

## Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim       Final

Date of Report    8-15-19

### Auditor Information

Name: Jack Fitzgerald	Email: jffitzgerald@snet.net
Company Name: Fitzgerald Correctional Consulting LLC.	
Mailing Address: 87 Sharon Drive	City, State, Zip: Wallingford Ct
Telephone: 203-694-4241	Date of Facility Visit: June 16-21 2019

### Agency Information

Name of Agency: Maine Department of Corrections		Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.	
Physical Address: 25 Tyson Drive		City, State, Zip: Augusta ME 04333	
Mailing Address: same		City, State, Zip: same	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: Maine.gov/corrections			

### Agency Chief Executive Officer

Name: Randall Liberty – Commissioner - Maine Department of Corrections	
Email: Randall.Liberty @maine.gov	Telephone: 207-287-2711

### Agency-Wide PREA Coordinator

Name: William Teer	
Email: William.Teer@maine.gov	Telephone: 207-620-4300
PREA Coordinator Reports to: Ryan Anderson - Manager of Correctional Operations	Number of Compliance Managers who report to the PREA Coordinator: 5

## Facility Information

**Name of Facility:** Bolduc Correctional Facility

**Physical Address:** 516 Cushing Road

**City, State, Zip:** Warren Maine 04864

**Mailing Address (if different from above):**  
Click or tap here to enter text.

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

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Website with PREA Information:** Maine.gov/corrections

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

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

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.)

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
Click or tap here to enter text.

### Facility Director

**Name:** Russell Worcester

**Email:** Russell.Worcester@maine.gov

**Telephone:** 207-273-5123

### Facility PREA Compliance Manager

**Name:** Dale Tobey

**Email:** Dale.Tobey@maine.gov

**Telephone:** 207-273-5123

### Facility Health Service Administrator N/A

**Name:** Daniel Ritter

**Email:** DRitter@Wellpath.us

**Telephone:** 207 273-5481

Facility Characteristics	
Designated Facility Capacity:	222
Current Population of Facility:	217
Average daily population for the past 12 months:	218
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	24-62
Average length of stay or time under supervision	24 months
Facility security levels/resident custody levels	Minimum - Community
Number of residents admitted to facility during the past 12 months	264
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	264
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	264
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	57
Number of staff hired by the facility during the past 12 months who may have contact with residents:	0

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	39
Number of volunteers who have contact with residents, currently authorized to enter the facility:	61
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	18
<p><b>Number of resident housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	2
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	56
Number of open bay/dorm housing units:	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## Medical and Mental Health Services and Forensic Medical Exams

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

## Investigations

### Criminal Investigations

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

### Administrative Investigations

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

# Audit Findings

## Audit Narrative

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

United States Department of Justice Certified PREA Auditor Jack Fitzgerald completed the 2019 PREA Audit of Bolduc Correctional Facility (BCF) in Warren Maine. The Bolduc Corrections Facility is located adjacent to the state's largest and most secure facility the Maine State Prison (MSP). Bolduc was audited utilizing the Community Confinement standards as the facility is an open campus with inmates who work on-site and in the community. Mr. Fitzgerald is the owner of Fitzgerald Correctional Consulting LLC of Wallingford CT. In January of this year, Mr. Fitzgerald began discussions with the Maine Department of Corrections PREA Coordinator William Teer on potential dates for the Audit. The Auditor originally received a contract with the Department of Corrections in Maine through a Request For Proposal (RFP) which has been renewed. In early January 2019, the parties agreed the third week in June would be the dates for the audit of BCF and its neighbor the Maine State Prison. On January 17<sup>th</sup> a second discussion occurred in which the parties agreed upon dates by which access to the POWER DMS site would occur to allow file reviews and Pre-Audit tool review. Since Mr. Teer was new in his role, the Auditor reviewed the process and philosophy the Auditor uses to provide a fair, objective and comprehensive audit of correctional practices consistent with the required standards. In the discussion the Auditor reviewed the expectation on access to information prior to the site visit, the logistics of information exchanges as the Auditor completes his pre site file review, the typical audit schedule and how communication should occur if either side had questions. The facility agreed upon having the materials uploaded before May 1st but full access was delayed over the first weekend due to certain access rights. Once the Auditors access was corrected, the PREA Coordinator was provided with information from an initial review. The Auditor commented on if additional information was required to prove the standard or if the Auditor needed clarification of the materials presented. Throughout the remaining pre-audit period, there was exchange of emails and phone calls to support the audit process during which information about the electronic files or the Pre-Audit tool were resolved. Information included supporting documentation and policies.

