.11 Staffing Requirements also sets forth a requirement for annual needs assessment, Policy 3.11 staffing requirement sets forth an annual review process by Wardens and Superintendents. It states, "Each facility shall use a formula, which takes into consideration holidays, regular days off, annual leave and average sick leave, to determine the number of staff necessary for essential positions. Each Department facility, community corrections region, and Central Office shall maintain a comprehensive, ongoing record of all authorized positions, those filled, and those vacant. Bi-weekly, each facility shall forward an updated summary report of all vacancies to the Director of Human Resources in the Central Office, identifying the position title, position number, date vacated, and current status. At least annually, each Chief Administrative Officer shall review staffing requirements and make recommendations for staffing changes that may be required to ensure fulfillment of the facility's mission, in coordination with the budget process."

The LCYDC's Staffing plan is 17 pages long and thorough in its documentation of the elements required in indicator (a). The plan provides the reader with the information used in determining the number of assigned staff as required in element (a). The facility capacity is 168 but the Juvenile population average post-pandemic has been under 30% capacity. Included in the document was information on the frequency of PREA complaints, the risk level of the population, the client population's mental health profile, and the technology that has been put in place to aid supervision. The Information included the agency's efforts to hire staff. The document provided the reader with information on programming and other staff availability including case workers and talked about other national organizations that they voluntarily comply with. LCYDC is an American Correctional Association (ACA)-accredited facility and participates in Performance Based Standards (PBS). Interviews with the Superintendent and the PREA Monitor describe the development process used in the completion of the annual assessment of staffing.

Indicator (b). The staffing plan for the Long Creek Youth Development Center allows the management to adjust the deployment of staff as needed and in response to critical positions. When staff call out there is an ability to mandate staff to ensure the overall safety of residents. The LCYDC has fixed posts and pull posts that allow supervisory staff to deal with critical incidents such as a PREA incidents through a structured contingency plan. Documentation was provided to the Auditor informing me there were no instances where the supervision minimums were not maintained in the past three years. In a memo and discussions with the Deputy Superintendent, it was confirmed that although they have never failed to meet juvenile supervision ratios, the facility has made other adjustments to ensure safety. These actions include consolidation of units and in some cases using trained certified staff who would not normally be part of the staffing count to work shifts under The memo also supported that in the cases where social workers or unit managers worked the floor, there were increased supervisory tours required. Interviews with residents' support staff are always available to them and did not voice a concern about a lack of staffing at any time.

Indicator (c) The Maine Department of Corrections has set forth a minimum custody staffing ratio of one staff for every eight juveniles during waking hours and one juvenile for every sixteen juveniles during the overnight periods. Policy 3.11 Staffing Requirements (page 2,) requires the Superintendent of Long Creek Youth Development Center to ensure the stated ratios are maintained. The policy states, "In addition, each juvenile facility Chief Administrative Officer, or designee, shall ensure that there is maintained a facility-wide security staff ratio of at least 1:8 during resident waking hours and at least 1:16 during resident sleeping hours, except during limited and discrete emergency circumstances. Emergency circumstances justifying a lower staff ratio shall be documented in the central control log book". The Superintendent confirmed that at no time has the facility run a shift under the minimum staffing compliment. The Auditor was able to review the staffing assignments for the day of the Audit and the posted schedule to ensure the ratios of 1 staff to 8 juveniles during the waking hours and 1 staff for every 16 during the overnight hours. The Auditor asked for and was able to review the staffing assignments for several random dates per month in the quarter before the site visit. These reports showed consistent assignments of staffing that support required ratios. Observations on the tour further supported that ratios are maintained.

Indicator (d) The Auditor was able to review documentation of PREA Audit preparations supporting the State PREA Coordinator along with other facility and Central Office management team members work collaboratively with the facility in ensuring staffing. The Superintendent approves the Staffing Plan annually and the most recent version was approved earlier this year. The plan is descriptive of the population in each unit, and the staffing-to-resident ratio expected in the unit on different shifts. Each housing unit has a case manager's office on the unit or in the

adjacent unit. Each unit has a Unit Manager assigned who has routine interactions with the residents. As noted above the facility is only using a small portion of the overall facility and all housing is now located off the same main corridor allowing for increased supervision and visibility.

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

Compliance Determination:

The Maine Department of Corrections has two policies that address the requirements of the five indicators in this standard. Policy 3.11 Staffing Requirements and 6.11 Sexual Misconduct - (General) set forth requirements of the staffing plan including the ratios as addressed in indicator (c), the requirements for documentation of staffing deviations, the requirement of unannounced supervisory rounds and the annual review of staffing needs. The Long Creek Youth Development Center has developed a plan in a narrative format that addresses the various considerations in indicator (a). The facility is not under any current judgment for inadequacy. The plan is reviewed annually with in-house administration and then a request for staffing or electronic surveillance support would go to Maine DOC Central Office. During the tour, the Auditor asked staff how they manage blind spots in the facility. This included staff who would normally supervise juveniles on kitchen work crews. In addition to custody staff the medical, mental health, education, and vocational staff provide an additional resource of information, supervision, and observation of resident's behaviors during the day. Each of the housing units has office space for Juvenile Program Specialists or Psychiatric Social Workers that provide additional support in the monitoring of residents. JPS and PSWs work evening and weekend shifts to further support custody staff when the residents are on the units after school hours. Supervisory staff called Juvenile Facility Operations Supervisors (JFOS) routinely tour the facility and direct the assignment of staff during the shift. LCYDC also has unit managers called Juvenile Program Managers who oversee the youth treatment on the unit and provide additional staff supervision. The standard is determined to be in compliance based on policy, interviews, and observations made throughout the onsite audit and documentation provided consistent with the standard. The Auditor also considered the various steps described to ensure safety during the pandemic and subsequent staffing losses including the closing of various units to improve supervision and staff ability to respond to daily needs.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>PREA policy 6.11.2 Sexual Misconduct (Prevention Planning)</p> <p>Policy 9.7 Juvenile Search procedures and guidelines</p> <p>Policy 18.8 Transgender, Gender Nonbinary and Intersex Residents</p> <p>Maine law</p> <p>Memo -supporting no cross-gender searches</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Superintendent</p> <p>Interview with random staff</p> <p>Interview with random residents</p> <p>Interview with Transgender Resident</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Correction PREA policy 6.11.2 section F Search of Prisoners and Residents and Protection of Privacy (page 6) prohibits cross-gender observation of any anal or genital opening. It further states “ Facility staff shall not visually search an anal or genital body cavity unless the staff are of the same gender as the prisoner or resident and all staff observing a visual search of an anal or genital body cavity shall be of the same gender as the prisoner or resident, except in an emergency, or unless an examination is being performed by medical staff for a medical purpose”. The policy also sets forth that facility staff shall not perform opposite-gender strip searches. “Facility staff shall not conduct an opposite gender strip search and all staff observing a strip search shall be of the same gender as the prisoner or resident, except in an emergency. “ The Policy also goes on to ensure documentation and description of the emergent situation requiring any</p>

such search. "Facility staff shall document all opposite gender visual searches of an anal or genital body cavity, opposite gender strip searches, and opposite gender pat searches of female prisoners or residents. The documentation shall include a description of the emergency justifying the opposite gender search." The On-Line Audit System and a memo provided by the Superintendent stated no such emergencies have occurred at LCYDC in the past year. This was further confirmed through interviews with staff residents.

Indicator (b) Long Creek Youth Development Center does not perform cross-gender pat searches except in exigent circumstances. Policy 9.7 expectations and memos confirm that this has not occurred along with interviews with random staff and residents. The Juvenile policy states, "A pat search may be conducted at any time for any reason or randomly. A pat search may be conducted only by staff of the same gender as the person subjected to the search, except in an emergency."

Indicator (c) As noted in indicator (a) policy requires documentation of cross-gender strip searches of both male and female residents including the emergent reason for the search. The facility houses both male and female residents and appears to have sufficient staffing to further limit any reason for a cross-gender search to occur. Policy 6.11.2 Sexual Misconduct (PREA and the Maine Statutes) states "The documentation shall include a description of the emergency justifying the opposite gender search." Staff were aware of the requirement to document emergent opposite-gender searches if they were to occur. The memo provided also confirmed no such emergent situations have occurred in the past year. Staff and resident interviews also support these do not occur at LCYDC.

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

room. Resident interviews confirm staff announcements occur routinely. Pods where residents sleep and toilet are away from common areas and the facility tries to ensure there is a staff person the same gender on the unit.

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

Intake staff interviewed knew that strip searches for the purpose of identifying genital status are inappropriate and that they would find out information through interviews. If the resident was resistant to discussing the topic, they would be referred to the medical staff whom the resident may be more comfortable having the conversation. Transgender individuals who did identify at intake denied feeling he was strip-searched to figure out their genital status. Medical staff confirm that they see all new admissions to the facility and would be able to have these conversations with the individual. The Agency policy 18.8 Transgender, Gender Nonbinary and Intersex Residents also cover the resident's rights to appropriate searches. “Under no circumstances may any facility staff, volunteer, or student intern compel a resident to disclose information about the resident’s gender identity, sexual orientation, or sexual features or threaten a resident with discipline or other negative consequences for failure to disclose such information. Under no circumstances may a search of a resident ever be conducted for the purpose of determining a resident’s genitalia or other anatomical features. Under no circumstances may any facility staff, volunteer, or student intern attempt to change a resident’s gender identity, gender expression, or sexual orientation. Under no circumstances may any facility staff, volunteer, or student intern prohibit or punish or impose other negative consequences due to behavior that is deemed to be gender nonconforming.”

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

	<p>Compliance Determination:</p> <p>The Maine Department of Corrections has several policies to address the various elements in this standard including 6.11.2 Sexual Misconduct Prevention and 18.8 Management of Transgender, Gender Nonbinary and Intersex residents. In 6.11.2 Sexual Misconduct Prevention elements in indicators B, C, D, and E are addressed on pages 6, 7, and 8. These policy elements direct staff consistent with the standards on pat search, strip searches, resident right not to be naked in front of staff of opposite gender, and procedures for working with transgender and intersex residents.</p> <p>Supporting documentation for this standard included training records refresher training records, Training outlines/PowerPoints for completing searches, and for working with LGBTQI populations. The file included information confirming no exigent circumstance of cross-gender searches that have occurred at LCYDC in the past three years. Transgender residents did state their preferences for searches were openly discussed.</p> <p>Interviews with staff and residents were consistent with standard and policy expectations. There are no cross-gender searches and residents can change and perform hygiene without opposite-gender observation. Residents report, and the Auditor could see during the tour, opposite gender staff do announce their presence or the officer on the housing unit announced the individual's arrival.</p> <p>Compliance is based on interviews with transgender and random residents as well as staff who denied any practices of cross-gender searches. The Auditor also took into consideration the policy of the facility and the other named supporting documents. Absent any exigent circumstance there were no incidents to review.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p>Policy 1.10 Staff Communication with Persons of Limited English Proficiency</p> <p>Policy 1.11 Staff Communication with Persons with Hearing or Speech Disabilities</p>

Policy 1.12 Staff Communication with Persons Who are Blind or Visually Impaired

Resident Handbooks- in English and Spanish and in Large Print

Intake notices in English and Spanish

Agency PREA Video in English Spanish, Somali, and ASL

Agency contracts for interpretive services

Staff training outline

Individuals interviewed/ observations made.

Interview with the Director of Operations

Interview with random Residents

Interview with Random Staff

Interview with Intake Staff

Interview with facility PREA Coordinator

PREA Signage in English and Spanish

Summary Determination

Indicator (a) The Maine Department of Corrections has set forth in policy protections for individuals with disabilities or language barriers. Policies Policy 6.11 Sexual Misconduct (PREA and Maine Statutes), Policy 1.11 Staff Communication with persons with HEARING OR SPEECH DISABILITIES, Policy 1.12 Staff Communication with persons who are BLIND OR VISUALLY IMPAIRED,

and Policy 1.10 Staff Communication with Persons of Limited English Proficiency each speak to requirements of this standard to ensure equitable access and understanding of their rights in the facility. The Long Creek Youth Development Center takes appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to provide a PREA-safe environment. As a juvenile facility serving short and long-term clients, it must be able to assess and provide services to individuals with medical disabilities. Juveniles with hearing or visual difficulties would be supported by staff in understanding PREA until corrective medical measures are put in place. LCYDC must also provide informative support to those individuals with significant

developmental delays or significant mental illness that might make them a target for abuse. The Auditor confirmed with residents that there were staff available to assist in understanding the postings or handbooks. There were no individuals in the population with whom the Auditor would have needed to use interpretive services. There was signage throughout the facility about PREA safety and residents were aware of information in the handbook if needed. The posting was in English and Spanish the two most common languages spoken in the facility. There were no individuals who were hearing or visually impaired. The Auditor was able to speak to individuals who had developmental delays. These residents with significant academic challenges would be identified by the Arthur R Gould School at LCYDC a fully accredited educational environment. PREA Policy 6.11.2 further states, "Education shall be in formats accessible to all prisoners and residents, including, but not limited to, those who are limited English proficient, hard of hearing or deaf, visually impaired, developmentally disabled, or have limited

reading skills. Receipt of this education shall be documented in CORIS for each prisoner or resident." The facility ensures that all residents are seen by qualified mental health professionals. The facility uses unit management to ensure communication with residents with special needs occurs regularly. The Auditor did not need the use of the agency's interpretive services contract but had previously used it at another facility the same week as LCYDC's site visit.

Indicator (b) The Maine Department of Correction has a limited population of individuals with whom English is not the primary language. The Long Creek Juvenile facility is no different and as a result, it has only had limited use of interpretive services. LCYDC does not house for Immigration and Customs Enforcement (ICE) but they can house individuals for the US Marshal's Services reportedly. The DOC has contracted with agencies to provide interpretive services, can produce the resident handbook in multiple languages, and has the PREA video available in four languages. Logbook entries were provided to show instances where the interpretive services were used to support intake during which initial PREA information and questioning would be reviewed. Intake staff were aware they should ensure not only those individuals who don't speak English should be offered materials in their native language as some individuals may be able to communicate in English but may better comprehend written materials in their native language. There was signage throughout the facility about PREA safety and residents were aware of information in the handbook if needed. The Intake officers described how they tried to ensure all residents get materials in their preferred language. The facility provides Intake staff with language cards that help non-English speakers identify their preferred language. The Policy goes on to state, "Once it has been determined that a person has limited English proficiency and the person's primary language has been determined, staff shall use a language identification card to inform the person and, if the person has not attained the age of 18 years or is an adult with a guardian, the person's parent or guardian, that the person has the right to have qualified interpreter services at no cost to the person."

Indicator (c) Documentation reviewed by the Auditor stated there were no instances where resident interpreters were used. Staff were aware that it was not appropriate to use residents to interpret for each other except in extreme emergencies. This prohibition is also addressed in policy 1.10 as is information that the resident is to be informed of his rights to a qualified interpreter without cost. Line staff knew to contact a supervisor if they needed to access an outside interpreter.

Compliance Determination:

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

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

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

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Long Creek Youth Development Center Pre-Audit Questionnaire

Policy 3.03 Personnel Selection and Retention

Policy 3.05 Code of Conduct

Department of Administrative and Financial Service -Protocol

Wellpath (contracted Medical MH service provider) policy on background checks

HR documentation for DOC staff, Wellpath, volunteers

Maine Justice Academy Website

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Superintendent

Interview with HR staff

Summary Determination

Indicator (a). The Maine Department of Corrections policy 3.24 Pre-Employment Background Checks addresses the requirements of this indicator. The Policy strictly prohibits the employment or contracting for the services of individuals who have engaged in, have been convicted of engaging in or attempting to engage in, or have administratively been adjudicated for sexual assault. It states, "To the extent permitted by law, the Department shall decline to hire or promote anyone who may have contact with adult residents, juvenile residents, or community corrections clients, and decline to enlist the services of any contractor who may have contact with adult or juvenile residents or community corrections clients, who has: a. engaged in sexual abuse in a prison, jail, lockup, community confinement facility, adult or juvenile facility, or other institution; b. been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or c. been civilly or administratively adjudicated to have engaged in an activity as outlined above."

The agency policies allow for complete background checks of all individuals who are employed or volunteering at the state's correctional centers. The Administrative Services policy allows DOC to prohibit the employment of individuals who have been convicted of engaging in or attempting to engage in sexual assaults because there is a "nexus between the conviction and the job" of a correctional officer. Interviews

with HR staff support the process of screening all applicants for employment at LCYDC. They confirmed that individuals who previously engaged in the described behaviors in Indicator (a) would not be allowed to be employed at LYDC.

Contractual employees of Wellpath and volunteers undergo the same screening process and the same PREA acknowledgment form that DOC staff sign. In addition to the Maine DOC completing background checks, Wellpath also completes background checks on all employees.

Indicator (b). The Maine Department of Corrections has a policy prohibiting sexual harassment at its facilities. Any such actions are required to be reported and would be the subject of a formal review. The findings of that review would become part of the staff person's record. Human Resources staff interviewed confirmed, when hiring or promoting a candidate, a complete review of prior disciplinary actions would be part of the process. Wellpath HSA also confirmed that Wellpath does not tolerate sexual harassment by any of its employees. Language on policy 3.3 Personnel Selection, Retention, and Promotion is consistent with the standard. "To the extent permitted by law, the Department shall decline to hire or promote anyone who may have contact with adult residents, juvenile residents, or community corrections clients, and decline to enlist the services of any contractor who may have contact with adult or juvenile residents or community corrections clients, who has:

- a. engaged in sexual abuse in a prison, jail, lockup, community confinement facility, adult or juvenile facility, or other institution;
- b. been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- c. been civilly or administratively adjudicated to have engaged in an activity as outlined above."

Indicator (c). The Maine Department of Corrections completes a thorough background check on all employees before hire. The agency policy 3.24 Background Investigations states the following, "As part of the employment application submission process, each applicant authorizes the Department of Administrative and Financial Services (DAFS), Bureau of Human Resources (BHR), and/or the Department of Corrections to conduct any necessary investigations concerning work habits and character that may include, but not be limited to, the following, as applicable:

- a. a criminal history background check;
- b. a driving and motor vehicle records check, if the position requires driving;
- c. a pre-employment drug test;

- d. a credit history check;
- e. other material pertinent to qualifications;
- f. past employment history; and
- g. any other information provided in the applicant's application.

2. All applicants shall be asked to sign the Authorization for Release of Information form (Attachment A) to allow these investigations to be conducted. Any applicant who refuses to sign the release shall be removed from consideration for employment with the Department."

File reviews completed by the Auditor confirmed that the process is in place and is consistently done for all new employees and at the required 5-year intervals in indicator (e). The Check includes a criminal background check and prior institutional checks. of the random employee's information requested included prior institutional employment. Random sampling allowed for confirmation of the practices. The auditor review of the files on site showed the Maine DOC completes multi-state criminal background checks, motor vehicle checks, sexual abuse registry checks, and fingerprints. All employees and contractors sign an authorization to obtain information from the state's Child Abuse and Neglect Records Information. The facility reports they have hired 41 staff, contractors, or volunteers in the past year.

Indicator (d). LCYDC as stated in Indicator (a) completes criminal background checks on all Wellpath employees. Wellpath also ensures that all staff have child welfare checks. Agency hiring policy addresses the background checks of volunteers and contractors. "In order to identify whether there are criminal convictions that would affect job performance or delivery of services, the Department's Director of Human Resources, or designee, in conjunction with the facility Chief Administrative Officer, or designee, Regional Correctional Administrator, or designee, or Deputy Commissioner, or designee, as applicable, shall ensure that a criminal history background check that consists of comprehensive identifier information to be collected and run against law enforcement indices is conducted: a. on potential employees prior to hiring; and b. on persons providing services by agreement with or under contract with the Department, student interns, or volunteers who may have contact with adult residents, juvenile residents, or community correction clients prior to assuming duties."

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

Indicator (f). The requirements of this indicator are covered in Policy 3.05 Code of Conduct (page 5). Included in the policy is a continued responsibility to self-report any misconduct. As noted in Indicator (a) all LCYDC employees are asked to complete the PREA Employee Questionnaire. This document asks all prospective employees about the required element in the aforementioned indicator. The Maine DOC had all existing employees complete the form after it was initiated in 2015. Policy and the form observed in the staff files states, "The PREA Questionnaire for Applicants/Promotions form (Attachment A), a self-evaluation questionnaire about any previous PREA violations, is required to be completed: a. by all applicants who may have direct contact with adult residents, juvenile residents, or community corrections clients by any employee being considered for promotion who may have direct contact with adult residents, juvenile residents, or community corrections clients; c. and the completed form shall be retained in each employee's personnel file."

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

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

Compliance Determination:

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

The agency has several policies including Human Resource Policies and Personnel

	<p>Policies (3.3, 3.24), as well as union contracts that support compliance. They have an acknowledgment form that addresses various elements of this standard. The Auditor was also able to review appropriate personnel forms and criminal background checks for both employees and contractors. Record information was requested on 22 employees and contractors at the Long Creek Youth Development Center. The Auditor was provided samples of individuals who underwent prior institutional employer checks, pre-employment criminal background checks, subsequent checks every 5 years, and child abuse registry checks. Compliance for this standard is based on policies, the several levels of documentation provided in advance and confirmed during the onsite visit as well as the interviews with the Human Resource Manager and the Superintendent and the Wellpath HSA.</p>
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>Policy 6.11 Sexual Misconduct</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the DOC Director of Operations</p> <p>Interview with the Superintendent</p> <p>Interview with the PREA Coordinator</p> <p>Observation on tour</p> <p>Random Staff spoken to on tours</p> <p>Summary Determination</p> <p>Indicator (a) The facility has not opened a new unit during the past year. The Facility has actually closed units and condensed to population and staff resources. In Maine DOC Policy 6.11 under the description of the PREA Coordinator’s duties states “collaborating with the Department’s Director of Operations to ensure that when a new facility is designed or an existing facility is expanded or modified or facility monitoring technology is installed or updated, consideration is given to ways of enhancing protection of prisoners or residents from sexual misconduct and</p>

	<p>harassment”.</p> <p>Indicator (b) The Long Creek Youth Development Center has not upgraded its cameras or monitoring systems systems in the past three years. Custody staff had begun to wear body cameras before the last Audit. Discussions with the facility and the central office administration support the process in place to continually reassess needs in the technology area. The PREA Coordinator also confirms how her role could further support this process.</p> <p>Compliance Determination:</p> <p>The Long Creek Youth Development is a well-designed facility with exceptionally good lines of sight throughout. The Department does have a practice of involving PREA in the discussions when designing new facilities. Long Creek Youth Confinement Center has had some operational and managerial changes in the three years since its last PREA audit. Even through changes in administration and PREA Monitors the facility and the state DOC have shown a consistent effort to address safety issues. The Director of Operations reports the Departments routinely review all incidents with an eye toward understanding how things could improve.</p> <p>Compliance is based on formal and informal interviews that support a consistent understanding on the need to limit blind spots and when residents are in such spaces using active supervision skills. The interviews support Maine DOC is committed to regular review of its physical plant needs and electronic surveillance as a way of enhancing safety. Finally, Policy 6.11 sets forth the requirement that the Director of Operations, when looking at physical plant changes or monitoring technology, considers how to ‘enhance the protection of prisoners from sexual assault or harassment.’</p>
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115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>6.11.3 Sexual Misconduct (PREA and Maine Statutes) Reporting and Investigating.</p> <p>6.11.5 Sexual Misconduct (PREA and Maine Statutes) Responding</p>

7.1 Investigations by a Correctional Investigator

7.3 Administrative and Personnel Investigations

13.03 Juvenile Access to Health Care

Sexual Assault Forensic Exams and the Care of Sexual Assault Patients.

MOU with Sexual Assault Response Services of Southern Maine (SARSSM)

LCYDC Sexual Assault Response plan

State Statue 34A-Chapter 3 Confirming Correctional Investigators as law enforcement

Individuals interviewed/ observations made.

Interview with Wellpath Medical Staff

Interview with Sexual Assault trained Investigator

Interview with SASSMM representative

Interview with Hospital staff about SAFE/SANE access and services

Interview with Department of Health and Human Services staff on SAFE training/ protocol

Summary Determination

Indicator (a) The Maine Department of Corrections is responsible for the completion of criminal investigations including sexual assaults. The facility employs a Detective who is a trained law enforcement staff with full powers of a police officer. The state of Maine has a protocol for sexual abuse cases that was developed through the Attorney General's office with the assistance of medical, legal, and sexual assault advocates. The protocol, along with the Maine DOC investigative policies (6.11.3, 7.01, 7.03) ensures uniform steps are taken in obtaining physical evidence. Neither the Department of Corrections nor Wellpath staff would complete the forensic exam. The resident victim instead would be sent to the local hospitals the Maine Medical Center or Northern Lights Mercy Hospital in Portland. The Auditor reviewed several policies which support compliance and define investigative processes. In addition, all DOC SII investigators/Detectives have received both formal training on investigating sexual assaults but have also completed law enforcement investigative training as required by the Maine Justice Academy. The Long Creek

Youth Development Center has one investigator who is backed up by the Detective and SII investigators from the Maine Correctional Center about 15 miles away. The PREA policy 6.11.3 states, 'It is the policy of the Department to require the reporting of any sexual misconduct or sexual harassment or suspicion of either and to refer all reports for investigation.' It further states, "The investigation of a report of sexual misconduct against a prisoner or resident shall be conducted in accordance with Department Policy 7.1, Investigations by Correctional Investigative Officers. Policy 9.8.1 Preservation of Evidence also outline for DOC investigators on the collection and chain of custody of all evidence.

Indicator (b) Maine has a protocol that directs how sexual assault investigations are to occur including the process for collecting forensic evidence. The Protocol has a committee that reviews current practices and makes adjustments consistent with national trends for best practices. The Auditor reviewed the protocol and compared it to the U.S. DOJ document cited and found the topics similar. The 185-page document provides direction on the collection of evidence and expectations for SANE nurses in the collection of evidence during a Forensic Exam. The document instructs law enforcement and medical professionals on how to proceed in cases of sexual abuse. The document covers communication with victims, including those with developmental delays, how to collect evidence, how to complete a forensic exam, and recommendations to offer prophylaxis for Sexually Transmitted Diseases (STDs) and for pregnancy. A review of the document shows that the protocol directs medical staff on the care of adolescents and pediatric patients. The majority of the Long Creek population are older adolescents (over 16).

Indicator (c) The Long Creek Youth Development offers victims of sexual assault the ability to have a forensic exam without cost. Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) - Responding states " The Chief Administrative Officer, or designee, shall ensure that medical and mental health services are provided to alleged victims of sexual misconduct without financial cost and regardless of whether an alleged victim names the perpetrator or cooperates with any investigation arising out of the incident ". This is confirmed by the local hospital staff who report funding for exams comes from a different fund within the state government to ensure all victims come forward. Juveniles are guaranteed access to emergency services outside the facility which would include forensic exams (13.03- Juveniles Access to Health Care). The Auditor was able to review an investigation file which included the juvenile being sent out for such exam and a copy of the hospital report. Under the agency PREA policy 6.11.5 the Superintendent is required to ensure that all residents have access to health care and forensic exams without cost and without a requirement to cooperate in an investigation. LCYDC had 0 forensic exams in the 12 months prior to the audit and the resident confirmed no cost.

Indicator (d) Long Creek Youth Development Center has an agreement with the local

rape crisis agency to provide support services to victims of sexual assault. DOC policy.11.5 Sexual Misconduct (PREA and the Maine Statutes) – Responding states “The Chief Administrative Officer, or designee, shall provide prisoners or residents with access to outside victim advocates for emotional support services related to sexual misconduct, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations”.

The Sexual Assault Response Services of Southern Maine (SARSSM) is part of the state coalition against sexual assault (Maine Coalition Against Sexual Assault-MECASA). A copy of the MOU with SARSSM was provided to the Auditor which remains in force until 5/24. Local Hospital staff confirmed the practice of also ensuring a rape crisis advocate is offered routinely as part of any forensic exams. The Auditor was able to speak to residents who either went out for an exam or were interviewed regarding the assault to ensure they were offered a victim advocate. The facility also provided a copy of another agreement with the neighboring catchment area’s Rape Crisis Agency the Sexual Assault Services of MidCoast Maine (SASMM)

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

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

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

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

Compliance Determination:

The Maine Department of Corrections has several policies that address concerns in this standard 7.1 Investigations by a Correctional Investigator, 6.11.3 PREA- Reporting and Investigating, 6.11.5 PREA- Responding 9. 08 Preservation of

Evidence and 13.03 Juvenile Access to Health Care. Criminal investigative procedures are in place to ensure evidence is preserved. The criminal investigation would be done by the Detective at Long Creek Youth Development Center. Residents who are victims of sexual assault can be taken to Maine Medical Center in Portland ME (approximately 3 miles away) for a forensic exam with a Sexual Assault Nurse Examiner (SANE). Sexual Assault Nurse Examiners in Maine are trained on protocols developed in the state of Maine Attorney General's office in conjunction with a SANE advisory team and consistent with the National Protocol for Sexual Assault Forensic Exams. The Maine Attorney General's Office has produced a guideline for Sexual Assault Forensic Exams and the Care of Sexual Assault Patients. This 185-page document provides specific steps for forensic exams and was developed in conjunction with medical and legal experts from Maine including nine SAFE or SANEs. The Auditor spoke with hospital staff who confirmed the availability of SANEs at Maine Medical Center. Hospital staff confirmed this service would be done free of charge and if a SANE is not on duty one could be called in. It is also reported that a Rape Crisis Agency would be called by the hospital in addition to the protocol set up by DOC to offer supportive services. Sexual Assault Response Services of Southern Maine (SARSSM) is the regional rape crisis agency who the auditor confirmed would send a victim advocate to support the resident through the forensic exam and any investigative process. Both the hospital and the rape crisis agency report the SARSSM staff would be present if requested. 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 residents involved.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>Maine Statutes related to Correctional Law enforcement Powers</p> <p>Policy 6.11.3 Sexual Misconduct</p> <p>Policy 07.01 Criminal Investigations</p> <p>Investigative files</p> <p>Individuals interviewed/ observations made.</p>

Interview with Agency PREA Coordinator

Interview with Director of Operations

Interview with Superintendent

Interview with Investigative staff

Summary Determination

Indicator (a) The Maine Department of Correction has systems in place to ensure criminal and administrative investigations occur in a timely fashion. The Maine DOC employs individuals in a law enforcement role within each of its facilities. The Long Creek Youth Development Center has a dedicated Detective, if an investigation involves a staff person's misconduct the Agency's Office of Professional Review may assign a separate investigator to ensure no concerns of conflict of interest exists. A review of investigative files supports that all investigations occur immediately upon the report of an incident. Documentation supports the Detective responding to the facility to respond to PREA incidents. Agency PREA Policy 6.11.3 set forth the expectation for immediate investigations. "All alleged sexual misconduct between prisoners or between residents shall be assigned by the facility Chief Administrative Officer, or designee, to a facility Inner Perimeter Security Officer for a criminal investigation and/or possible reporting as a disciplinary violation. The investigator assigned must have received special training in sexual misconduct investigations." The Auditor confirmed that if a trained individual is not working a shift the Criminal Investigator (detective) for the facility or the SII Supervisor who is also trained would be called.

Indicator (b) The Maine Department of Corrections has two investigation policies in addition to PREA policies that address the requirements of this standard. Policy 07.01 Criminal Investigations, and Policy 07.03 Administrative Investigations both speak to the expectations for completing an effective review of facts in determining if a crime or violation of facility or DOC policy has occurred. The Policy also complies with Maine State Statutes which govern law enforcement duties. Individuals approved to complete criminal investigations into sexual abuse or sexual harassment are required to be certified law enforcement staff. Staff who are not certified but have received appropriate specialized training on investigating in a correctional center can investigate non-criminal cases in the facility and aid in the collection of initial evidence.

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

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

	<p>Indicator (e) Auditor is not required to audit this provision.</p> <p>Compliance Determination:</p> <p>The Maine Department of Correction has policy and trained investigative staff in place to ensure all allegations of sexual assault and sexual harassment are investigated. The DOC has trained law enforcement staff persons who will ensure all crimes, including sexual assaults, are investigated. According to the Director of Operations, incidents involving staff members are investigated by a centralized unit; the Office of Professional Review. By using a different investigator than the facility's Detective, the DOC ensures an impartial investigation occurs.</p> <p>The Maine Department of Corrections investigates all incidents of sexual contact by residents as a potential criminal investigation. This is done to ensure all evidence is collected, even if the resident claims initially the contact was consensual. Compliance was determined based on the published policy, the investigative information provided by the Detective, and interviews with the Department of Corrections Director of Operations. Compliance is determined utilizing the above-stated information, which meets the requirements of Indicators (a) and (b). Indicator (c) for standard 115.322 is not applicable because Maine DOC is the criminal investigative body. Interviews further supported compliance in that the agency takes all allegations seriously and ensures the impartiality of staff-involved events through the Office of Professional Review.</p>
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention</p> <p>Policy 14.4 Diversity and Resident Rights</p> <p>Policy 4.3.4 Training and Staff Development</p> <p>LCYDC staff training records</p> <p>State Justice Academy approved training materials, power points program outline</p> <p>Maine Justice Academy/ Maine Coalition Against Sexual Assault videos</p> <p>PREA education cards</p>

Training and Education Memo

Individuals interviewed/ observations made.

Interview with LCYDC PREA Monitor

Interviews with random staff

Summary Determination

Indicator (a) The Maine Department of Corrections in concert with the state's Justice Academy has developed a set of curriculum consistent with standard expectations. The agency PREA Policy 6.11.2 speak directly to the expectations and topics covered. "The Department PREA Coordinator shall ensure that all staff, volunteers, and student interns who may have contact with a prisoner, resident, or person under supervision of the Department in the community receive initial training with respect to:

- a. the Department's zero-tolerance policy for sexual misconduct and sexual harassment;
- b. the right of prisoners, residents, and persons under supervision of the Department in the community to be free from sexual misconduct and sexual harassment;
- c. the right of prisoners, residents, persons under supervision in the community, families, staff, volunteers, student interns, and others to be free from retaliation for reporting sexual misconduct and sexual harassment;
- d. how staff, volunteers, and interns are to fulfill their responsibilities with respect to sexual misconduct and sexual harassment prevention, detection, reporting, and response;
- e. how to comply with relevant laws related to mandatory reporting of sexual misconduct to outside authorities;
- f. how to avoid inappropriate relationships with prisoners, residents, and persons under supervision in the community;
- g. how to detect and respond to signs of threatened and actual sexual misconduct;
- h. how to distinguish between consensual sexual acts, contact, and touching and nonconsensual sexual acts, contact, and touching between prisoners or between residents, including the relevant laws regarding the applicable age of consent;
- i. how to communicate effectively and professionally with prisoners, residents, and persons under supervision in the community, including lesbian, gay, bisexual,

transgender, intersex, or gender nonconforming persons;

j. the dynamics of sexual misconduct and sexual harassment and the common reactions of victims as these relate to each gender, as well as to lesbian, gay, bisexual, transgender, intersex, or gender nonconforming persons; and

k. the dynamics of sexual misconduct and sexual harassment and the common reactions of victims as these relate to juveniles

The Long Creek Youth Development Center ensures all staff are trained in the agency's Zero Tolerance for Sexual Misconduct. All employees, no matter what role in the institution, are aware of their role in the prevention, detecting and responding to sexual assault and sexual harassment of residents. Random staff were able to describe in the interviews how in their day-to-day job they keep resident PREA safe. The staff members knew signs and symptoms of someone who may be victimized, the rights of residents related to PREA and were able to give examples of why sexual assaults may occur. Staff persons confirmed they get training how to avoid getting into inappropriate situations with a resident, the criminal liability for failing to report a PREA incident and how to respectfully work with LGBTI residents. The staff knew to use the transgendered or intersexed resident's preferred name and pronouns and they were aware that a multidisciplinary committee reviews the transgender resident's case individually to determine housing, canteen items they can have access to, search procedures and Medical or mental health treatment planning. The Auditor reviewed the LCYDC 2023 training materials to confirm the elements were addressed. The Auditor has also previously reviewed the Maine Justice Academy training materials. Policy 4.3.4 Training and Staff Development sets forth requirements for new staff and existing staff training consistent with this indicator. A memo from the Director of Training further explained the various modules that address topics consistent with the standards.