The Auditor provided an Audit notice in English and Spanish; the two most common languages spoken at the facility. The facility sent photo evidence of the posting on April 16<sup>th</sup> prior to the six-week required before the site visit. The Auditor did not receive any correspondence related to the postings from inmates, staff or other interested parties. During the on-site visit, the Auditor was able to see the posting during the tour of the facility in both housing units and the main building. The Auditor also confirmed, with staff and inmates, that the posting had been up for a period of time. Residents were aware that out going professional mail would not be screened or restricted. During the pre-audit phase, the Auditor also gave a tentative understanding of the audit schedule, the goal of the audit, the Auditor's need for full access, how potential corrective action measures would be handled and how the Auditor uses multiple factors in determining if a standard is compliant.

The Auditor asked the facility for the following items to be available either in advance or at the time of the Audit: a complete inmate roster, for a list of inmates who meet the standard descriptions for targeted individuals, an employee roster including volunteers and inmates, the grievance log, the investigative files including , documentation of tours, and inmate files. The Auditor also received the facility's employees' records and a list staff who would meet the requirement of specialized staff.

Specialized Staff Interviews	
Position described in standards	Title or agency who provided information to answer required questions.
Agency Contract Administrator	Manager of Correctional Operations
Medical Staff	Wellpath nursing staff (3)
Mental Health Staff	Wellpath Psychiatrist (1) Mental Health Clinician (1)
Individuals who have done cross gender searches	N/A no individual has completed a cross gender search
Administrative Staff	Human Resources (1)
SAFE/SANE	Waldo General Hospital (1) State Coordinator of SANE training (1)
Volunteers or Contractors who have contact with residents	Wellpath staff Volunteer – Educational services
Investigative Staff	SII Corporal
Screening Staff and screening	Duty Sergeant, PREA Monitor, Classification Officer
Local Rape Crisis Agency	Sexual Assault Support Services of Mid-Coast Maine
Individuals responsible for retaliation monitoring	PREA Monitor
First Responder	No incident required
Outside reporting option	Knox County Sheriff's office Sexual Assault Support Services of Mid-Coast Maine
Random Staff Interviews	
12 interviews	Completed 14

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

Administrative Interviews	
Agency Head	Gary LaPlante – Director of Correctional Operations Maine Department of Corrections
PREA Coordinator	William Teer- PREA Coordinator
Facility Director	Russell Worcester– Acting Director
PREA Manager	Dale Tobey Jr.

The Auditor utilized regional resources identified by the facility to address specialized interview topics that the agency does not employ. The goal of this process was to ensure enough resources were available to the

clients in event of a sexual assault. The Auditor received information by email or through direct communication with individuals outside Bolduc Correctional to assist in determining standard compliance. The Auditor also did web based searches for news stories, state laws related to mandated reporting, state required protocols for sexual assault case handling and SAFE/SANE Certification process requirements. The Bolduc Correctional Facility contracts with Wellpath for Medical and Mental Health Services. Wellpath, of Nashville Tennessee, is the new name of the joining of two medical service providers; Correctional Medical Group Companies and Correct Care Solutions. The latter was the existing contract services provider at Maine DOC facilities. Though Wellpath has significant medical services available on site at BCF or the neighboring Maine State Prison inmates would be sent out for SAFE or SANE services. In discussions with staff and community representatives BCF and MSP have several options in local hospitals within a 30-mile radius that have SAFE/SANE trained individuals. BCF has not had a staff who has acted in the role of First Responder.

Where appropriate, the Auditor utilized information from random staff interviews to help in the determination of compliance in his review of standards. The Auditor also looked for consistency of staff and inmates' answers on a variety of PREA related questions during informal interactions on the tour and during the Auditor's time on-site. Informal contacts during the tour included an additional 7 staff and 19 inmates. The Auditor arrived to begin the onsite portion of the Bolduc Correctional Facility at 6:45 am on June 20 working an 11.5-hour day and the second day the Auditor completed 10.5 hours. The Auditor had completed a site visit to BCF inmates work site at the Maine State Prison Store in Thomaston Maine as well as completed several interviews earlier in the week that applied to both MSP and BCF. Interview time for the State PREA Coordinator, the Agency Head and the Mental Health Director and the previous documented site visits gives the total time onsite of approximately 25 hours. On the first day the Auditor an entrance meeting was held with the State PREA Coordinator William Teer, the Manager of Correctional Operations Ryan Anderson, the facility PREA Monitor Sgt. Dale Toby Jr. and the Acting BCF Director Russell Worcester (here in referred to as the Director). The Auditor reviewed with the group the goals of the audit, the tentative schedule, the areas that need onsite confirmation, the targeted interview list of staff and residents. After the completion of the entrance meeting the Director, PREA Coordinator, PREA Monitor and the Auditor toured the entire complex including the farm and all outbuildings including buildings not currently in use. After the tour the Auditor was provided with a private interview space to start the interviews of staff and inmates. The Auditor worked with the facility Administration to identify *Targeted Residents* for interviews to be completed. The current population make up did not allow for the identification of residents in each of the targeted categories for Community Confinement facilities as promulgated by Auditor Handbook. BCF did not have any current resident who identified as Transgender or Intersex nor did they have any individual who had made a claim of sexual abuse at time of the onsite visit. The facility also had no individuals who were LEP or with significant cognitive delays. Since the minimum number of targeted individuals could not be identified the Auditor expanded the interviews to include the two of the oldest residents in the population and one of the youngest inmates with minimal prior institutional experience. The reasoning for picking these individuals was that they could potentially be targets for abuse. Increased interview of other targeted populations was done to make up for the population not identified. The Auditor ensured the *Random Residents* selected for interviews were a diverse representation of the population looking at ethnic, age, gender and housing units.