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

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

compliance with the indicator.

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Indicator (d) Employees sign for their training acknowledging their understanding of the content. Online training would include an electronic signature and a quiz used to confirm content knowledge. The Auditor was provided with a report showing the training dates for 96 staff and contractors who received PREA training in the previous year.

Compliance Determination:

All staff are trained in Maine DOC's Zero Tolerance policies toward sexual assault and sexual harassment. The employees, contractors and volunteers sign off confirming they have been trained on PREA and understand policy 6.11 Sexual Misconduct. Staff files reviewed as part of standard 315.17 showed this documentation. Ongoing training is documented through signatures for classroom activities and electronically for individualized learning through Power DMS or through classroom presentations. The Maine Department of Corrections has a training program for all staff related to the 11 requirements on indicator (a). New employees are first exposed to PREA training in the Maine Criminal Justice Academy. Policy 6.11 Sexual Misconduct (page 2) addresses the requirements of the standard including the required areas of education found in indicator (a), the frequency of training and gender specific understanding of sexual victimization that is important for staff. All employees (including the contracted medical and mental health staff) have had an on-site training and understand the facility's Sexual Assault Response plan.

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

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Long Creek Youth Development Center Pre-Audit Questionnaire

6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention

Volunteer List

Contracted Staff List

Training materials for volunteers and sign off on trainings

Wellpath training materials

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

PREA training records including contracted staff

Individuals interviewed/ observations made.

Interview with LCYDC PREA Monitor

Interview with Contractor

Interview with Volunteer

Observation on tour

Summary Determination

Indicator (a) Maine DOC policy 6.11.2 states, "The Department PREA Coordinator shall ensure that all staff, volunteers, and student interns who may have contact with a prisoner, resident, or person under supervision of the Department in the community, receive and sign the appropriate acknowledgment memo (Attachment A or B) at the time of the initial training." All Contractors providing direct service to residents at the Long Creek Youth Development Center are employed by Wellpath a Medical/ Mental Health treatment provider. As such they receive full PREA training that all DOC employees receive in addition to the required specialized trainings in 115.35.

All volunteers are registered in the facility and those who have routine access to the facility are required to undergo an onsite education program on responsibilities and procedure for keeping a safe environment. As part of that program the individuals are trained on PREA consistent with the agency policy (6.11.2 Page 2) which outlines training expectation to inform them how to support a zero-tolerance culture and knowing when and how to report concerns. They are provided a staff directed training class and receive a volunteer handbook; both which address expectations

related to PREA. One-time visitors are provided a PREA Brochure that outlines aspects of the overall training and informs the individual how to report. Contractors and Volunteers interviewed support that they had a received training on PREA, they know the Zero Tolerance expectation toward sexual abuse and sexual harassment, and they knew how to report a concern.

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

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

Compliance Determination:

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

	volunteers who were able to identify training elements. They were all able to explain how they could report a PREA concern at the facility if they arise.
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115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>Maine DOC Website (PREA Education Videos)</p> <p>6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention</p> <p>Resident handbook</p> <p>Resident files showing they have received PREA educational materials</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Intake Staff Person</p> <p>Interview with Unit case managers</p> <p>Interview with Resident</p> <p>Observation on tour of PREA Signage in two languages</p> <p>Summary Determination</p> <p>Indicator (a) All Residents are provided information about PREA upon admission to LCYDC. Residents are provided a description of PREA and how to protect themselves, how to report a concern and what services are available if someone has been a victim. They are provided this information in the form of the Resident handbook, and a video. The video "Safeguarding Yourself Sexually" is, available in multiple languages, was produced by the Moss Group and uses age appropriate speakers to present the material. The Auditor was walked through the admission process by an intake staff including the information the intake officer goes over routinely related to PREA. In the year prior to the audit 123 individuals were admitted and all individuals were provided PREA education. In addition to the resident signing for their handbook the completion of PREA education is</p>

documented electronically in the facility. Residents confirmed getting PREA Materials at intake.

Indicator (b) All residents at Long Creek Youth Development Center are provided with a review of the facility specific PREA information with their Juvenile Program Specialist in the first few days in the facility. During this meeting PREA reporting information is reviewed including how to protect themselves, how and why it is important to report, how they will not get in trouble for reporting and how they will be protected from retaliation. The Auditor was provided a report showing 100 percent compliance with the timeliness of PREA education within 10 days. The 3-page report is electronically generated from the official correctional record of the Maine Department of Corrections electronic case management system. Interviews with intake staff, case management staff, and residents further support the education of residents in a timely and complete manner.

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

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

Indicator (e) Records were reviewed for a random sampling of 12 clients along with a full report of the previous year's admissions. The documentation reviewed confirmed education of residents is tracked by the facility.

Indicator (f) Observations throughout the tour support there are materials available to residents continuously. The information viewed included handbooks, posters, and

other signage about PREA or resources such as the Local rape crisis agency. The Auditor suggested periodic video refreshers be made available to residents given the long-term nature of the institution.

Compliance Determination:

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

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

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>6.11.2 Sexual Misconduct (PREA and Maine Statutes) - Prevention</p> <p>6.11.3 Sexual Misconduct (PREA and Maine Statutes) - Investigations</p> <p>Training Material from Moss Group training on completing a sexual Assault Investigation</p> <p>Training rosters</p>

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with trained Investigators

Observation on tour

Summary Determination

Indicator (a) The Maine Department of Corrections employs its own investigative body. The Department of Corrections employs Special Investigations and Intelligence Unit (SII) and Detectives are official Law Enforcement with full powers of arrest in the state of Maine. Long Creek Youth Development Center employs a Detective who is required by policy 6.11.2 to have received specialized training in completing Sexual Assault investigations. As such, they have received a training in completing investigations consistent with the Maine statutes and DOC policy. "The Department PREA Coordinator shall ensure that all facility correctional investigative officers and Inner Perimeter Security team members, as well as other staff likely to conduct sexual misconduct and sexual harassment investigation, receive additional training in conducting investigations of sexual misconduct and sexual harassment, especially in facility settings. This training shall include, at a minimum, techniques for interviewing victims of sexual misconduct and sexual harassment, including techniques specific to juvenile and female victims, proper use of Miranda and Garrity warnings, sexual misconduct evidence collection in facility settings, and the criteria and evidence required to substantiate a case for administrative action and/or referral for criminal prosecution." There are no SII staff currently assigned to Long Creek Youth Development Center. The Maine Department of Corrections was able to have a cadre of staff members originally trained in 2014 by the Moss Group on "How to complete sexual assault investigations of the correctional setting.". In the Fall of 2019 they were able to again obtain a three-day training from the PREA Resource on "PREA Investigator Specialized Training". The same training material was used to train the LCYDC Detective and the PREA Monitor in 2022 reportedly. In addition to the Detective for Long Creek the PREA Manager also completed the course. The PREA Manager is not certified law enforcement so the Detective is backed up by DOC investigators from the Maine Correctional Center who are certified law enforcement officers with arrest authority. The course was completed by DOC employees including staff of the Office of Professional Review who would oversee investigations of staff misconduct.

Indicator (b) The Auditor reviewed the slides that were developed by the PREA resource center to ensure the content was consistent with the topics required by the standard. The training materials and the interview with a trained investigator

confirmed the training covered how to communicate with a victim of sexual assault, the use of Miranda and Garrity Warnings, proper steps in the collection and preservation of evidence, and the factors in making a determination of substantiation for administrative action or prosecutorial referral. The materials also used examples from Maine DOC case files.

Indicator (c) Training records from the 2019 and 2022 were provided for onsite staff who complete investigations and for staff from the Office of Professional Review who would complete investigations on staff-involved incidents. The Auditor also recognized the staff for MCC who could back up the detective if she was unavailable in a criminal situation.

Compliance Determination:

The Maine Department of Corrections ensures that staff who complete investigations have received appropriate specialized training on investigating sexual assault in a correctional setting. Prior to working at the Long Creek Youth Development Center the Detective had worked in the investigation unit of Maine Correctional Center where she assisted on many criminal investigations including completing initial inquiries to allegations of sexual abuse or sexual harassment.

Documents and interviews support that the facility’s investigators are trained in the requirements of a PREA-related investigation. Maine has set up, that if allegations are against staff, the agency’s Office of Professional Review would be brought in to investigate and ensure an impartial process. Given the number of DOC-trained PREA Investigators, the level of professional investigative training provided to the staff, and the interview with the facility’s trained investigator, the Auditor finds the facility meets standard expectations. Samples of investigations completed, discussions with the Detective at LCYDC and her counterpart at MCC who did cover part of the last year at LCYDC, and the supporting training documents all supported the Auditor’s findings.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed.
	Long Creek Youth Development Center Pre-Audit Questionnaire
	6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention

Wellpath PREA training materials

Documentation of staff training

Individuals interviewed/ observations made.

Interviews with Medical and Mental Health staff

Summary Determination

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

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

Indicator (c) Documentation was provided to the Auditor for the 8 Wellpath staff confirming the specialized training was completed.

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

Compliance Determination:

Medical and Mental Health Staff at Maine DOC facilities are employed by Wellpath. Wellpath provides PREA training with a medical and mental health focus for their employees and provides the PREA Monitor with the documentation. The PowerPoint reviewed by this Auditor addressed how to detect, assess signs, and preserve evidence of a sexual assault. The training materials and interviewed staff support they were trained in how to respond appropriately to sexual assault victims. The Auditor met formally with Wellpath staff and was able to ask questions of other Wellpath staff on the tour. Medical and Mental Health staff knew to whom to report allegations and suspicions of sexual abuse or sexual harassment. They were able to

	<p>explain the reporting would be up their agency chain of command while also notifying the chain of command of the prison. Medical and Mental Health Staff knew to also report any concerns to the Detective or PREA Monitor. The contracted staff reported they attended PREA classes from Maine DOC with the state employees. Wellpath staff will not do forensic medical examinations but are aware of how to protect evidence and what facilities they would refer residents to for an exam by a SAFE or SANE if needed. Policy 6.11.2 also was reviewed by the Auditor to determine compliance along with interviews, a review of the Wellpath training program materials for Medical and Mental Health Staff and training records for the Wellpath staff figured into the compliance determination.</p>
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115.341	Obtaining information from residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention</p> <p>18.08 Transgender, Gender Nonbinary, and Intersex Juvenile Residents</p> <p>18.4 Health Screening and Assessment</p> <p>Population report for LCYDC</p> <p>Screening results</p> <p>PREA Coordinator screening report</p> <p>Male and Female screening tools</p> <p>Investigative files</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interviews with Wellpath staff.</p> <p>Interview with staff who complete screening</p>

Observation on tour

Summary Determination

Indicator (a) The Maine DOC Policy 6.11.2 Sexual Misconduct – prevention (pages 3-4) that all individuals admitted or transferred be screened for likelihood to be a victim of sexual violence or likelihood of being a perpetrator of the same said violence. The Policy defines the positions trained to administer the screening tool. The Policy tasks the PREA Monitor to ensure all juveniles screening. “The PREA monitor’s duties with respect to screening and assessing prisoners or residents for risk of sexual vulnerability or sexual violence shall include, but are not limited to, the following:

a. ensuring the PREA screening of all prisoners admitted to a reception facility by a case manager or other staff trained to administer the screening or all residents admitted to a juvenile facility by the unit Social Worker, unit Juvenile Program Worker, or other staff trained to administer the screening,

to assess the risk of sexual vulnerability or sexual violence, within twenty-four hours of intake;

b. ensuring the PREA screening of all prisoners or residents transferred to a facility by a case manager or other staff trained to administer the screening, to assess the risk of sexual vulnerability or sexual violence, within twenty-four hours of transfer.”

The Maine DOC requires the screening to be completed in the first 24 hours. As a facility that receives pre-trial population a portion of the population is discharged on the same day they are admitted. There were instances documented that the screening was not complete but also documented the client was not put into the population but instead held in the intake area until court. All residents are reassessed within 14 days of admission and at legal status changes (pre-trial to sentenced), and if any additional information is learned. Residents may also be rescreened. The review of the screening reports supports the practice of screening and reassessment of individuals is standard. This was verified in the review of 12 active and a dozen more contained in investigative files closed files from the past year.

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

was also provided with a guidebook on the use of the tool. The document's instructions further supports the objective application of information to ensure residents' safety.

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

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

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

Compliance Determination:

	<p>The Long Creek Youth Development Center ensures all residents are screened for sexual victimization and abusiveness using an objective tool. Policy 6.11.2 (page 4) requires that all residents be screened initially within 24 hours and reassessed within 14 days by the facility classification team. Maine DOC has developed a report that can be used by the facility PREA Monitor and the State PREA Coordinator to ensure standard timeliness benchmarks are being met. The Agency also requires periodic rescreening by using the PREA assessment instrument in CORIS. This is done also when warranted due to a referral, request, incident of sexual misconduct, or receipt of additional information that bears on the prisoner’s risk of sexual vulnerability or sexual violence. CORIS is the Maine DOC electronic case file system and the Wellpath EMR protects resident’s sensitive information.</p> <p>The objective tool was developed by Maine DOC and has clear guidelines for its use. The tool accounts for all factors required in indicators (c). They have also implemented a system to ensure that after the initial screening, the residents are asked about sexuality, victimization history, and perceived safety. Unit Management team members were aware of resident screening and the importance of using the information. Medical staff will also ask PREA related information at the initial assessment and pass any new information back to the intake staff to ensure the screening encompasses all information obtained at intake.</p> <p>Compliance was determined based on the sample screens provided consistent with time requirements in the standard. Interviews with staff and residents further support that the appropriate questions are being asked and information is applied in the treatment of residents at LCYDC.</p>
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115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>Policy 6.11.2 Sexual Misconduct (PREA and Maine Statutes)- Prevention</p> <p>Policy 18.8 Management of Transgender Juveniles</p> <p>Resident safety plans</p> <p>Transgender resident reviews</p> <p>Treatment team notes</p>

Memo confirming no isolation

Individuals interviewed/ observations made.

Interview with Facility PREA Monitor

Interview with Intake Officer

Interview with Teacher /vocational supervisors

Interview with Unit Manager

Interview with Random Staff

Interview with random Residents

Interview with transgender and intersex Residents

Population report

Observation on tour

Summary Determination

Indicator (a) Policy 6.11.2 Sexual Misconduct – Prevention (page 4) states “information from the risk screening is reviewed and considered by appropriate staff when making housing and work, education and other program assignments so that those prisoners or residents at high risk of being sexually vulnerable are kept separate from those identified as being at high risk for sexual violence and ensuring that determinations about how to ensure the safety of each prisoner or resident are individualized”.

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

Indicator (b) Long Creek Youth Development Center has not isolated any residents in the past 3 years. DOC policy addresses if this occurs including the requirement that the placement in isolation is the last resort to maintain safety. "Prisoners or residents screened or assessed as high risk for sexual vulnerability shall not be placed in a special management housing unit or protective custody housing unit due to this risk unless there has been a consideration of all possible available alternatives, and it is determined that there is no available alternative means of separation from likely perpetrators." It goes on to state, "If such a determination cannot be made immediately, the prisoner or resident may be housed in a special management housing unit or protective custody housing unit for no more than twenty-four (24) hours, pending the determination." Residents are required to have regular access to programming, education, recreation, and all medical and mental health services. 'Any prisoners or residents placed in a special management housing unit or protective custody housing unit due to this risk shall have access to programs, privileges, education, and work opportunities similar to prisoners or residents in the general population, except to the extent that they must be limited consistent with reasonable precautions designed to protect prisoner or resident safety, security and orderly management of the facility and shall otherwise receive treatment in accordance with departmental policies and procedures..' A memo confirmed that there was no juveniles place in any form of isolation for being at risk of sexual abuse.

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

Indicator (d) The Maine Department of Corrections clearly states in two policies that the Transgender and Intersex resident housing will be made on a case by case basis. Policy 6.11.2, as referenced in indicator (c), and Policy 18.8 Management of Transgender Juveniles both confirm the case by cases determination process. Policy 18.8 states "in the case of a transgender or intersex resident, the decision about housing shall be made on a case-by-case basis, taking into account the views of the resident, and shall be based on protecting the resident's safety and mental health

and preventing security issues, including, but not limited to, risks to the safety of other residents.” LCYDC received its had two transgender or intersex in the population this year. The resident meeting notes discussed housing, the residents preferred pronouns, accommodations provided, and treatment services offered which included bringing in a local LGBTI support agency to work with the resident. The Maine Department of Corrections has instituted a SOGIE (Sexual Orientation, Gender Identity, and Gender Expression) questionnaire for any resident who identifies as transgender. The transgender and intersex residents spoke with confirmed that they are being housed consistently with their preferences and feelings of safety.

Indicator (e) The Auditor reviewed the records of the client who identified in 2017 as transgendered and found meeting notes more frequently than every 6 months. Policy 6.11.2 Sexual Misconduct. States “Facility, housing, and program assignments for a transgender or intersex prisoner or resident shall be reviewed through the facility classification process at least every six (6) months to consider any threats to safety experienced by the prisoner or resident.” The Auditor also was provided information once onsite of the multi-disciplinary review of the resident who admitted in 2023.

Indicator (f) Policy 18.8 states “in the case of a transgender or intersex resident, the decision about housing shall be made on a case-by-case basis, taking into account the views of the resident. Interview with a juvenile who had identified as transgender confirmed they were asked about housing preference in the multi-disciplinary meeting. As noted above resident support they were housed consistently with the gender they identify and feel safe being around.

Indicator (g) Policy 6.11.2 requires “If a facility does not have separate individual shower facilities for use by transgender and intersex prisoners or residents, then a transgender or intersex prisoner or resident shall be given the opportunity to shower at separate times from other prisoners or residents.” Long Creek Youth Development Center residents all have access to individualized showers. Showers on the pods are for one person at a time. The staff have to open the door for residents, and it locks behind them ensuring other resident.

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

Indicator (i) Long Creek Youth Development Center has not Isolated any residents. DOC policy addresses if this occurs including a review at a minimum of every 30 days. "If a determination has been made that there is no available alternative means of separation from likely perpetrators, the initial placement in a special management housing unit or protective custody housing unit shall only last until there is available an alternative means of separation and, in any case, the initial placement shall not exceed thirty (30) days. The placement must be reviewed at least every thirty (30) days to verify whether it is necessary to retain the prisoner in a special management housing unit or protective custody housing unit."

Compliance Determination:

As discussed, the Maine DOC has two policies (Policy 6.11.2 Sexual Misconduct - Victim Services and 18.8 Management of Transgender and Intersex Residents) that describe the requirements of the various indicators in this standard. The electronic case management system of Maine DOC (CORIS) will prevent the housing of potential or known victims with potential or non-aggressors based on the PREA Screening tool in 115.41. All residents are asked how they feel about their safety which helps guide the placement process for housing and eventually programming. LCYDC currently has no transgender residents. The documentation from three years ago and the policy language in place support they are understanding of the steps needed to protect the right of all LGBTI residents. During the tour and subsequent movement, the Auditor was able to see how transgender residents have privacy during shower or bathroom use. Documentation supports that LGBTI residents are not all housed together or are denied programming or work. There is no legal judgment requiring such a condition to exist.

Through the Unit Management process, other areas of the resident's life are given enough information to ensure potential victims and potential perpetrators are monitored closely. Education staff, Correctional Trade Instructors, and Correctional Industries Supervisors were aware of who in their program is at risk for victimization. The Auditor discussed with several of these staff members during the tour, how they take steps to manage residents on the job site including watching groupings and keeping good lines of sight. Line custody staff also understand the need to protect potential victims from potential aggressors and discussed during the informal and formal interviews, how they get to know the resident and observe and address any behaviors.

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

Long Creek Youth Development Center Pre-Audit Questionnaire

Policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes)

PREA Brochure

Resident handbook

PREA Posters

Photos Poster of MECASA and Disability Rights

MOU with local rape crisis agency

MOU with outside agency who will take complaints

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

DOC PREA Hotline

Education Video

Individuals interviewed/ observations made.

Interview with Random Staff

Interview with Random staff

Interview with SARSSM staff

Interview with Director of Operations

Interview with local outside reporting agency

Observation on tour

Summary Determination

Indicator (a) Random residents' interviews confirmed that the residents know there are multiple ways to report a concern within the facility or to the Department of Corrections Central Office. Residents knew of the postings on the walls of the units and information on how to report a concern in the Resident Handbook. Residents described options to report a concern including directly to a staff they trust, to any

case manager or medical or mental health staff, by writing the Superintendent, or by calling the DOC PREA 'hotline' (agency PREA Coordinator). It should be noted Residents supported they have comfort with going to line staff to report a concern. The PREA Coordinator did confirm there were no claims filed through the PREA Hotline for LCYDC. The DOC PREA Policy 6.11.3 which covers reporting and investigation on page 2 states that each facility administrator will ensure there are multiple ways for residents to report concerns related to sexual abuse, sexual harassment, retaliation, or staff neglect that contributed to abuse. Policy 6.11.3 Sexual Misconduct - Reporting and Investigations states, "The Chief Administrative Officer, or designee, shall provide multiple internal means for prisoners or residents to report sexual misconduct or sexual harassment; attempts to deter them from reporting sexual misconduct or sexual harassment; retaliation for reporting sexual misconduct or sexual harassment; and staff, volunteer or student intern neglect or violation of responsibilities that may have contributed to such incidents. These multiple internal means shall include verbally, in writing, anonymously, and by way of third parties." The Policy goes on to state, "The Chief Administrative Officer, or designee, shall provide the means for prisoners or residents to make reports directly to the Department's PREA Coordinator, either by writing to or calling the hotline number for the PREA Coordinator." Posters were visible on the tour and the Auditor tested the ability to call the hotline.

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

Indicator (c) Random staff interviews confirm consistent with agency policy (6.11 Sexual Misconduct -page 2) that all staff take any report of a PREA related incident seriously and report the concern to a superior or to the facility investigator. Random staff knew they had to report the claim no matter the source of information including anonymous notes. The staff reported that any claim, even if they thought it did not occur, needed to be reported. The staff also confirmed that after giving notice to a supervisor they were required to file a written report on the claim. Finally, the staff also confirmed they had to report on the actions or failure to act of

a fellow employee that leads to a sexual assault. Staff reported verbal notification to a supervisor was required as soon as possible and that an incident report must be filed before the end of the shift. The random staff statements were consistent with the language in DOC policy and this standard indicator.

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

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

Compliance Determination:

Maine Department of Corrections and LCYDC Policy 6.11.3 SEXUAL MISCONDUCT - Reporting and Investigation, outlines the requirements of this standard. Page one of the policy addresses the staff responsibility to accept all forms of resident reported sexual abuse and sexual harassment claims. The facility's Sexual Assault Brochure, the Resident Handbook and posters throughout the facility all give direction on the importance and methods of reporting sexual abuse and sexual harassment. Interviews with staff were consistent in their understanding of their duties of accepting and responding to all reports of sexual assault or sexual harassment whether it was done verbally, in writing, anonymously or by a third party (indicator (c)).

Residents interviewed were aware of multiple ways in which they could report including telling staff, calling the hotline to one of two numbers, mail administration or the local county jail, complete grievance form or call or write the local rape crisis agency. Posters seen on all the housing units during the tour direct residents to call the DOC PREA Coordinator or write the local county Jail if they did not want to speak to DOC personnel. The rape crisis information is also located in the resident handbook. Residents spoken to formally and on tour reported comfort in speaking with staff including the unit staff if they had a concern. Custody staff reported knowing how to privately report PREA concerns to administration and that there is

	<p>no problem reporting out of the chain of command. The Auditor finds compliance with standard provisions, based on the policy, documentation provided and viewed on the tour, and the interview findings of random staff and residents as well as interview information from the PREA Monitor and PREA Coordinator.</p>
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>6.11.4 Sexual Misconduct – Administrative Sanctions and Grievances</p> <p>Grievance Log</p> <p>Memos from the Grievance officer and Compliance Manager</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with facility PREA Monitor</p> <p>Interview with Superintendent</p> <p>Interview with the Director of Operations</p> <p>Interview with Random Residents</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) The Long Creek Youth Development Center is not exempt from the standard; Residents can file a grievance on conditions that violate their rights or prison rules. Sexual misconduct is a reason for which a resident can file a grievance. There were no grievances files for sexual abuse allegations</p> <p>Indicator (b) Agency policy and client handbooks support the resident can file a grievance to a person who is not the subject of the grievance, and there is not a time requirement for filing a PREA Grievance. There is also no requirement to resolve the situation through an informal process. . Agency Policy 6.11.4 (page 5)</p>

set forth these conditions. It states, "The resident may be assisted in filing the grievance by any staff or by any other person with whom the resident is permitted to have contact. Such a person may also file the grievance on behalf of the resident, provided that the resident consents to the filing." The policy goes on to state, "There is no time limit on the filing of the grievance, and there is no requirement that the resident attempt an informal resolution of the grievance." The residents interviewed clearly understood they could assist another resident in filing a grievance on sexual misconduct. The agency also has separate grievance policies for medical or other issues.

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

Indicator (d) Policy 6.11.4 SEXUAL MISCONDUCT (PREA AND MAINE STATUTES) ADMINISTRATIVE SANCTIONS AND GRIEVANCES. Sets forth the requirements for response and appeal consistent with the standard. A review of the policy shows that an initial grievance response must be made within 30 days. The policy allows for up to a ten-day extension but requires written notification, including the delay's reason. Each level of the appeal process requires similar notifications if the inmate is not responded to in the timeframes required. The total time not including appeals preparations by the resident is expected in the policy by 90 day total. All allegations of sexual abuse or harassment are turned over to the investigator for LCYDC The three cases support that cases are responded to in a timely fashion including a resolution within 6 days. The Maine DOC requires a faster response period than the indicator requires. As a smaller facility grievances are resolved generally in days instead of months.

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

grievances from third party individuals.

Indicator (f) The Maine DOC PREA policy (6.11.4) describes the provisions for an emergency grievance. "If the grievance contains a claim that the resident is at substantial risk of being a victim of imminent sexual misconduct, the grievance must be clearly marked as an emergency grievance. If the facts alleged support the claim, the Grievance Review Officer shall immediately notify and forward the claim to the Chief Administrative Officer, or designee, for a determination as to whether the resident is subject to such a risk. If the Chief Administrative Officer, or designee, determines there is such a risk, he or she shall take immediate preventative or remedial action. The Chief Administrative Officer, or designee, shall make an initial written response to the claim within forty-eight (48) hours of its receipt and a final written response to the claim within five (5) days of its receipt. The rest of the grievance shall be processed in the ordinary way." The Policy goes on to state, "If the Grievance Review Officer otherwise learns that a resident is at substantial risk of being a victim of imminent sexual misconduct, the Grievance Review Officer shall immediately notify the Chief Administrative Officer, or designee, for a determination as to whether the resident is subject to such a risk. If the Chief Administrative Officer, or designee, determines there is such a risk, he or she shall take immediate preventative or remedial action." There were no incidents in which an emergency grievance was filed in the last 12 months. Information found in the Resident Handbook explains these grievances as expedited grievances. "Expedited Grievance. In those instances in which a resident believes that he/she has an expedited grievance (one for which response within the regular time limits would subject the resident to a substantial risk of harm to physical or mental health or safety), he/she may so note on the grievance form and, if so, shall state his/her reasons for requesting expedited processing of the grievance." There were no emergency/expedited grievances handled by the facility.

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

Compliance Determination:

Long Creek Youth Development Center is not exempt from the exhaustion of administrative remedies. The Maine Department of Corrections has a policy 6.11.4 Sexual Misconduct - Administrative Sanctions and Grievances as an option for residents to file a PREA complaint. There were no instances in which a normal grievance, or an emergency grievance was filed. Grievance Logs reviewed support that residents can use grievances as a process to resolve concerns in the institution. Residents in the random interviews reported no history of filing a grievance on a

	<p>PREA-related concern. Residents reported comfort in telling staff directly about concerns and if they felt it was not addressed, they would send a request to the Superintendent or the PREA Monitor to discuss concerns. With no PREA Grievance (sexual harassment case) to review, compliance determination relied on the policy and interviews with the Director of Operations, Superintendent, PREA Monitor and the residents who were aware the grievance process was a possible avenue to report a Sexual Misconduct concern.</p>
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<p>115.353</p>	<p>Resident access to outside confidential support services and legal representation</p>
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy 6.11.2 Sexual Misconduct - Prevention) DOC</p> <p>Policy 6.11.3 Sexual Misconduct - Reporting) DOC</p> <p>Policy 6.11.5 Sexual Misconduct - Responding) DOC</p> <p>Posters for outside support services</p> <p>Resident Handbook</p> <p>Individuals interviewed/ observations made.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Superintendent</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Corrections provides juveniles at LCYDC access to the local rape crisis agency which can act as a confidential support service. The Sexual Assault Response Services of Southern Maine (SARSSM) and the umbrella rape crisis agency in Maine MECASA can provide access to services in the facility and provide a network of resources for youth leaving custody to other parts of Maine. The agency's employees are granted professional visitor status which</p>

allows for confidential communication. This means that calls are not recorded, mail is not read, and visitation can be in a private setting. The LCYDC does not hold juveniles for civil immigration cases. The facility has postings up to inform residents how to access legal assistance in addition to posting from MECASA that shows the contact information for all of Maine's rape crisis agencies including SARSSM. Handbook information includes the following, "If you have been the victim of sexual misconduct, you will be referred for counseling and/or advice from a licensed clinician. Free crisis counseling, coping skills, suicide prevention, and mental health counseling are all available to you. Often, people may require help to recover from the emotional effects of sexual assault. You have the right to request an advocate from the local sexual assault support center to either meet with you in person or talk to you on the phone." PREA policy 6.11.5 requires the residents to have access to outside support services. "The Chief Administrative Officer, or designee, shall provide prisoners or residents with access to outside victim advocates for emotional support services related to sexual misconduct, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations." The Auditor tested the outside capacity to make a call to the local rape crisis agency. The PREA Coordinator confirmed they are also working to eliminate the need to put a pin number in that would impact residents' perception of anonymous reporting capacity. The previous system did not require a pin. Residents support that they have access to paper and pens to write letters to outside agencies and confirm that their mail is not read. Residents report staff open mail in front of them and shake the contents out without reading it.

Indicator (b) All residents are informed at the inception of services that confidentiality is limited when there is an individual who has been victimized in the institution. All Long Creek Youth Development Center Residents sign acknowledgment forms with Wellpath as part of their service introduction for both medical and mental health services. Policy 16.2 Telephone Access speaks to the resident's rights in the following quotes. "Residents shall not be permitted to make calls to toll-free numbers, except for toll-free numbers authorized by the Commissioner, or designee (e.g., PREA hotline, statewide

sexual assault response line, etc.)." "During facility orientation, residents shall be informed of the possibility of phone calls, except privileged calls, being monitored. The phone rules and a notice stating that phone calls are subject to being listened to and/or recorded, except privileged calls, shall also be included in the resident handbook." The Policy language further support the confidential communication when it states, "A phone call between a resident and the toll-free statewide sexual assault helpline concerning a complaint of sexual misconduct shall also be treated as a privileged phone call." The Auditor confirmed with residents that they could have privacy in making calls. The report they could ask case workers to be able to call from an office if needed. The residents also confirmed private visits like they do with attorneys could happen.

Indicator (c) The Department of Correction has a Memorandum of Understanding with SARSSM which covers both the Maine Correctional Center and the Long Creek Youth Development Center. The agreement is current and was confirmed in a call with the SARSSM Director. The DOC also has an agreement with the state-wide rape crisis agency Maine Coalition Against Sexual Assault (MECASA). The facility also provided a MOU with the neighboring catchment areas Rape Crisis Agency.

Indicator (d) Three DOC policies address the rights of residents to have confidential communication with attorneys or outside professional visitors. 16.01 Resident Mail, 16.02 Access to Telephone, and 16.03 cover confidential communication with legal and professional visitors. Communication with sexual assault agencies is defined in the policy as “privileged”, like legal communication. Residents are aware of the level of privacy in speaking with their parents. The agency had begun to use Zoom calls for attorney communication and a similar capacity would exist if needed for RCC communications. Residents have had access to Maine Disability Rights in addition to their court-appointed attorneys. No juveniles were using the services of SARSSM at the time of the visit. Residents support that staff does not sit near them with a parent and the visiting room which was expansive has private visiting rooms adjacent that attorneys or the Rape Crisis staff could use.

Compliance Determination:

Resident victims at LCYDC can access victim advocates for emotional support. The agency has entered into a Memorandum of Understanding with the SARSSM to provide support to victims (Indicator (c)). The Deputy Commissioner has signed the MOU with both MECASA and SARSSM which can be renewed. As part of the audit process, the Auditor spoke by phone to SARSSM and MECASA representatives who confirmed their ability to provide service at DOC facilities. The PREA Brochure and signage throughout LCYDC had a toll-free number for residents to access from the unit phone in the facility or with their case manager. The handbook informs residents they can call or write SARSSM who could come to the facility to provide services as a professional visit.