Resident Interviews for facilities with 101-250 population		
	# Interviews Required	# of Interviews Completed
Random Residents	10	15
Target resident Interviews	10	6
Resident with Physical Disability	1	3



Resident who are blind, Deaf, or hard of hearing		
Residents who are LEP	1	0
Residents with a Cognitive Disability		
Resident who Identify as Lesbian, gay, or Bisexual	2	1
Residents who Identify as Transgender or Intersex	3	0
Resident who reported Sexual Abuse (or Sexual Harassment)	2	0
Resident who reported victimization during screening	1	2
<b>Total</b>	<b>20</b>	<b>21</b>

Bolduc Correctional Facility did not have any allegations of Sexual Assault or Sexual Harassment in the 12 months prior to the PREA audit. The Auditor reviewed the required publicly available data on PREA Investigations on the agency website. The Auditor confirmed this information with facility administration, the SII unit Investigator and custody and staff and inmates while on site. The Auditor also confirmed with SASSMM representatives that they were not aware of any such complaints. As a result, there were no criminal or administrative investigative file to review. Since the Facility shares the investigative team with MSP the Auditor considered the investigative file reviews from MSP as representative of what would occur at BCF. There were no PREA related Grievances, this was confirmed through discussions with the facility Director, the inmates and the PREA Monitor. The Auditor requested and received hard copy documentation from the agency's computerized case management system. The Auditor reviewed 14 files of current residents and 5 former client files during the audit process. The documentation reviewed supported timely education on PREA, the timeliness off the objective screening and reassessments, and the use of the screening information in the assignment of housing, work, education and treatment planning. The information was cross referenced against the BCF population report and the states PREA screening compliance report.

The Auditor requested dates for various elements of the staff records that supports compliance in advance of the site visit. The agency provided information a random sample of 13 employees out of the total staffing compliment of 57. Once onsite the Auditor was provided confirming information on 5 of the employee files, 3 Contractor files and 3 Volunteer files. The Auditor reviewed training record rosters and used the information to further verify training information of the remaining 24 employees

Onsite Documentation Reviews			
Client Files	Total population	217	19 reviewed
Human resource files	Total Staff	57	5 reviewed
Medical Files	No incidents in which inmate victims needed follow up services		
PREA Grievances	No Grievances filed		
Written request or third-Party Complaints	No filings related to PREA		
Number of PREA Investigations	There were no claims of Sexual Assault or Sexual Harassment requiring investigation		

At the closure of the second day the Auditor held an exit meeting. In attendance was the Deputy Commissioner Ryan Thornell, the Manager of Correctional Operations, the PREA Coordinator, the Facility Director, the PREA Monitor, the Classification Officer, the Food Service Supervisor and the Office clerk. The Auditor thanked the members of the team for a supportive audit process by which staff and residents were easily accessible. The Auditor reviewed some of staff and resident comments during the audit process which supported a positive environment. Residents reported the facility is safe especially related to PREA and could approach staff with a problem and felt it would be looked into. The Auditor remarked at how well-organized information was and things that could aid in documenting files moving forward. Finally, the Auditor described the post audit process which will require the Auditor to review the sum of all information provided including documents, interviews and observations. The Auditor went on to state the process must include how all indicators of the PREA standards must be considered in determining compliance.

## Facility Characteristics

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

The Bolduc Correctional Facility, in Warren Maine, has 18 buildings that make up the living and working space for this minimum security facility. The purpose is to help inmates prepare for the transition back into society. Inmates placed at Bolduc have less than three years on their sentence. In the Inmate handbook the former Director tells new residents in a supportive tone about the opportunities the facility can provide and the value of living in a community where mutual respect is the goal. It goes on to state "Courtesy, cooperation and tolerance are skills that everyone can work on, skills that improve the quality of life and work at BCF for all of us."