Residents could identify how confidential the communication is within the facility including mail and telephone contacts. Residents also knew that outside counseling staff could be spoken to in a professional visiting setting. The Auditor could see, on the tour, posters for MECASA and legal assistance for those detained. All four indicators of this standard were covered in the policy which supported compliance along with the documentation visible on the tour and through interviews with residents and outside organizations. The PREA Coordinator also invited SARSSM to participate in a PREA prep audit of the facility.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>Policy 6.11.2 Sexual Misconduct - PREA and Maine Statutes</p> <p>Maine DOC Website</p> <p>PREA Posters on Housing units</p> <p>Logs of the PREA report Hotline</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Information from York County Jail PREA Coordinator</p> <p>Observation on tour</p> <p>Test of reporting systems</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Correction has developed a mechanism for individuals who want to report PREA concerns as a third party; be they fellow residents, family, or friends. Information can be given in person, by phone, by e-mail, by US mail or by contacting the agency PREA Coordinator through the agency website Maine.Gov. There is information directing residents in the PREA posters, resident handbook, and on the website noted above. The residents are provided information on how to send complaints to the local county jail. During the post-audit phase, the Auditor reached out to the PREA Coordinator of York County who is named as a resource on the LCYDC PREA poster. He reported he has not received any PREA complaints from Long Creek Youth Development Center. Staff were aware that they must take all reported concerns about PREA potential violations including from third parties. The facility phones allow for residents to dial out to the advocates or the Maine DOC PREA Coordinator. The Maine DOC Policy on Communication Mail and Visiting 16.3 and Sexual Misconduct policies 6.11 and 6.11.5 address the requirements of this standard. The policy requires, "It is the policy of the Department to require the reporting of any sexual misconduct or sexual harassment or suspicion of either and to refer all reports for investigation." The Auditor called the PREA Hotline from the housing unit phone and the PREA Coordinator received</p>

the message on his phone in minutes. The Auditor also confirmed that the same information provided in the facility matched the agency website. All residents confirmed there were no rules preventing them from reporting a concern for/about a peer if they were too afraid or didn't know how. The PREA Office keeps a log of all calls made to the hotline. Staff also understood consistent with policy they must report all allegations no matter the source or their own perception of the validity of the claim

Compliance Determination:

The Maine Department of Corrections has put in place multiple resources for residents and families to report a PREA-related concern. The PREA Coordinator confirmed she logs all calls that had come into the state hotline which could include a third-party report. As part of the audit process, the PREA Auditor spoke with the PREA Coordinator of the local jail to confirm the Memorandum of Understanding that LCYDC residents could make complaints. Compliance was based on policy, interviews with staff and residents, the auditor's test of critical functions and the systems Maine DOC has put in place to support residents. Residents who were not concerned about sexual assault reported awareness they could make a complaint on behalf of another resident. Finally, the Auditor took into consideration the systematic logs of information on all calls to the PREA Line.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>Policy 6.11.5 Sexual Misconduct - responding</p> <p>Policy 6.11.3 Sexual Misconduct - Reporting and Investigating</p> <p>LCYDC Sexual Assault Response Plan</p> <p>Memo on DHHS notifications</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p>

Interview with random staff

Interview with facility Investigator

Interviews with Medical and Mental Health staff

Summary Determination

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

Indicator (b) Policy 6.11.3 Sexual Misconduct (PREA and the Maine Statutes) Reporting and Investigating states "If the victim of the alleged sexual misconduct is under the age of 18 or is considered a dependent or incapacitated adult under 22 M.R.S.A Section 3472, the Chief Administrative Officer, or designee, shall report the allegation to the Department of Health and Human Services." The policy goes on to state "If any report is of alleged sexual misconduct or sexual harassment by a staff person, volunteer, or student intern with a prisoner or resident, the Department's PREA Coordinator shall forward a copy of the written report to the Department's Manager of the Office of Professional Review. The reporting staff person, volunteer, or student intern shall otherwise keep the report and its contents confidential, except as necessary to facilitate any investigation of the report and any administrative, personnel, or criminal proceedings" Staff spoken with understood that unnecessary disclosure was a violation of the victim's rights and could negatively impact an ongoing investigation including any form of retaliation for those who reported or cooperated with investigations.

Indicator (c) The Maine DOC policy states the following about disclosures for sexual abuse at its facility. "Mental health care staff shall also notify the Unit Manager or Juvenile Program Manager, or designee, as applicable, of the risk of sexual

victimization or sexually predatory behavior, and the Unit Manager or Juvenile Program Manager, or designee, shall note the prisoner's or resident's risk in CORIS." As noted in previous standards the Wellpath Medical and Mental Health Staff ensure client confidentiality unless there is a risk that another could impact the safety of individuals. Wellpath Corporate PREA policy states, 'Practitioners shall inform Residents in Facility or Program of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.' Residents understand the limits of confidentiality with medical and mental health and are informed upon initiation of services. The Auditor confirmed with residents their understanding of the medical and mental health staff's limits of confidentiality if they are aware of any abuse in the facility.

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

Indicator (e) Policy 6.11.3 (page 3) sets forth the obligation to notify parent or legal guardian of any allegation of sexual assault. "If the victim of the alleged sexual misconduct is under the age of 18 or is considered a dependent or incapacitated adult under 22 M.R.S.A Section 3472, the Chief Administrative Officer, or designee, shall report the allegation to the Department of Health and Human Services. If the Chief Administrative Officer, or designee, is uncertain as to whether the allegation is required to be so reported, the Chief Administrative Officer, or designee, shall contact the Department's legal representative in the Attorney General's Office for advice." As stated in indicator (b) the Department of Health and Human Services is required to be notified in all cases of abuse.

Compliance Determination:

There are policies that direct staff of Long Creek Youth Development Center in the handling of a report of Sexual Assault or Sexual Harassment. These policies include Maine DOC's Sexual Misconduct Policy 6.11.3 and Sexual Misconduct Policy 6.11.5. Random staff interviews confirmed that staff are aware of the immediate need to report all accusations of sexual assault or sexual harassment. They knew this included third-party and anonymous complaints and accusations that may not be true. The staff interviewed knew they also had to report on a coworker whose

	<p>actions or inactions leads to a sexual assault. Staff were aware of the importance of timely reporting and the need to provide confidentiality about information. Staff were aware that exceptions are when reporting to supervisory staff, investigative staff, or information needed to secure treatment or provide for the safety/security of others.</p> <p>The facility's Medical and Mental Health clinicians were aware of the timely reporting concerns to the Wellpath Supervisor, the resident's parent/guardian, the LCYDC Administration, and the state's Department of Health and Human Services. Medical and Mental Health staff have all residents sign a form understanding the limit of their confidentiality prior to service. All staff, including the contractors, were aware of mandated reporting and their legal responsibility to report. The above-stated facts support compliance and that the staff have a clear understanding of the responsibility to report a concern related to PREA. Finally, the client interviews support an understanding of the limits of confidentiality if a resident is a risk of being hurt or hurting someone else.</p>
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115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>Policy 6.11.2 Sexual Misconduct (PREA and Maine Statutes)</p> <p>Population report for Long Creek Youth Development Center</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Operations Director</p> <p>Interview with the Deputy Superintendent</p> <p>Interview with Superintendent</p> <p>Interview with Security Chief</p> <p>Interview with Random Staff</p> <p>Observations on the tour</p>

Summary Determination

Indicator (a) The Long Creek Youth Development Center has not had to protect a resident at imminent risk of sexual abuse in the past year. The Director of Operations for Maine’s Department of Correction and LCYDC Superintendent acknowledged the agency's response would be immediate. Efforts would include housing changes, investigation, and other facility-based, movement of residents to increase safety. The agency PREA Coordinator who works for the Director of Operations would also be notified of these events. Policy 6.11.2 Sexual Misconduct (PREA and Maine Statutes)- Prevention Planning (pages 4-5) directs staff, contractors, and volunteers on the steps to take if a resident state they feel at risk of abuse. If the facility believes a resident might be at risk the facility can place them on “pod shadow” which acts as almost a one-to-one for extra support. The Director of Operations was clear on the physical steps he expected to support a resident at risk and the steps he expected to emotionally support individuals at risk. He reported, that in addition to the in-house medical/ mental health support, they could also engage outside services including advocacy organizations such as SARSSM. The Security Chief and Deputy Superintendent there are multiple options for protecting a youth in the facility who is at imminent risk of any form of abuse. They support a proactive approach from staff that would identify and address concerns ahead of a conflict. The facility is large with multiple spaces people can be moved to during an initial investigation of any raised concerns.

Compliance Determination:

The Long Creek Youth Development Center and the Department of Corrections administration are verbal about their commitment to resident safety. The administration supports that they have several housing options to protect a resident from potential abuse. Interviews with the facility and Agency administration supported the ability to be responsive to individuals at risk of abuse and those who may have been the victims of abuse. Random staff interviewed identified what to do in situations of imminent risk including immediate separation of parties, increased contact, support to the residents, notify up the chain of command, and documentation of the incident. Compliance, absent an actual case, was determined based on the interviews with the Administration and line staff. The Auditor also took into consideration the information in Policy 6.11.2 Sexual Misconduct Prevention Procedure D Substantial Risk of Immanent Sexual Misconduct. The Auditor also considered that residents expressed that staff were approachable and believed staff would take a complaint seriously.

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

Long Creek Youth Development Center Pre-Audit Questionnaire

6.11.3 Sexual Misconduct- PREA Reporting and Investigations

Letter from NH DOC on allegation from 1966

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Superintendent

Summary Determination

Indicator (a) The Maine Department of Corrections Policy outlines the requirements if an individual discloses at one facility that they were previously victimized at a prior correctional facility. The policy requires the notification is made to the state PREA Coordinator and the facility administrator or designee. There was one reported incident of sexual abuse allegations made while the resident was living at another facility. Interview with the PREA Monitor and the Superintendent support that LCYDC has the culture in place to ensure all allegations including ones that occurred in another setting are reported promptly. The Superintendent knew that residents who disclose abuse at another facility must be reported to the head of that other facility and that any call she would receive would be referred for investigation. In one case, the LCYDC Detective investigated a potential abuse claim that was over 50 years old.

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

Indicator (c) As noted in indicator (b) the policy requires notifications are to be

documented. Since there were no incidents the Auditor relied on policy and the knowledge of the individuals interviewed.

Indicator (d) As noted in indicator (b) the policy requires notifications are to be documented. There was one allegation received from an out-of-state correctional center from an incident that occurred in the 1960s. The Auditor spoke with the investigator from the Maine Correctional Center who was covering LCYDC when the allegation came in. He discussed the efforts that were undertaken even though the facility where the abuse was alleged to have occurred no longer exists and the victim put the incident some 57 years ago.

Compliance Determination:

Maine Department of Corrections Policy 6.11.3 Sexual Misconduct- PREA Reporting and Investigations pages 3 and 4; address the requirements of reporting to other confinement facilities of incidents of sexual assault that had occurred in those facilities. The Policy requires that at all DOC facilities notification is done in writing and within 72 hours. Interviews with the Superintendent and PREA Coordinator confirmed they were aware of their responsibilities, including the documentation of notifications. Absent a current case, compliance with this standard was based on the agency policy, the Superintendent and PREA Coordinator's knowledge of their responsibilities, and the documentation provided. The Auditor also took into consideration the historic case that was received and the efforts by the investigator to review an allegation from over 50 years ago.

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Long Creek Youth Development Center Pre-Audit Questionnaire Policy 6.11.3 Sexual Misconduct- PREA Reporting and Investigations Incident reports from first responding staff person Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with investigative staff

Resident who reported Sexual assault

First Responding Staff person

Noncustody staff reported incident

Summary Determination

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

“1. The first staff person discovering an incident of sexual misconduct involving a sexual act alleged to have occurred within the prior 72 hours shall ensure that the prisoner or resident is advised, if appropriate, that he or she should not shower, bathe, brush his or her teeth, clean his or her nails, or otherwise clean himself or herself, should not use the bathroom, should not eat, drink liquids, or smoke, should not change clothes, and should not take any other action that could damage or destroy evidence before it is collected.

2. The first staff person discovering an incident of sexual misconduct involving a sexual act alleged to have occurred within the prior 72 hours shall ensure that all efforts are made to immediately secure the place where the incident occurred and secure any evidence, including, if appropriate, by arranging for the alleged perpetrator’s placement in a dry cell.

3. The first staff person discovering an incident of sexual misconduct involving a sexual act or the Chief Administrative Officer, or designee, to whom the staff person has reported the incident shall ensure that if medical treatment is needed for a physical injury, it is offered immediately by facility medical staff, or, if there is no medical staff at the facility, shall ensure that the prisoner or resident is immediately transported to a hospital”

All random staff interviewed were aware of the duties of the first responder. The employees were able to provide these steps from the training they received. In addition to the policy review and interviews with staff who acted as first responders, the Auditor reviewed Investigative files. There were no serious sexual assault allegations that required an inmate to undergo a forensic exam. Many of the cases investigated were staff-initiated, in most cases, staff were responding to adolescent smacks to the groin or grabbing of the buttocks. There were 14 cases of potential sexual abuse of which none involved any form of penetration.

Indicator (b) All staff and contractors in the Department of Corrections are all trained on how to protect evidence in the event of a sexual assault, The random custody and non-custody random staff, along with contracted staff interviewed recognized the importance of closing off the crime scene, separating individuals, instructing the individuals not to eat, drink, wash or use the bathroom. They also know to not have them change clothing. Teachers also knew of the expectations as did Medical Staff who get additional training on protecting evidence. Investigative files also included cases which were initiated by non-medical staff

Compliance Determination:

The Maine DOC trains all employees and contractors in the duties of a first responder. Maine DOC has developed a coordinated response plan that gives first responders directions and information to support them through the crisis.

Compliance determination relied on the interviews with staff who were able to identify steps 1-4 in (Indicator A) and that they were to tell the alleged victim and perpetrator not to do anything that could affect the collection of evidence. Medical staff and vocational staff were also aware of the steps to preserve evidence. (Indicator B). Staff at LCYDC are prepared to respond as evident in their answers that support compliance. The first responding staff interview confirmed steps taken to protect the resident, the evidence, and the crime scene. Compliance is based on policies, the interviews, and the investigative files supporting the immediate separation of individuals and steps taken to preserve evidence.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>Policy 6.11. Sexual Misconduct- (PREA and Maine Statutes) General</p> <p>Policy 6.11.5 Sexual Misconduct- (PREA and Maine Statutes) Responding</p> <p>LCYDC Sexual Assault Response Plan</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Facility and Agency PREA Coordinator</p> <p>Interview with Superintendent</p>

Interview with Investigators

Interview with Medical Staff

Interview with Hospital with SAFE/SANE staff

Interview with local Rape Crisis Agencies

Interview with Supervisory staff

Summary Determination

Indicator (a) The Maine Department of Correction updated its facility preparedness plan in 2020 for sexual assault incidents. The revised plan directs staff in their duties, so a coordinated response is done the same way each time. The eight-page plan is individualized at the facility level to increase staff response time and accuracy of information needed including, local hospital numbers and local rape crisis agency contact information. Policy 6.11. Sexual Misconduct (page 7), in the described duties of the PREA Monitor, sets forth the responsibility of the development of an institutional response plan to address how individuals in different roles in the facility will ensure the appropriate tasks are taken in the event of a sexual assault or sexual harassment case. The policy states; “The facility PREA monitor’s duties shall also include, but are not limited to, the following:’ “e. working with the facility’s correctional investigative officer (detective) and other staff who have received specialized training in handling sexual misconduct allegations to ensure that all complaints or allegations of PREA violations are appropriately investigated;” Policy 6.11.5 ensures understanding by requiring the Superintendent (CAO) to ensure staff understands the expectation. The policy states, “The Chief Administrative Officer, or designee, shall ensure that all facility staff are familiar with their facility’s PREA Response Incident Plan.” In addition to the policy, the Auditor was provided with sample training records supporting staff awareness of the coordinated staffing plan. Interviews support that key staff listed in the plan were aware of the role they play in the coordinated plan.

Compliance Determination:

Long Creek Youth Development Center is compliant because it has developed a coordinated response plan that directs staff in their duties. The 2020 plan was reviewed and updated by a multidisciplinary team. Policy 6.11.5 (page 2) Sexual Misconduct responding addresses the steps to coordinate efforts in response to a sexual assault. The facility plan describes the duties of first responders, supervisory staff, investigative staff, and medical and mental health staff duties. The document includes information about how to contact the local hospital to ensure a SANE staff is available in addition to information on the local rape crisis agency. The Auditor confirmed with these agencies their ability to provide the services described in the plan. Interviews with the Superintendent, PREA Monitor, Supervisory staff, and

	<p>medical staff all confirm knowledge of their roles in the plan. The Auditor also confirmed with outside agencies the information related to the role of individuals from these organizations. Compliance is based on the policies, the plan that was provided, the available community resources, staff knowledge of the plan, and interviews with the Superintendent and PREA Monitor.</p>
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<p>115.366</p>	<p>Preservation of ability to protect residents from contact with abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>Policy 6.11.5 Sexual Misconduct</p> <p>AFSCME and MSEA Union Contracts</p> <p>Policy 3.5 Code of Conduct</p> <p>Policy 3.16 Administrative Leave</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Deputy Director of Operations</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Superintendent</p> <p>Summary Determination</p> <p>Indicator (a) Maine Department of Corrections has union employees but the contracts consistent with policy do not prohibit the agency from putting a staff person out on administrative leave. The Superintendent confirmed the ability of the agency to put people out on administrative leave during an investigation into sexual assault. The Agency’s Code of Conduct (3.5) policy supports the protection of residents or staff who report sexual abuse or sexual harassment states, “Obstruction of an Investigation: Employees of the Department shall cooperate and be truthful in all investigations authorized by the Commissioner, or designee, as allowed by law and collective bargaining agreements. No employee shall interfere with, obstruct or hinder, or advise any other person to interfere with, obstruct or</p>

hinder, in any manner, any investigation. Nor shall any employee retaliate or advise any other person to retaliate against anyone for cooperating with an investigation. This does not prohibit advising an employee of their rights as set out in law or the applicable bargaining agreement.” Policy 3.16 Administrative leave also provides information that supports the ability to place staff or contractors out on administrative leave during an investigation. “The Chief Administrative Officer of a facility, the Regional Correctional Administrator of a community corrections region, or the Commissioner of Corrections may place an employee on administrative leave when determined to be beneficial to the Department, including, but not limited to, situations in which: a. there has been an allegation that the employee has engaged in conduct warranting disciplinary action and administrative leave is determined necessary to preserve the integrity of the investigation or the safety of the employee or another person,”. Interviews with the Superintendent and the Director of Operations for the Maine DOC supported the ability to remove individuals from the facility to protect the investigation process.

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

Compliance Determination:

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

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed.
	Long Creek Youth Development Center Pre-Audit Questionnaire

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

Retaliation monitoring forms from investigation files

Individuals interviewed/ observations made.

Interview with the Director of Operations

Interview with Agency PREA Coordinator

Interview with Interview with PREA Monitor

Interview with Superintendent

Interview with random staff

Summary Determination

Indicator (a) Maine Department of Corrections has information on the expectation to monitor individuals after any PREA claims. The information is contained in Policy 6.11.3 on pages 3 and 4. The information is contained in Policy 6.11.3 on pages 3 and 4 includes the following:” Procedure C: Monitoring Reporting Parties and Alleged Victims

1. The Chief Administrative Officer, or designee, shall ensure that a prisoner or resident or staff, volunteer or student intern who reports sexual misconduct and the prisoner or resident who is alleged to have been the victim of the sexual misconduct is monitored for ninety (90) days, and longer if appropriate, for any signs of possible retaliation, including, but not limited to, monitoring of disciplinary

reports, housing status changes, or program changes, and negative performance evaluations, as applicable. Monitoring shall include periodic contact directly with the person monitored.

2. The Chief Administrative Officer, or designee, shall also ensure that any prisoner or resident or staff, volunteer or student intern who cooperates with an investigation into alleged sexual misconduct is similarly monitored if the person expresses a fear of retaliation or it is otherwise deemed appropriate.

3. If an allegation is determined, after investigation, to be unfounded the monitoring process shall cease even if ninety (90) days has not yet passed.

4. Any possible retaliatory action shall be reported and investigated, and, if found to have occurred, shall be remedied, as set out in the applicable Department policy.

5. If a prisoner is being monitored, the Unit Manager, or other designated facility staff, shall be responsible for the monitoring. If a resident is being monitored, the

Juvenile Program Manager, or other designated facility staff, shall be responsible for the monitoring.

6. For each prisoner or resident being monitored, the monitoring staff shall document the monitoring weekly on a PREA Retaliation Monitoring form (Attachment A) and forward the completed form to the facility PREA Monitor and the Department's PREA Coordinator at the end of the monitoring period.

7. If a staff person is being monitored, the facility Human Resources Manager, or other designated facility staff, shall be responsible for the monitoring.

8. If a volunteer is being monitored, the facility Volunteer Coordinator, or other designated facility staff, shall be responsible for the monitoring.

9. If a student intern is being monitored, the intern's supervisor, or other designated facility staff, shall be responsible for the monitoring.

10. For each staff person, volunteer, or student intern being monitored, the monitoring staff shall report the results of the monitoring to the facility PREA Monitor and the Department's PREA Coordinator at the end of the monitoring period.

The Maine Department of Corrections has a tracking form that documents the process for monitoring individuals who have been involved in a PREA allegation. The PREA Monitor will ensure the monitoring process is documented. Management team will determine the most appropriate individual to provide the direct monitoring. The form documents the types of monitoring that occurs in the given week from review of incidents, discipline to follow up with mental health or direct conversation with the resident by the person completing the monitoring.

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

Indicator (c) As noted in Indicator (a) the Department of Corrections policy supports all individuals (Residents and Staff) who report a PREA Incident are monitored for changes in behaviors that might be a symptom of their being retaliated against. Policy 6.11.2 also states, "If there is determined to be such a risk, the Chief Administrative Officer, or designee, shall take additional preventative or remedial action. This action may include but is not limited to: changing the prisoner's or resident's housing, changing a program location; starting an investigation into the situation; and any other steps deemed necessary to prevent an incident of sexual misconduct." The form developed by the Department of Correction also addresses

the nine elements of this indicator. The individual completing the form must document if they reviewed discipline, if housing moves occur or are requested, programmatic or job performance changes as well as document if face to face communication has occurred or if a mental health follow up was requested from any of the monitoring concerns. The policy (6.11.3 - page 4) states the monitoring will go for a period of at least 90 days. The Auditor was able to review a completed monitoring form. The form documents weekly review by the monitoring staff. The monitoring staff documents if they reviewed disciplinary report, housing changes, follow up by Mental health staff, and programmatic assignment changes. The form further documents direct conversations with the victim and their continued perception of safety.

Indicator (d) The occurrence of status checks can be documented through the form as well as the unit management team notes or mental health chart. The completed forms reviewed supported direct conversations that occurred. A client who was the subject of the monitoring confirmed periodic check-ins during the site visit. Several investigations were from staff observation of contact between residents that were not subjects of consensual contact incidents. The ones that were substantiated were provided with monitoring. A review of documentation from investigation files supports the process is in use.

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

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

Compliance Determination:

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

Long Creek Youth Development Center Pre-Audit Questionnaire

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

Individuals interviewed/ observations made.

Interview with Superintendent

Interview with Director of Operations

Summary Determination

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

Compliance Determination:

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

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>06.11.2 - SEXUAL MISCONDUCT (PREA and Maine Statutes) PREVENTION PLANNING</p> <p>Policy 6.11.3 Sexual Misconduct (PREA and the MAINE Statutes) Reporting and Investigating</p> <p>Policy 7.1 Investigations</p> <p>Policy 7.02 REPORTING OF ALLEGATIONS OF ABUSE OR NEGLECT OF RESIDENTS AT JUVENILE</p> <p>Policy 07.03 - ADMINISTRATIVE AND PERSONNEL COMPLAINT INVESTIGATIONS FACILITIES</p> <p>Policy 22.06 -Resident Record Management</p> <p>Sexual Assault Response Plan (SAR)</p> <p>Training Records Sexual Assault Investigations</p> <p>Investigative files</p> <p>Retaliation monitoring forms</p> <p>Memo on office of professional review</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Associate Commissioner</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Interview with PREA Monitor</p> <p>Interview with Superintendent</p> <p>Interview with an Investigative Staff</p> <p>Summary Determination</p> <p>Indicator (a) Maine Department of Corrections in Policy 6.11.3 on pages 4 to 6 set</p>

forth the responsibilities of the Detective including the need for a prompt thorough investigation of the facts, a complete report outlining the processes undertaken, and the reasoning behind the findings. The Policy and the SAR define duties and agency policy requires investigation of all allegations including those from third-party or anonymous sources. "All alleged sexual misconduct by a staff person, volunteer or student intern against a prisoner or resident shall be assigned by the Commissioner, or designee, to a facility Correctional Investigator for a criminal investigation. investigator assigned must have received special training in sexual misconduct investigations." Random staff interviewed supported they must report all claims no matter the source or if they believe the incident to have occurred. The Department of Corrections further supports the objective investigatory process through its Office of Professional Review. This office will complete an investigation of any staff-related complaints instead of having the investigative team associated with the facility lead the investigation. The facility Detective confirmed the requirements and the steps she take from point of notification to completion. We discussed the timeliness of her being notified, the various step she and other would take as the investigation begins, the various elements to be reviewed, the interview process and finally the thoughtful consideration of evidence. She reviewed how the third-party case review would occur and how anonymous allegations would be investigated.

Indicator (b) As noted in 115.34 the Maine DOC has several staff who have completed a course through the Moss group on Investigations of Sexual Assaults in a correctional Institution. The training included, the Detective, and the PREA Monitor also trained are several staff from the Maine Correctional Center which provides coverage for the Detective if she is not available. The PREA Policy 6.11.3 also states, "All alleged sexual misconduct by a staff person, volunteer or student intern against a prisoner or resident shall be assigned by the Commissioner, or designee, to a facility Correctional Investigator for a criminal investigation. The investigator assigned must have received special training in sexual misconduct investigations. All alleged sexual misconduct between prisoners or between residents shall be assigned by the facility Chief Administrative Officer, or designee, to a facility Inner Perimeter Security Officer for a criminal investigation and/or possible reporting as a disciplinary violation. The investigator assigned must have received special training in sexual misconduct investigations." Due to the small size of the LCYDC, there is no Inner Perimeter Security staff so the PREA Monitor or staff from MCC could complete administrative investigations. In most cases of Sexual Abuse, they proceed as if there is a potential criminal case. If the initial evidence does not support criminal offense they will continue to determine if policy violations occurred by residents and staff.

Indicator (c) In the Detective's interview of cases with the Auditor she described the steps to gather and preserve evidence. The Detective for LCYDC knew how to collect evidence from a crime scene to ensure the preservation of evidence

including DNA. She spoke on how evidence collected by the SAFE/SANE at the local hospital would become part of the criminal investigative file. She also described the steps to secure witness testimony and video surveillance. is also secured. It should also be noted that the random staff interviewed all were able to explain how to protect evidence until the Detective arrives. Prior to working at LCYDC the investigator was an officer in the IPS team at the Maine Correctional Center. Maine DOC policy speaks to this indicator, "The investigating officer shall secure the place where the incident occurred (if not already secured), and secure any evidence, both direct and circumstantial, including any available physical and DNA evidence; shall interview the alleged victim, suspected perpetrator, and witnesses; and shall review prior complaints and reports of sexual misconduct involving the alleged victim and suspected perpetrator. The investigating officer shall assess credibility on an individual basis without regard to the person's status as a prisoner or resident, staff, volunteer, student intern, or otherwise."

Indicator (d) The Detective confirms they will not terminate an investigation if a resident recants their allegation. In the files reviewed the Auditor was able to see investigations that were completed even after the alleged victim recanted their allegation. The Auditor discussed with the Criminal Investigator about an allegation dating back to 1966 at a Maine Juvenile facility that pre-dated LCYDC. As noted previously the

Indicator (e) The Detective supports that individuals can complete compelled interviews and that they would work closely with the local prosecutor on the case. Policy 6.11.3 describes the expected interactions with the prosecutorial authorities "If the investigator determines that there has been sexual misconduct rising to the level of a criminal offense or juvenile criminal offense, the investigator shall refer the matter to the appropriate criminal or juvenile criminal prosecuting authority, i.e., the Attorney General's office or a District Attorney's office and shall notify the Commissioner, or designee, the Chief Administrative Officer, or designee, and the Department's PREA Coordinator of the referral." The detective does not report having to complete compelled interviews in the past year

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

Indicator (g). All criminal investigations potentially can include a referral to the DOC

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

Indicator (h). All criminal investigations completed by the Detective resulted in a written report as required in the agency's related policies. The investigative files reviewed by the Auditor included documentation of interviews, physical evidence and videos or other documents reviewed as part of the investigatory process. All files also have an investigation checklist to allow tracking of information obtained and a consistent practice. The Auditor reviewed several cases with the Investigator on site as well as with the Criminal Investigator from MCC who covered at LCYDC while the investigator was out on medical leave.

Indicator (i) The Auditor reviewed 23 investigative files from the last 12 months. The files included cases which were were for sexual abuse or sexual harassment.to. There were incidents that were not of a criminal nature that were also substantiated and referred for in house disciplinary considerations. Agency policy requires all criminal acts to be referred for criminal prosecution (policy 6.11.3 page 5). None of the cases required a forensic exam as most contact occurred over clothing. None of the cases were accepted for criminal prosecution.

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

Indicator (k) Agency policy 6.11.3 (page 5) and the Investigators interviewed confirmed individual's departure from the institution would not result in the case being closed. The Detective for LCYDC is a trained law enforcement officer as defined by the Maine Justice Academy with full police authority to go outside the institution to continue to pursue information related to the case. During the past year, the Detective had to investigate a claim of a former resident dating back over 50 years. The reports reviewed with the Auditor thoroughly documented the efforts to investigate the victim's claims.

Indicator (l). As noted above, all agency policy requires that all allegations that appear criminal in nature are referred to the local prosecutor. Though there were no criminal cases of sexual abuse the facility has a track record of working with the courts. Juveniles in the population include pre trial residents who still appear before the court.

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

Compliance Determination:

The Maine Department of Corrections has several policies that support this standard. In accordance with policy 6.11.3 Sexual Misconduct- Reporting and Investigation, requires all incidents are investigated promptly upon notification to staff. This Policy along with 7.1 Criminal Investigations allows for prompt investigations of sexual misconduct and sexual harassment in Maine's DOC facilities by a trained Detective. In determining compliance, the Auditor took into consideration many factors. The Maine Department of Corrections has sufficient and appropriately trained individuals who can complete sexual assault investigations. Maine DOC investigates all potential sexual-related incidents as possible PREA events even if the residents report the actions were consensual. In doing so they ensure all incidents are investigated, and evidence, collected, which provides an opportunity for a reluctant victim to come forward later. As part of the audit process, the Auditor reviewed 23 correctional investigative files incidents at LCYDC in the 12 months prior to the site visit. 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. The Director of operations explained that all PREA incidents are reported through the chain of command in a system called 'blue team'. In this process, DOC central office administration is made aware of incidents in real-time and can monitor incidents and provide resources through PREA Coordinator or the Office of Professional Review as needed.

In the Auditor's interview, the Detective was able to identify the steps taken to gather evidence, how the credibility of the various persons involved is determined on an individual basis, and that polygraph exams would not be required for the initiation of an investigation. Consistent with policy, it was stated investigative reports will be completed on all administrative and criminal investigations. The agency has implemented some forms that direct a consistent formation of a report including the content. The Auditor found consistent reports with physical, testimonial and documentation of evidence used in determining outcome. In determining compliance, the Auditor considered the stated information found in policy and actual investigative files as well as interviews with the investigative staff and a resident who had alleged abuse. Finally, the Auditor also considered the availability of the Office of Professional Review to ensure impartial investigation of

	staff members by investigators who are not associated with the facility is an important practice.
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115.372	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>Policy 6.11.4 Sexual Misconduct (PREA and Maine Statutes) – Administrative Sanction</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with an LCYDC Detective and MCC Detective</p> <p>Summary Determination</p> <p>Indicator (a) Maine DOC Policy 6.11.4 (Page 4) states “The burden of proof for determining whether there is substantiated allegation concerning sexual misconduct, sexual harassment, or another violation of a departmental sexual misconduct policy by a department employee is preponderance of the evidence.” Interviews with Investigative staff support the there is no greater standard that preponderance of evidence in determining the outcome of administrative investigations.</p> <p>Compliance Determination:</p> <p>Compliance was based on the policy and the interview with the Detective and his explanation of case files. This investigator was able to explain if the evidence supported the standard of preponderance of evidence in the case files reviewed. The Auditor reviewed the investigative files including cases that were substantiated, unsubstantiated and unfounded. In each document there is a clear process by which the detective has laid out evidence that supports or does not support the allegations.</p>

115.373	Reporting to residents
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1072 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1174 452">Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p data-bbox="280 488 1327 524">Policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Investigations</p> <p data-bbox="280 560 635 595">LCYDC Investigative files</p> <p data-bbox="280 698 906 734">Individuals interviewed/ observations made.</p> <p data-bbox="280 770 794 806">Interview with an Investigative Staff</p> <p data-bbox="280 842 740 878">Interview with PREA Coordinator</p> <p data-bbox="280 913 683 949">Interview with PREA Monitor</p> <p data-bbox="280 1057 632 1093">Summary Determination</p> <p data-bbox="280 1128 1487 1832">Indicator (a) Maine DOC provides notification to all residents on the outcome of their investigations into sexual misconduct. The agency policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Investigations page 6 requires the notification to residents if the allegation was substantiated, unsubstantiated or determined to be unfounded. Maine DOC provides notification to all residents on the outcome of their investigations into Sexual misconduct. The agency policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Investigations page 7 requires the notification to residents if the allegation was substantiated, unsubstantiated, or determined to be unfounded. In a section of the policy Follow-up with Prisoner or Resident, it states, "1. Following an investigation into a prisoner's or resident's allegation that he or she suffered sexual misconduct or sexual harassment in a Department facility, the Chief Administrative Officer, or designee shall inform the prisoner or resident in writing as to whether the allegation has been determined to be sustained, not sustained, unfounded, or exonerated, if the alleged perpetrator is a prisoner, resident, volunteer, student intern or staff person who is not a state employee." The Auditor was provided example of resident notifications and found more examples in the investigation files reviewed on site and uploaded to the Online Audit System.</p> <p data-bbox="280 2016 1423 2087">Indicator (b) This indicator does not apply as Maine DOC completes criminal and administrative investigations at all DOC facilities.</p>

Indicator (c) The policy (6.11.3) also requires notification if the accused perpetrator is a staff person, contractor or volunteer, if the individual has been removed from areas where they would come in contact or if they have been removed from access to the facility. The policy also requires notifications be made to any resident regarding any indictment or conviction of a perpetrator if the victim is still in custody. The agency notification form uses language directly from the standard as part of the notification process. A resident who had alleged a sexual abuse incident did confirm he was notified of the outcome. Policy language also addresses the indicator. The policy states, "Following an investigation into a prisoner's or resident's allegation that he or she suffered sexual harassment or sexual misconduct by a staff person who is a state employee, the Commissioner, or designee, or Chief Administrative Officer, or designee, as applicable, shall inform the prisoner or resident in writing that the investigation has been completed and shall also inform the prisoner or resident whenever the staff person is no longer posted within the prisoner's or resident's unit or the staff person is no longer employed at the facility."