The facility is located approximately 35 miles from the Maine DOC central office in Augusta Maine. The facility sits on over 200 acres of farm and woodlands in the mid-coast region of Maine. The facility has a cluster of living spaces on one side of road and a farm with open fields, greenhouses livestock and barns on the other side. Residential area consists of an administrative building that houses the dining facility and two housing units made of cement block. Other spaces close to the administrative building include various trade workshops, some which are closed or have been converted to group counseling space. There is a plate shop that make the majority of license plate for the state of Maine, a softball field and gymnasium. Since the environment is open inmates are allowed to move to areas unescorted and staff make routine rounds of the complex to monitor inmate movement. The administrative building consists of offices, a control center, a library, classroom, medical suite, and a visiting area on the main floor and a dining facility on the lower level. The two two-story housing unit buildings have large open areas that allow good lines of sight for supervision. During the tour the Auditor was shown rooms that could potentially be used to provide a sexual assault victim extra observation and support while maintaining them in general population. The housing units also have a single handicapped shower that could be used if they had a transgender or intersex resident. Each unit also houses Correctional Care and Treatment Workers who provides case management services. The facility currently has 40 cameras covering interior and exterior movement in the months leading up to the Audit the video system was upgraded video to playback up to 90 days. The Director hopes the upgraded system will allow for additional cameras in the farm area. Though there have been no PREA related incidents the facility is reportedly always looking for ways to improve overall supervision.

Staff utilize the cameras to watch inmates' movement in common areas indoors and out. Staff perform random tours of the facility including bedrooms and bathrooms throughout the shift. Staff are aware of blind spots in the facility and will add additional tours to these areas if residents congregate in these areas. Each of the bedrooms has residents sleeping in bunk beds and offer areas for personal storage. As the program is built on vocational training many of the residents have employment either on or off property working under supervision of correctional vocational supervisors. Employment opportunities include food services, farming, working for state or local municipalities or regular employment in the community. The supervisory staff in these areas are aware of prisoner classifications through unit management process and know which resident may be at greater risk for abuse on their work crews.

Inmates can work on the farm in cultivation of vegetables and care of fruit trees. The farm Manager reports in addition to the crops they grow for the DOC facilities, the goal is to provide local foodbanks with fresh produce. The farm is also home to a small number of livestock including animals that have been taken from farms in the state due to abuse. The livestock include rare Belted Galloway cows native to Scotland, various pigs and several horses. The inmates care for these once abused horses, cows and pigs to bring them back to health. In each work environment the BCF staff were able to identify how they monitor residents to limit chances for abuse. Many of these staff have prior experiences in correctional environments and are often individuals with whom residents report they could turn to if they were having problems with other inmates. Inmates who qualify can also work off grounds for private employers in the community. Both employment at the facility and off-site work is preparing inmates to transition back into society. Since the facility is not on a major road or near public transportation some residents are provided transportation to and from work. The facility is scheduled to get body cameras with vehicle mounts so the transporting officer can record the trip. Inmates are also provided with educational services including high school credit courses, GED and on-line college course availability. Counseling services in substance abuse, anger management and other areas including those with histories of being abused, are available through a Licensed Clinical Social Worker employed by Wellpath.

## Summary of Audit Findings

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

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

### Standards Exceeded

**Number of Standards Exceeded:** 1  
**List of Standards Exceeded:** 115.211

### Standards Met

**Number of Standards Met:** 40 115.212, 115.213, 115.215, 115.216, 115.217, 115.218, 115.221, 115.222, 115.231, 115.232, 115.233, 115.234, 115.235, 115.241, 115.242, 115.251, 115.252, 115.253, 115.254, 115.261, 115.262, 115.263, 115.264, 115.265, 115.266, 115.267, 115.271, 115.272,

115.273, 115.276, 115.277, 115.278, 115.282, 115.283, 115.286, 115.287, 115.288, 115.289, 115.401, 115.403

**Standards Not Met**

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

## PREVENTION PLANNING

### Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

#### 115.211 (a)

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

#### 115.211 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Policies and written/electronic documentation reviewed.

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

Documentation that Supports PM role/Authority in the facility

**Individuals interviewed/ observations made.**

Interview with PREA Coordinator (PC)  
Interview with PREA Manager (PM)  
Interview with Agency Head confirming PC authority/duties  
Interview with the Director of BCF  
Interview with Staff  
Interview with Residents  
Tour Observations

**Summary determination.**

**Indicator (a).** The Maine Department of Correction 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 policies sets forth the zero-tolerance condition and this initial portion of the policy defines sexual misconduct consistent with the federal terms in PREA. The policy sets forth requirements of agency administrators and facility administrators to ensure PREA compliance. The policy states there is no consensual contact between residents and staff or between residents. It further identifies screening, education and monitoring, along with other elements that supports prevention, allows for detection, and ensures a full legal and medical response to any complaint. 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 Auditor was required to sign in at Bolduc Correctional Facility at the central monitoring post. PREA Information was available here and was posted throughout the facility.

**Indicator (b).** Bolduc Correctional Facility is one of several adult and Juvenile facilities run by the Maine Department of Corrections. 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 including coordinating and developing procedures to identify, monitor, and track sexual misconduct incidents occurring in DOC facilities. The policy clearly supports the PREA Coordinator's access to various DOC division Directors. The Policy goes on (pages 6-7) to provide a description of the role of the PREA Monitor. The policy requires the facility's administrator (BCF Director) to assign an individual to coordinate the facility's efforts to comply with PREA. The PREA Monitor is not required in the Community Confinement standards.

The Auditor was provided an agency flow chart showing the relationship between the PREA Coordinator who works in Maine Department of Corrections Central Office. The PREA Coordinator reports to the Manager of Correctional Operations who oversees conditions of confinement in DOC facilities as well as the state County Jail system. The Manager, Ryan Anderson, was the Maine DOC original PREA Coordinator.

**Conclusions:** The Maine Department of Corrections has policies that define the steps taken to prevent, detect and respond to incidents of sexual abuse and sexual harassment. The policy 6.11 Sexual Misconduct (PREA and Maine Statutes) is broken into 7 sub policies that directs the different

aspects of the agency's efforts to provide a zero tolerant/ sexually safe environment. The Policy 6.11 defines the roles of state PREA Coordinator and the facility PREA Monitor. Though Community Correctional environments are not required to have a PREA Monitor the agency policy sets forth this requirement at all facilities. Interviews with the Agency PREA Coordinator William Teer and Bolduc Correctional Facility PREA Monitor, Sergeant Dale Tobey confirm their roles to ensure PREA Compliance is maintained. Inmates in the facility knew they could call the DOC PREA Hotline as an option or ask to speak with the PREA Monitor or the Criminal Investigators. The PREA Coordinator and PREA Monitor both believe they have the capacity in their jobs to advocate for policy or procedural changes needed to support inmate safety. This was confirmed with the Bolduc Correctional Facility Director Russell Worcester and the Director of Operations for Maine DOC Gary LaPlante.

Maine DOC PREA Coordinator also supports the county system with PREA compliance efforts. Compliance was determined considering multiple factors. The supporting documentation included agency and facility management charts showing PREA positions as well as the facility Sexual Assault Response plan. Interviews with the Director of Operations and the BCF Director support compliance with all standard expectations. Policy not only described in depth the agency expectation to protect, detect and respond to sexual misconduct, but clearly defines the roles of the state PREA Coordinator and the PREA Monitor. The Policy also addresses prohibited behaviors and sanctions for any forms of sexual misconduct. Inmates, in formal interviews and spoken to during the tour, confirmed that sexual misconduct is addressed, and they had knowledge of resources available if a concern arises. The facility has been able to maintain a safe environment where residents support violent sexual assault is not a concern. Both Mr. Teer and Sergeant Toby supported compliance through a clear understanding of their roles during their respective interviews. Mr. Teer has worked collaboratively with the DOC facilities, the County Jail PREA Coordinators in addition to building relationships with advocacy organizations in his first 8 month on the job. Sergeant Toby has been in charge of PREA at Bolduc Correctional Facility since the facility began the process to prepare for its 2016 audit. Sgt. Toby has ensured that PREA has been a consistent consideration as evident through consistent, organized documentation of the facility's efforts.

The Auditor has determined the standard has been exceeded at Bolduc Correctional Facility in that the residents support, through formal and informal interviews, that the environment is safe, they are provided opportunities for support if needed and the inmates reported comfort being able to speak to any level of staff including the Director if they had a concern. Also supporting the exceeds determination is the existence of policy that specifies the roles and responsibilities of the PREA Coordinator and PREA monitor. These roles were confirmed through interviews with the respective individuals, with staff who knew who go to with any questions about PREA. The Auditor considered the inmates' overall knowledge of how to report a concern and feelings of safety in drawing this conclusion. The final factor supporting exceeds was the overall documentation provided in this audit that required minimal clarifications and supported the staff are trained and promote a safe environment.

## **Standard 115.212: Contracting with other entities for the confinement of residents**



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

### 115.212 (a)

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

### 115.212 (b)

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

### 115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

## Policies and written/electronic documentation reviewed.

Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)



MOU with Waldo County showing requirement to be PREA Compliant  
Documentation of the ongoing monitoring by Maine DOC  
2018 PREA report of Waldo County Jail  
Annual PREA report of Waldo County for calendar year 2018

**Individuals interviewed/ observations made.**

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

**Summary Determination**

**Indicator (a)** The Maine Department of Corrections has one facility with whom it has an agreement for housing inmates, The Maine Coastal Regional Reentry Center (MCRRC). This Waldo County facility is run by the county Sheriff's Office. The agreement between the Sheriff and the Department of Corrections began in January 2017. The agreement set forth a time frame of one year for the facility to enter into a PREA audit. The MCRRC entered into an agreement to be audited, the on-site portion was completed January 23-25, 2018. The Auditor was able to review the MCRRC audit report from 2018 and the facility's annual PREA report which included no substantiated or unsubstantiated PREA investigations.

**Indicator (b).** The Maine Department of Corrections has some statutory responsibility (Maine statute 34-A Corrections) for monitoring county jail facilities. The Maine DOC PREA Coordinator collects data from these facilities and provides assistance as needed. Compliance is based on the documentation supporting the requirement of the contractor to provide a PREA compliant environment. Interviews with Ryan Anderson, Manager of Corrections Operations who has oversight responsibility of county jail compliance and William Teer, DOC PREA Coordinator, support a system of monitoring and ongoing support exists. The Auditor was provided documentation by the Manager of Correctional Operations on the process for facility reviews of County jails which includes an assessment of PREA related indicators. The PREA Coordinator receives information directly from the county jails on PREA incidents and since he works for the Manager of Correctional Operations, he would be made aware immediately of any concerns with ongoing compliance at the Waldo facility.

**Indicator (c)** Since the Maine DOC does not currently contract with an agency that is not in compliance with PREA the standard indicator is 'Not Applicable'. The DOC set forth a timeline of expectation in the MOA for the Waldo facility to undergo an initial audit. As noted above Waldo completed its first PREA Audit in 2018 which is posted on that agency's website. The Maine DOC has previously cancelled contracts with facilities who did not achieve PREA Compliance by the end of the first PREA cycle three years ago.

**Conclusions:** Several factors were used in determining the standard compliance. The Manager of Correctional Operations was interviewed as the agency's Contract Manager. The interview supports that before considering the subcontracting of bed the DOC would require specific compliance requirements including obtaining and maintaining PREA compliance. Policy 6.11 Sexual Misconduct (PREA and Maine Statutes) page 9 support compliance. The policy requires the Director of Operations to ensure a new or renewal of contract for housing of DOC requires the immediate adoption and compliance with PREA standards including ongoing monitoring by DOC. The Auditors review of the MOA, with Waldo County Jail, supported the required conditions exist. The documentation provided to the Auditor, policy requirements and interviews with the Director and Manager of Correctional Operations support the Maine DOC will not enter into a subcontracting of beds without ensuring PREA compliance and will terminate those contracts that do not remain compliant.

## Standard 115.213: Supervision and monitoring

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

#### 115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
- Yes  No In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?  
 Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
 Yes  No  NA

#### 115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Policies and written/electronic documentation reviewed.**

Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)  
 Policy 3.11 Staffing Requirements  
 BCF Staffing Plan modified 12/18  
 Logbook entry's supporting unannounced rounds  
 Video Surveillance supporting Management Unannounced rounds

#### **Individuals interviewed/ observations made.**

Interview with BCF Director  
 Interview with Director of Operations  
 Interview with PREA Coordinator  
 Interview with PREA Monitor  
 Interview with Staff  
 Observation on tour of logbooks and Supervisory movement  
 Interview with control officers  
 Interview with Inmates

### Summary Determination

**Indicator (a)** Maine DOC PREA Policy 6.11 sets forth the requirements of what should be considered in the assessment of needs in determining a staffing plan that considers PREA. Page 7 of the policy describes the various things that should be considered in development of a plan including generally accepted correctional practice, frequency of sexual assaults/complaints, population make-up of the units and how video monitoring can support safety. Interviews with the BCF Director and the PREA Monitor describe the development process used in completion of the annual assessment of staffing. The Director reports there were no judicial, federal or oversight bodies findings of inadequacies. He also confirmed the facility has not operated under the minimal staffing level. The population of the Bolduc Correctional facility has been screened through the Maine DOC's classification process. As a result, individuals with histories of recent sexual misconduct in an institution are unlikely to be placed at BCF or would be identified to ensure higher monitoring of their behavior.

**Indicator (b).** The current Director and the Former Director report, through interviews or memos, that the facility has not had an incident in the last 12 months when minimal staffing was not maintained. The

Staffing plan for the Bolduc Correctional Facility, allows the management to adjust the deployment of staff as needed and in response to critical positions. When staff call out there is an ability to mandate staff to ensure overall safety of inmates. The Bolduc Correctional Facility has fixed posts and pull posts that allow supervisory staff to adjust staffing to manage critical incidents such as a PREA incident or a medical emergency. Bolduc has several Correctional Trade Supervisors who are also trained as correctional officers who could assist in an emergency or the facility can ask for assistance from the neighboring Maine State Prison. The Duty Sergeant notifies the Director of all critical events which are documented in the shift report. The Director reviews the overtime and staffing levels to ensure minimums have been maintained. A report is generated every day and sent to the Director, Assistant Director and the Maine Department of Corrections Central Office. Inmates support staff are always available to them and did not voice a concern about a lack of staffing at any time.

**Indicator (c)** In December 2018, the staffing plan was redone with the assistance of the DOC PREA Coordinator, the Director, the Assistant Director and the PREA Monitor. The plan is descriptive of the population housed at Bolduc Correctional Facility. Staffing requires Housing Officers in each of the two housing units, a rover/transport officer and a control officer. Each housing unit has an office for case management or mental health staff on the unit who provide additional eyes and ears to inmate interactions. As an open environment, BCF uses monitoring technology to assist in watching inmates throughout the complex. Plans are being researched on how to better support the monitoring capacity across the entire facility. Staff interviewed know the importance of active monitoring of inmates including random staggered rounds of the housing units and responding when individuals are out of place or in areas that are blind to the camera system.

**Indicator (d)** The Auditor was provided with documentation to support routine unannounced rounds are made by supervisory staff. This is required by the agency PREA policy (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 dates were selected by the Auditor and the documentation was provided to the Auditor.

**Conclusions:** Maine Department of Corrections has two policies that address the requirements of the four indicators in this standard. Policy 3.11 Staffing Requirements and 6.11 Sexual Misconduct – (General) sets forth requirements of the Director to develop a staffing plan; “at least once a year with the PREA Coordinator, to protect prisoners or 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 prisoners or residents may be isolated) and availability of video monitoring; 4) the composition of the prisoner or 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”. The DOC policy has a requirement of unannounced supervisory rounds for all its facilities even though it is not a standard requirement for Community Confinement Facilities. The Auditor was provided with documentation supporting compliance with this practice including log documentation and video surveillance supporting the documentation.

Bolduc Correctional Facility has developed a plan, in a narrative format, that addresses the various considerations in indicator (a). The facility is not under any current judgement for inadequacy. The plan is reviewed annually with in-house administration and then a request would go to Maine DOC Central Office for staffing needs or technology upgrades. The DOC has also invested in technology to support

supervision and limit related PREA complaints that will be discussed further in 115.218. Custody staff interviewed as well as vocational supervisors, supported the importance of active monitoring of the inmates during the day. Staff support that minimums are maintained, and that staff work together to ensure both the inmates and staff safety. The standard is determined to be compliant based on policy, interviews, observations made throughout the onsite audit and documentation provided consistent with the standard.

## Standard 115.215: Limits to cross-gender viewing and searches

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

#### 115.215 (a)

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

#### 115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)  
 Yes  No  NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.)  Yes  No  NA

#### 115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents).  Yes  No  NA

#### 115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No

- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?  Yes  No

### 115.215 (e)

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

### 115.215 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Policies and written/electronic documentation reviewed.**

Policy 14.14 Search Procedures

PREA policy 6.11.2 Sexual Misconduct (Prevention Planning)

Policy 23.8 Management of Transgender and Intersex Prisoners and Residents

Memos of cross gender searches.

#### **Individuals interviewed/ observations made.**

Interview with Agency PREA Coordinator  
Interview with BCF Director  
Interview with random Staff  
Interview with random inmates  
Interview with Transgender resident  
Observation on tour

### **Summary Determination**

**Indicator (a)** The Maine Department of Correction policy 14.14 Search Procedures (page 6) prohibits cross gender strip searches of inmates except in emergency situations. It sets forth a practice that searches in general should be conducted with two staff present but only one performing direct observation who should be the same gender as the inmate. The Policy also goes on to ensure documentation and description of the emergent situation requiring such search. The DOC PREA policy 6.11.2 Sexual Misconduct (page 6) also sets forth the same requirements for cross gender strip searches, including requirement of documentation of the emergent situation that caused the need for such search to occur. BCF has not had an exigent circumstance incident requiring a cross gender search.

**Indicator (b)** Bolduc Correctional Facility does not house female inmates. As a result, the requirements of this indicator do not apply at this facility. Maine DOC policy is consistent with the standard as it relates to the prohibition of cross gender searches of female inmates in the DOC system.

**Indicator (c)** As noted in indicator (b) both policies require documentation of cross gender strip searches of both male and female inmates including the emergent reason for the search. The facility does not house females, so the second portion of this indicator does not apply. Memo from the prior Director of BCF confirmed that no cross-gender searches of male inmates had occurred in the past three years. This information was corroborated through interviews with the current Director (who was then the Assistant Director), interviews with random inmates and with staff who knew policy required these only to occur in emergent circumstances and must be documented.

**Indicator (d)** Policy 6.11.2 Sexual Misconduct (Prevention Planning) page 7 states ‘The Chief Administrative Officer, or designee, shall implement practices that enable prisoners or residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in an emergency or when such viewing is incidental to routine cell or room checks.’. The Auditor was able to see announcements being made on the tour by the male staff when a female staff person came in. Inmate interviews support that they are never required to be unclothed in front of opposite gender staff including for strip searches or while taking care of personal hygiene. At BCF toilets are in each of the four hallways of the 2 living units. All showers on the housing units are single shower stalls. When an individual is in the shower the curtain is opaque in the middle giving the staff the ability to only see the tops of heads and the feet of individuals utilizing the shower. Staff also confirm that the inmates are not observed in any form of undress by female staff except during incidental views that may occur during rounds.

**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. As a sentenced facility the Bolduc Correctional Facility does not receive individuals who were not previously housed in other DOC facilities or county jails. As such, individuals identifying at intake as transgender for the first time would be rare. These same inmates would also have had a full medical assessment prior to transfer so genital status would be known. Intake staff know that strip searches for this purpose are inappropriate and that they would find out information through interviewer or through referral to the medical staff with whom

the inmate may be more comfortable in having the conversation. Medical staff confirm that they see all new admissions to the facility and would be able to have these conversations with the individual.

**Indicator (f)** The Maine Department of Corrections trains all staff in the respectful, professional, and in the least intrusive practice possible in searching inmates. 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 inmates. The training talks about communication that is professional and supportive of the inmate. The training addresses the frequency of trauma in this population, how the facility has a process to determine housing and search preferences through a multi-disciplinary process including the inmate's preference for searches.

**Conclusion:** The Maine Department of Corrections has policies to address the various elements in this standard including 6.11.2 Sexual Misconduct Prevention, and 23.8 Management of Transgender and Intersex Prisoners and 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, inmates right not to be naked in front of staff of opposite gender and procedures for working with Transgender and intersex residents. Supporting documentation provided to the Auditor by Bolduc Correctional Facility included the Training outlines/PowerPoints for completing searches and for working with LGBTQI populations. The file included information confirming no exigent circumstance of cross gender searches has occurred at BCF in the past three years. The BCF Facility has not housed any transgender individuals in the past three years. Interviews with staff and inmates were consistent with standard and policy expectations. There have been no cross-gender searches and inmates confirmed they can change and perform hygiene without opposite gender observation. Inmates and staff reported, and the Auditor observed during the tour, the announcement of when a females entering the housing unit.

## **Standard 115.216: Residents with disabilities and residents who are limited English proficient**

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

### **115.216 (a)**

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



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

#### 115.216 (b)

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

#### 115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in

obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?

Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Policies and written/electronic documentation reviewed.**

Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)  
Policy 18.12 Accommodations for Prisoners with Disabilities or Other Special Needs  
Policy 1.10 Staff Communication with persons of Limited English Proficiency  
Inmate 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

#### **Individuals interviewed/ observations made.**

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

### **Summary Determination**

**Indicator (a)** The Maine Department of Corrections has taken appropriate steps to ensure that inmates 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 Community Confinement Facility there is a limited number of individuals with significant medical or mental health needs. BCF can provide support to those individuals with visual or hearing impairments and informative supports to those individuals with significant developmental delays or significant mental illness that might make them a target for abuse. The Auditor was told there were no individuals in the population with whom the Auditor would have needed to use interpretive services or who were Limited English Proficient. Inmates supported that there were staff they could approach if they had difficulty with understanding their rights related to

PREA. There was signage throughout the facility about PREA safety and inmates were aware of information in the handbook if needed.

**Indicator (b)** The Maine Department of Correction has limited population of individuals with whom English is not the primary language. The DOC has contracted with agencies to provide interpretive services, can produce the inmate handbook in multiple languages, and has the PREA video available in four languages.

**Indicator (c)** Staff were aware that it was not appropriate to use inmates to interpret for each other except in extreme emergencies This prohibition is also addressed in policy 1.10. Line staff knew to contact a supervisor if they needed to access an outside interpreter. Staff did not recall an inmate who did not speak English but did confirm they help individuals who struggle with reading comprehension.

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

BCF provides all inmates with a video education about PREA upon admission. The video education is also available in Spanish, Somali, and American Sign Language the most common languages other than English spoken in the Maine Correctional system. These videos are available on the state website. In addition to the video the facility has signage up on the units of how to report concerns in English and Spanish. The CORIS information system Maine DOC uses, allows for information about language comprehension, physical and mental health