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

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

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

Compliance Determination:

The Auditor reviewed the form letter in investigatory files for consistency with the standard intent and a consistent application of the process. Maine does not limit outcome notification to sexual abuse cases and will document investigation findings

	<p>by the Detective of sexual harassment cases. I was also able to confirm with a victim that he was informed timely on the outcome of the investigation and subsequent referral for prosecution. The Auditor also took into consideration that the DOC policy addresses the required elements of the standard. Interviews with both the PREA Monitor and Detective confirm they have a clear understanding of the expectation of this standard.</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances</p> <p>Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) General</p> <p>Policy 3.15 Disciplinary Sanction</p> <p>Policy 3.05 Code of Conduct</p> <p>Memo Office of Professional Review</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with an Investigative Officer</p> <p>Interview with Human Resources representative</p> <p>Interview with Superintendent</p> <p>Interview with the Director of Operations</p> <p>PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator (a) Maine DOC provides notification to all employees in several policies on the sanctions for violating agency policies. In its Disciplinary Sanction policy 3.15 (Pages 1, 2) the DOC states the use of sanctions are to “enforce the high standards and to ensure safe and efficient correctional operations”. It goes on further to state</p>

'Misconduct that is considered egregious may result in disciplinary actions including dismissal without progressive discipline.' The DOC Sexual Misconduct Policy 6.11.4 (PREA and Maine Statutes) further supports staff discipline for violation of the Sexual Misconduct policy including termination for those who engage in sexual abuse. It states. "If the violation is that a Department employee engaged in, attempted, threatened, or requested an act constituting sexual misconduct, termination of the employment of the employee shall be the presumptive disciplinary sanction."

Indicator (b) The PREA policy 6.11.4 on page 2 states If the violation is that a Department employee "engaged in, attempted, threatened, or requested an act constituting sexual misconduct, termination of the employment of the employee shall be the presumptive disciplinary sanction". The Auditor confirmed that no staff person was substantiated for sexual misconduct with a resident in the past year as noted on the Online Audit System (OAS) pre-audit documentation. This was confirmed by the Superintendent and the agency PREA Coordinator. The fact that termination is the presumptive discipline for sexual abuse was also confirmed by the Director of Operations for Maine DOC and the Criminal Investigator. Maine DOC has an Office of Professional Review (OPR). The OPR unit is charged with investigations of staff misconduct including sexual abuse or sexual harassment claims. A memo from OPR confirmed there were no investigations of staff in the past year.

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

Indicator (d) The Auditor was able to confirm, with the Maine DOC's Investigator of the Office of Professional Review, that any termination or resignation would not stop the case from being referred for prosecution. Policy 6.11.4 states "Termination of employment for a violation of a departmental sexual misconduct policy or the resignation by a Department employee who would have been terminated if not for his or her resignation, shall be reported to the appropriate criminal prosecuting authority, i.e., the Attorney General's office or a District Attorney's office, unless the activity was clearly not criminal, and to any relevant licensing bodies."

Compliance Determination:

The Maine Department of Corrections policies 6.11. Sexual Misconduct (page 2) and 3.15 Disciplinary Sanction (page 2) address the standard's expectation toward the

	<p>discipline of staff persons who sexually assault or harass an individual in custody. The Maine Department of Correction has created an Office of Professional Review to ensure transparency in the investigative process. Potential disciplinary actions of staff include a variety of sanctions, including termination which will be presumed for a substantiated finding of sexual abuse. The Maine DOC policies also require, consistent with the standard, that criminal acts are referred for prosecution, and misconduct are also reported to appropriate licensing bodies. It was also confirmed that as incidents are investigated, assessments are made on policy compliance including staff person's actions or inaction. Compliance is based on policy, interviews, and the track record of DOC handling of cases.</p>
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115.377 Corrective action for contractors and volunteers	
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>Policy 6.11.4 Sexual Misconduct (PREA /Maine Statutes) Administrative Sanction and Grievances</p> <p>Documentation from contractor and Volunteer education</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with an Investigative Officer</p> <p>Human Resources representatives</p> <p>Interviews with Contracted staff and Volunteer</p> <p>Interview with Superintendent</p> <p>Interview with PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator (a) Maine DOC provides notification to all contractors and volunteers about the agency's zero tolerance for sexual misconduct with residents. This is done through an orientation program for volunteers and contractors. Any violation of</p>

agency policies can lead to an immediate cessation of privileges. This is covered in PREA Policy 6.11.4 (page 3) as well as in the orientation training for all new volunteers. Contracted employees receive the full training on PREA that the DOC staff receive. Both contracted and volunteers sign acknowledgment forms stating they understand an act of sexual misconduct or failure to report such actions could result in termination of access to the facility and when appropriate criminal charges are being filed. If the investigative process reveals the actions were criminal in nature the case would be referred for prosecution and in the case of Wellpath staff the appropriate state licensing body would be informed. There have been no allegations at the Long Creek Youth Development Center.

Indicator (b) Interviews support that violations other than actual sexual assault by a contractor or volunteer would be reviewed to determine if it were appropriate to continue services. The Superintendent confirmed her ability to place contracted staff out on leave and halt access to volunteers during an investigation.

Compliance Determination:

The Long Creek Youth Development Center has contractors and volunteers sign an acknowledgment form that notifies them that any sexual misconduct can result in the termination of privileges and that they may be subjected to civil or criminal prosecution. Upon arrival at the facility, the Auditor was asked to sign for information on PREA. Policy 6.11.4 Sexual Misconduct -Administrative Sanctions (page 3) allows LCYDC to bar entry to any contractor or volunteer to prevent contact with potential victims in incidents of sexual abuse or harassment. The policy requires the agency to refer incidents involving these individuals for investigation by law enforcement agencies. There were no incidents requiring the removal of a contractor or volunteer for sexual assault or sexual harassment according to the Superintendent and the PREA Monitor. Contracted staff were aware that they could be barred for violation of DOC rules related to PREA. The Auditor was able to speak to a volunteer and contractors to confirm their training and understanding of PREA. Compliance is based on policy, supporting documentation, interviews, and the review of the allegation tracker.

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>Policy 6.11.4 Sexual Misconduct (PREA /Maine Statutes) Administrative Sanction and Grievances</p>

Policy 15.03 Resident Discipline

Resident Handbook

Individuals interviewed/ observations made.

Interview with Detective

Interview with Resident

Interview with Superintendent

Interview with PREA Coordinator

Summary Determination

Indicator (a) Residents at Long Creek Youth Development Center who have been found to have engaged in a criminal offense, including sexual assault, are not only subjected to criminal prosecution they are also referred for facility disciplinary hearing. The Agency policy 15.03 Resident Discipline opening statement defines the purpose of discipline in the environment. "Residents, staff, and others have the right to feel safe and be protected from harm. Security and orderly management of the facility must be preserved. Residents who exhibit unacceptable behaviors shall be held accountable by having consequences imposed for their misconduct. The goals of resident accountability are to impose consequences that are directly related to the unacceptable behavior, deter future misconduct, teach new behaviors, and provide a safe and secure environment. "

A review of policy 15.03 (page 4) defines any form of sexual contact including consensual acts as a Major Misconduct. "Sexual Contact (touching of a sexual nature, whether voluntary or involuntary, including kissing or hugging) or Exposure (exposing or fondling one's genitals, female breasts, or buttocks in the presence of another person)." There were no substantiated cases of resident-on-resident sexual assault in the past 12 months that led to criminal prosecution. The facility did have 5 administrative cases of sexual contact which were investigated by criminal investigators. These cases were initiated by staff observations of incidents where residents struck their peer's groin area or buttocks. These incidents appeared to occur in a three-month window and included multiple individuals repeatedly. Though there were no criminal cases the individuals involved received consequences within the institution without the use of segregation reportedly.

Indicator (b) Residents can be sanctioned for engaging in sexual misconduct even if it is consensual. The discipline code defined in Policy 15.03 shows different levels of

sanctions that could be imposed as part of the behavioral system at the facility. Pages 6 and 7 of the policy outline the definitions of and the ranges of consequences for both major and minor misconduct. At each level, the resident has a range of consequences. The following support long periods of isolation are no longer used at Long Creek Youth Development Center.

“A resident whose behavior constitutes major misconduct may receive one or more of the following consequences. Staff shall consider the “totality of the incident” as well as any past misconduct by the resident when prescribing a consequence for major misconduct.

Consequence	Duration
Verbal Redirection/Modification the intended outcome.	To the extent necessary to accomplish
“Unacceptable” Rating misbehavior occurred.	For the rating period during which
Writing Assignment intended outcome.	Sufficient in detail to accomplish the
Extra Work Duties up to four (4) days, as soon as practicable.	Not to exceed one (1) hour per day for
Monetary or Service Restitution	Sufficient for reimbursement of costs
Specific Activity Restriction up to four (4) weeks.	Two (2) activities, loss of privilege for
Unit Restriction may be consecutive or intermittent.	No more than thirty (30) hours, which
Pod Restriction may be consecutive or intermittent.”	No more than thirty (30) hours, which

The facility was built with a traditional restrictive housing unit, but logbooks reviewed and interviews with the Security Director supported the space is not used for isolation other than for medical concerns during the recent COVID crisis or for an individual on constant observation for a mental health concern.

Indicator (c) Residents who engage in sexual misconduct are afforded a hearing before any formal sanction is imposed. If the resident is found guilty of violating the resident's behavioral expectations the policy states “The Superintendent, or designee, may affirm, modify, or reverse the decision of the hearing officer and/or recommended consequence or consequences or remand the matter to the

hearing officer or other person involved in the violation process. In the case of a resident who has been identified as mentally ill or developmentally disabled, the Superintendent, or designee, shall consult with the appropriate mental health staff prior to determining the consequence or consequences.” (page 13). This was confirmed in the Superintendent’s interview with the Auditor and all individuals who are victims or perpetrators of sexual violence would be seen by mental health.

Indicator (d) As noted in indicator (c) the Superintendent confirmed that residents involved in incidents of sexual misconduct are afforded services through the facility’s mental health team or through the local rape crisis agency. A review of investigation files supported that referrals to mental health had occurred and Mental Health charts support residents were seen. PREA Policy 6.11.5 sets forth an expectation that residents who commit or experience sexual violence are referred for treatment. “If a screening or assessment indicates or a staff person otherwise receives information that a prisoner or resident has experienced prior sexual misconduct or has previously perpetrated sexual misconduct, whether it occurred in an institutional setting or in the community, staff shall ensure that the prisoner or resident is offered a referral to facility mental health staff within seven (7) days. If medical treatment is needed for a physical injury, the staff person shall ensure that it is offered immediately.” Mental health staff support that any incident that occurs in the facility would include an immediate response by the mental health team.

Indicator (e) The investigative staff and facility PREA Monitor confirmed that residents who engage in sexual misconduct with staff will not be disciplined unless it is proven the staff did not consent. The facility has not had any such cases in the last three years. Page 4 of Policy 6.11.4 states “A prisoner or resident may not be disciplined for sexual activity with staff, except upon a finding that the staff person did not consent to such activity.” There were two allegations of staff sexual misconduct that were reviewed from statements of residents. In one event the finding was unfounded as video evidence shows the alleged incident did not occur. The second investigation was into an allegation from several years prior but the individual refused to provide any information to allow investigators to pursue the case.

Indicator (f) Page four of Policy 6.11.4 states a resident cannot be disciplined for a PREA allegation unless it is proven the allegation was filed in bad faith. The Investigative Officer must conclude this then the resident would be subject to a Major Violation as defined in the Resident Discipline policy 15.3 (page 4) for Dishonesty. There were investigations that were unfounded and supported by evidence that residents lied in the case. The PREA Monitor confirmed that residents are referred for discipline when this occurs.

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

Compliance Determination:

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

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

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>Policy 6.11.2 Sexual Misconduct (PREA and the Maine Statutes) Prevention</p> <p>Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding</p> <p>13.4 Health Screening and Assessment</p> <p>13.5 Healthcare</p> <p>13.6 Mental Health Services</p>

Resident intakes showing referral to Mental health

Resident records

Individuals interviewed/ observations made.

Interviews with Medical Staff

Interviews with Mental Health Staff

Interview with residents

Interview with PREA Coordinator

Observation of Electronic Medical records and CORIS

Summary Determination

Indicator (a) The Maine Department of Corrections has several policies that address the requirement the Agency's PREA Policy 6.11.5, the Health Screening and Assessment 13.4, and Mental Health Services 13.6 all address the screening process of youth including identification of individuals with past trauma including sexual abuse. Residents who are identified through the screening process or who admit a history of sexual trauma can be referred to either Wellpath Mental Health Services or to the local rape crisis agency. The Auditor confirmed this practice through the review of documented cases in client files and through interviews with residents and Mental health and Medical staff. Policy 13.04 (JF) - HEALTH SCREENING AND ASSESSMENT (page 4) states " The resident shall be interviewed by intake health care staff to establish the resident's history of sexually assaultive behavior or risk of sexual victimization. The resident shall be monitored by staff and counseled by mental health staff as appropriate." This ensures if the resident does not disclose to custody staff during the PREA screening the resident has a second opportunity to disclose to medical staff. In either opportunity, the requirement is the completion of a referral to mental health. Resident interviews support that access to mental health services is unencumbered. The facility provided documentation that supports that juveniles who disclose past victimization are seen by mental health services. The facility reports a 100% practice of offering Mental health services to individuals who report sexual abuse histories.

Indicator (b) Residents who engage in sexual assault or have a history of sexual offenses are automatically referred to Mental Health for an assessment Some individuals may be placed in specific programming for sexual offenders. Policy 13.06 Mental Health Services requires all residents are seen by mental health within 14 days of admission. The Auditor found examples in the file reviews and confirmed in interviews with residents. The Auditor did see in investigation files that individuals

involved in allegations of sexual misconduct are referred to mental health. PREA policy 6.11.5 also addresses the requirement of referring individuals with a victimization history to appropriate clinical services. "If a screening or assessment indicates or a staff person otherwise receives information that a prisoner or resident has experienced prior sexual misconduct or has previously perpetrated sexual misconduct, whether it occurred in an institutional setting or in the community, staff shall ensure that the prisoner or resident is offered a referral to facility mental health staff within seven (7) days. If medical treatment is needed for a physical injury, the staff person shall ensure that it is offered immediately.

Indicator (c) PREA policy 6.11.5, as noted in indicator (b), requires that residents with a prior sexual aggressive history are to be seen by the appropriate medical/mental health provider to ensure the unit team has sufficient information to plan for the client's needs in the first 7 days. Information disclosed by a resident about prior abuse history other than in screening tool information is part of the medical and mental health chart. Only information pertinent to the resident's treatment is disclosed to ensure safe placement in housing, education, programming, treatment, and work assignments. The Auditor confirmed through interviews with intake staff, case management staff, medical staff, Mental health Staff, Unit Management, and the PREA Coordinator that sensitive information is protected. Residents' treatment plans can provide staff with special treatment plans to help the youth in the environment without disclosing specific information about their past actions. Mental health staff report they provide supportive services during the resident's initial admission but that therapeutic intervention may have to wait until the client is sentenced due to uncertainty of length of stay.

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

Compliance Determination:

All residents are screened when they arrive at the Long Creek Youth Development Center. Residents are screened by custody and medical staff. Residents with sexual assault histories and sexual victimization histories are offered treatment in a meeting with a mental health professional within 14 days of admission. Wellpath

	<p>Medical staff have several intake questions that are PREA-related, this allows residents who did not disclose concerns at admission a second opportunity to disclose in a medical environment. The Auditor confirmed medical and mental health records are not accessible to the custody staff. CORIS, the DOC electronic case management system, has access controls and similarly, the Wellpath Electronic Medical Records (EMR) limits access to the most vulnerable information protecting the residents from having information exploited. Supporting documentation provided to the Auditor showed how Medical informs Mental Health who follows up on any disclosure of sexual abuse. Compliance was based on policies noted, the documentation provided showing referrals for treatment follow-up, the security of records. Interviews with staff and residents, and information provided on tours by the Medical and Mental Health staff further support individuals' access to appropriate healthcare no matter where the abuse has occurred in their life.</p>
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed. Long Creek Youth Development Center Pre-Audit Questionnaire Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding Policy 13.03 Healthcare Policy 13.06 Mental Health Services Resident records State Statute 24-2986 Victims Compensation Board billing Attorney General's Protocol for Treatment of sexual abuse victims.</p> <p>Individuals interviewed/ observations made. Interviews with Medical Staff Interviews with Mental Health Staff Interview with Residents Interview with PREA Coordinator Observation of the medical unit</p> <p>Summary Determination Indicator (a) The Long Creek Youth Development Center has a full-service medical clinic that operates around the clock. Registered Nurses are always available and there is after-hours availability of on-call medical and mental health practitioners. The services are diverse and consistent with community health clinics. Residents report access to these services if they are in crisis. Medical staff report having medical autonomy if the resident must go out of the building for emergency services to facilitate that trip. The Wellpath medical staff state the facility administration is supportive of the work they do, and they work to resolve issues when they arise. Client files support quick access to health services in response to</p>

PREA allegations including, when appropriate, the referral to a local hospital for SANE services. Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding states "The Chief Administrative Officer, or designee, shall ensure that alleged victims of sexual misconduct receive immediate, unimpeded access to medical and mental health services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment." Nurses spoken with at the local hospital and health care staff in the facility supported access to prophylactic medications and access to appropriate contraception services. Medical staff confirmed that if a resident initially refused such services in the hospital the resident would be educated again about the purpose of each recommended intervention and could still be offered the appropriate services at the facility. Nurses are required to see the juvenile upon return from the hospital to review any follow-up recommendations in the discharge services. There were no cases of individuals sent to the hospital for sexual abuse services and as such no files to review.

Indicator (b) Medical services are available 24 hours per day at the Long Creek Youth Development Center. Random staff knew as part of their first responder duties, that immediate notification to medical was required. This is also stated in the facility's Sexual Assault Response plan. The Healthcare Policy 13.3 Access to Care ensures immediate responses to medical emergencies. "Health care, security, and other staff determined appropriate by the Chief Administrative Officer, shall be trained to respond within four (4) minutes as first responders to emergency health care situations. Annual training for first responders shall include recognition of signs and symptoms and knowledge of required actions in emergencies, administration of basic first aid, certification in performing CPR, and methods of obtaining assistance, including assistance from poison control and transporting by EMS. The training shall also include recognition of signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal, developmental disability, suicide risk and suicidal behavior, and appropriate responses. When a resident is in need of hospitalization, a staff member shall accompany the resident and stay with the resident at least during admission. At each facility, the Health Services Administrator (HSA), or designee, and mental health staff shall provide a list of on-call staff to be notified of medical and mental health emergencies." Interviews support appropriate access is available free of charge.

Indicator (c) Discussions with both hospital staff and facility medical staff confirm that sexual assault victims would be offered prophylaxis medications. The Auditor confirmed the same medications would be offered to the resident again upon return from a forensic exam even if they initially denied it. Medical staff confirmed they would educate the resident on the importance of such medications for continued health. Investigative files support the offering of medications for STDs. There were no instances requiring emergency contraception. Medical staff at the hospital confirmed that emergency contraception is available to victims. The requirements of this indicator are covered in the Attorney General's Protocol on Pages 51-55

Indicator (d) The Auditor confirmed that Wellpath medical services related to sexual assault victims are provided without cost. This is guaranteed in policy 6.11. The

	<p>Auditor also confirmed that victims of sexual assault are provided initial and follow-up services at a local hospital through funding from the state. This is done to encourage all victims to come forward for help. The Medical team at LCYDC would function in the same way by providing follow-up care. The state statute was provided by the facility further confirming no cost to victims of sexual abuse, the state's Protocol for sexual abuse victims also addresses this indicator on page 67 where hospitals are instructed to send billing to the state victim's compensation fund.</p> <p>Compliance Determination: LCYDC has the services in place to ensure a quick response to victims of sexual abuse. The facility has a process in place to provide emergency care and referral to a local hospital for forensic services. The agency response plan for PREA incidents outlines the steps taken to ensure access to care. Maine DOC has on-site medical nursing staff 24 hours per day. The facility also has on-call providers that can help to facilitate the referral to an outside medical hospital. Absent a sexual abuse case compliance is based on policy, staff understanding of expectations, the availability of onsite medical and mental health resources, and the ability to access SANE nursing services at both local hospitals and evidence in client files supporting standard expectation.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding</p> <p>Attorney General's Protocol for sexual abuse victims</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Medical Staff</p> <p>Interview with Resident</p> <p>Interview with SARSSM</p> <p>Interview with PREA Coordinator</p>

Observation of the medical unit

Summary Determination

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

Indicator (b) Residents who are victims of sexual assault in a Maine correctional institution are immediately referred to mental health services as well as medical services. If the services are provided initially in a hospital setting, as would occur in a forensic exam, Wellpath can provide the appropriate follow-up services. The Wellpath Medical and Mental Health staff spoken with confirmed, as did the SARSSM representative, that they would make referrals to ensure continuity of care if the resident were released home or transferred to another facility. Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding states "If a prisoner or resident has been transported to the hospital, upon return to the facility, the facility medical staff shall thoroughly review the discharge instructions, carry out orders as appropriate, and develop treatment plans for alleged victims, which shall include, as appropriate, follow-up services, and when necessary, referrals for continued care following release from custody. Facility medical staff shall document in the prisoner's or resident's health care record."

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

Mental Health Services and Medical Services. The medical and mental health services in this standard are spelled out in the Attorney General's protocol for victims of sexual abuse.

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

Indicator (e) As noted in Indicator (d) client victims are provided pregnancy-related services at LCYDC. Residents who become pregnant because of a sexual assault would receive counseling from a medical provider. Medical staff confirmed that residents can be referred to specialists as needed.

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

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

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

	<p>follow-ups have occurred.</p> <p>Compliance Determination:</p> <p>The Maine Department of Corrections ensures residents have ongoing access to services that address the healthcare needs of resident victims of sexual abuse. The Auditor reviewed the healthcare policies and found several references that address standard indicators along with information from the PREA policies. Wellpath, the DOC health services provider, would provide follow-up medical and mental health services for victims of sexual assault or perpetrators of sexual offenses. Wellpath would ensure that all medical needs and follow-up treatment were provided after an initial referral to the local hospital for a forensic exam. Medical staff confirmed that they could educate residents about the importance of pregnancy testing, STD testing, and prophylactic treatments if they initially refused these treatments at the hospital. Compliance is based on the resources available on-site and community-based services, the interviews with medical and mental health staff as well as interviews with representatives of SARSSM and client files.</p>
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>Policy 6.11.1 Sexual Misconduct (PREA and the Maine Statutes)</p> <p>Incident review form</p> <p>LCYDC Investigation Data</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Detective</p> <p>Interview with Superintendent</p> <p>Interview with PREA Coordinator and PREA Manager</p> <p>Summary Determination</p> <p>Indicator (a) Policy 6.11.1 (page 2) sets forth the requirement of an incident review</p>

on all cases of sexual misconduct unless the investigation has determined the allegation was unfounded. The policy goes on to describe the individuals who should be on the review team and the information that should be considered. ““The facility PREA Monitor, or designee, shall ensure that a sexual misconduct incident review is conducted at the conclusion of every sexual misconduct investigation, including when the allegation has been determined to be unsubstantiated unless the allegation has been determined to be unfounded.

a. Such review shall ordinarily occur within thirty (30) days of the conclusion of the investigation.

b. The review team shall include upper-level management officials, with input from line supervisors, investigators, the PREA Monitor, and medical or mental health care staff. The Department’s PREA Coordinator shall also be invited to be a member of the review team.”

The Auditor was provided with examples of the review team's findings on the Maine Department of Corrections Sexual Misconduct Review form. The facility provided aggregate data in the investigative file which was used to confirm the number of expected incident reviews held. The facility investigated 8 cases according to the OAS.

Indicator (b) The policy states the review should occur within 30 days of the investigation conclusion. The sample provided in the electronic file supports that this time frame was met. The Auditor reviewed several files and found that the reviews Occurred within one month of the completion of the investigation.

Indicator (c) As noted in indicator (a) the policy language addresses the multi-discipline nature of the team. In a review of the documentation provided and various staff interviewed, the multi-disciplinary nature of the team was confirmed. The review team in the incident provided included The Superintendent, the Deputy Superintendent, the Director of Security, a line Supervisor, the PREA Coordinator, and the PREA Monitor. Medical and Mental Health were not involved in all cases as some were determined to be inappropriate contact over cloathin as horseplay.

Indicator (d) The elements described in this indicator are all covered in policy 6.11.1 the Maine DOC PREA policy on page 2. The elements described in this indicator are all covered in policy 6.11.1 page 2. It states, “The review team shall:

1) Consider whether the allegation or investigation indicates a need to change policy, procedure, or practice to prevent, detect, or respond to sexual misconduct;

2) Consider whether the incident or allegation was motivated by race; ethnicity; gender; gender identity; lesbian, gay, bisexual, transgender, or intersex identification status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

3) Examine the area in the facility where the incident allegedly occurred to

- determine whether physical layout or barriers in the area might enable misconduct;
- 4) Assess the adequacy of staffing levels in that area during different shifts;
 - 5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
 - 6) Prepare a report of its findings, including but not necessarily limited to, determinations required to be made as set out above, and any recommendations for improvement, and submit such report to the Chief

Administrative Officer and the Department's PREA Coordinator."

The agency form used to document the review panel's considerations includes the required information. The form asked if policy needs to be reviewed, it looks at the underlying motivation of the incident including if the victim was targeted due to their perceived membership of a particular group. It goes on to look at staffing, physical plant issues, and surveillance needs.

Indicator (e) The form used in Maine DOC facilities documents the findings of the various questions in this standard. It provides the reader with information if the team has determined the cause of the abuse was related to the six sub-indicators described in (d) along with any recommended actions to take place. In the form reviewed by the Auditor there were immediate recommendations on staff training and the report documented ongoing steps including retaliation monitoring. The policy covers this indicator when it states, "The Chief Administrative Officer shall implement the recommendations for improvement made by the review team or shall document any reasons for not doing so."

Compliance Determination:

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

115.387	Data collection
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1174 452">Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p data-bbox="280 488 1390 524">Policy 6.11.1 Sexual Misconduct (PREA and the Maine Statutes) Administration</p> <p data-bbox="280 560 647 595">Institutional data tracking</p> <p data-bbox="280 631 588 667">Agency annual report</p> <p data-bbox="280 703 448 739">SSV sample</p> <p data-bbox="280 775 719 810">Supervisor checklist document</p> <p data-bbox="280 846 1150 882">Maine DOC agreement to participate in national PREA survey.</p> <p data-bbox="280 985 906 1021">Individuals interviewed/ observations made.</p> <p data-bbox="280 1057 804 1093">Interview with Director of Operations</p> <p data-bbox="280 1128 740 1164">Interview with PREA Coordinator</p> <p data-bbox="280 1267 632 1303">Summary Determination</p> <p data-bbox="280 1348 1485 1590">Indicator (a) The agency collects data consistent with the policy definitions which were developed to be consistent with the standard. Policy 6.11.1 Sexual Misconduct (PREA and the Maine Statutes) Administration states “Each facility’s PREA Monitor shall ensure the collection of incident-based sexual misconduct data and shall report that data to the Department’s PREA Coordinator at least annually, who shall aggregate it for all Department facilities.</p> <p data-bbox="280 1626 1422 1742">a. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p data-bbox="280 1778 1477 1895">b. The Department’s PREA Coordinator shall collect and review data as needed from all available incident-based documents, including reports, investigation files, and sexual misconduct incident reviews.</p> <p data-bbox="280 1930 1469 2011">c. The Department’s PREA Coordinator shall maintain the data reported or collected for at least ten (10) years.</p> <p data-bbox="280 2047 1414 2083">d. Upon request, the Department’s PREA Coordinator shall provide all such data</p>

from the previous calendar year to the Department of Justice no later than June 30.

e. At least annually, all aggregated sexual misconduct data shall be made readily available to the public through the Department's website; after all personal identifiers have been removed."

The Auditor was provided a copy of the PREA Incident Data tracker, incident checklist and incident files which all can be use to fill out the Survey of Sexual Violence (SSV) if requested. These toore consistent information is available at both the facility and agency level.

Indicator (b) The agency completes an annual report with aggregate data from the Long Creek Youth Development Center. The Auditor was able to see the data from 2022 and the PREA Monitor provided data produced so far in 2023. The Auditor also reviewed the agency's annual report and data from the facility's most recent Performance Based Standards collection period on PREA.

Indicator (c) The Auditor was able to confirm the various elements of the Survey of Sexual Violence are maintained and could be used to complete the report if requested by the Department of Justice. There has not been a request by the Department of Justice for a Survey of Sexual Violence report for the Long Creek Youth Development Center. Interviews with both the Facility PREA Monitor and the state PREA Coordinator confirmed the elements were tracked. The Auditor also took into consideration information reviewed in investigatory files. A sample of the ability to complete the SSV was provided from 2021. As noted in Indicator (a) the agency' policy 6.11.1 addresses this portion of the standard.

Indicator (d) The agency has rules on the retention of records at all DOC facilities. Copies of criminal files involving resident on resident contact will be retained locally with a copy to the agency PREA Coordinator. If the alleged incident involved a staff person as the accused perpetrator the Maine DOC Office of Professional Review would retain the copy of the incident. The PREA Coordinator would receive all incident outcomes and ensure data accuracy. As noted in Indicator (a) the agency' policy 6.11.1 addresses this portion of the standard.

Indicator (e) The Department of Corrections as noted in 115.312 attempted to open community confinement facility in this past for juveniles but it did not occur for varied reasons including the pandemic. The PREA Coordinator was aware that data must be obtained for any contracted sites. She confirmed they receive information through the jail bed program that they use in the adult facilities.

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

Compliance Determination:

	<p>The Auditor has found the standard to be compliant. The Maine DOC has a system in place for collecting uniform data that could be used to complete the Survey of Sexual Violence. The 2019 Maine Department of Corrections Prevention of Rape in Prison report outlines the efforts including data for each of Maine DOC's adult and juvenile facilities. The agency policy 6.11.1 pg.3 commits the agency to comply with the data collection requirement of the standard. The policy states "Each facility's PREA Monitor shall ensure the collection of incident-based sexual misconduct data and shall report that data to the Department's PREA Coordinator at least annually, who shall aggregate it for all Department facilities." The agency has not been required to complete the Survey of Sexual Violence for this year, but the State PREA Coordinator reports she has all the information available to complete the report and provided the previous year's report to further support their compliance.</p>
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115.388	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>Policy 6.11.1 Sexual Misconduct</p> <p>Annual Report</p> <p>Agency Website</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Director of Operations</p> <p>Interview with the Superintendent</p> <p>Interview with Agency PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Corrections utilizes both data related to PREA incidents and data related to other critical safety incidents to determine program improvements. The department's central office staff and the facility's administrative team review critical incidents with an eye toward improving safety. Interviews with the Superintendent, and Director of Operations support critical analysis occur not only at the facility level but also at a system level. Examples were provided of how</p>

	<p>improvements have been used across the system to improve safety. The Superintendent also confirmed trends are used to further guide policy/ procedural practices or the disbursement of resources.</p> <p>Indicator (b) The Maine Department of Corrections annual report has a comparison by each facility on the number of sexual assault and sexual harassment claims. Each facility's data compares the current year to the prior year's data. The report shows if the accused was a staff or a resident and provides the outcome determination.</p> <p>Indicator (c) The Deputy Director of Operations confirms the PREA report developed by the agency PREA Coordinator is approved by the Commissioner before being placed on the agency's website.</p> <p>Indicator (d) The DOC removes all identifiers from summary reports. The Auditor was able to review several documented reports on PREA that show cumulative data without utilizing identifiers.</p> <p>Compliance Determination:</p> <p>Maine Department of Corrections meets the requirements of this standard in Policy 6.11.1 page three. The data elements are required to be reviewed by the agency PREA Coordinator to ensure consistent data. Interviews with the Director of Operations and the Superintendent supported they utilize data to make informed decisions on programmatic and policy needs. This is consistent with the standard expectation to do a 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.</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p>

Policy 5.3 Computer Safety

Maine Statute (Title 5 pg. 65)

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Intake staff persons

Medical and Mental health staff

File Security

Summary Determination

Indicator (a) The Maine Department of Corrections has policies that protect the security of information. Policies 5.3 and 6.11 outline the safety of PREA information and who has access. Discussions with PREA Coordinator, the Individual who completes screenings, and medical and mental health staff describe a layer of controls in place to ensure no unnecessary disclosure. The Auditor also reviewed with facility staff how residents' custody and healthcare are protected. The Maine DOC Coris System uses protections to limit access by individuals' job descriptions and permissions. Investigative files are controlled further through the use of a siloed investigation database. This ensures that all information is protected and only can be seen by individuals with approvals. The Medical and Mental Health records that may include information about resident is only able to be accessed by Wellpath staff and has levels of encryption and permissions to control access.

Indicator (b) The Maine Department of Corrections ensures the information related to PREA incidents and the agency's efforts to support a zero-tolerance culture are published in an annual report available on the agency website.

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

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

Compliance Determination:

The Standard is compliant, Maine State Statute (Title 5) and Department of Correction policies ensure that records are maintained in a secure manner. Since much of DOC documentation lies within the CORIS information system policy 5.3

	<p>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. PREA Policy 6.11 requires “The Department’s PREA Coordinator shall maintain the data reported or collected for at least ten (10) years.” DOC PREA Coordinator confirmed compliance with this standard’s expectations.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Long Creek Youth Development Center Pre-Audit Questionnaire</p> <p>Maine Department of Corrections website</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Corrections website shows all its current and former facilities have been audited for PREA Compliance starting in 2014. The website supports that the audits are ongoing every three years since the initial audits. Long Creek Youth Development is the only Juvenile facility that the department operates.</p> <p>Indicator (b) The Maine DOC has no less than one facility audited in a year. The number of DOC facilities audited per year has been impacted by the closing of facilities and the combination of other institutions. The 6 current adult and juvenile facilities have all been audited in the past three years.</p> <p>Indicator (h) The Auditor did have open access to all parts of the facility. The Auditor was able to move freely about the housing units on the tour to be able to speak informally with juveniles to ensure they were aware of the Audit, the agency’s efforts to educate juveniles, and how to seek assistance if the need arose. Large portions of the facility are not currently in use but the auditor visited the spaces to</p>

see the conditions, signage and ensure areas adjacent to where juvenile move are secured.

Indicator (i) The Maine Department of Corrections used the Online audit system to maintain their auditing files. The web-based application allows for electronic storage of information. The Auditor was also able to get copies of other documentation as requested on-site. The PREACoordinator and PREA Monitor were able to provide documentation during the post-audit period to further support compliance.

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

Indicator (n) The Auditor did not receive confidential correspondence during the initial posting of the Audit that was scheduled and the postings were placed up in the facility in multiple places but no correspondence was received. The Auditor's information was posted and electronically verified in advance of the site visit and during the tour and resident interviews. During the audit, the facility Superintendent and PREA Manager was informed the posting should remain up until the final report is issued.

Compliance Determination:

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

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Long Creek Youth Development Center Pre-Audit Questionnaire

Maine Department of Correction website

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Summary Determination

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

Compliance Determination:

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

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

	Residents who have speech disabilities?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	na
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	na
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371	Criminal and administrative agency investigations	

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes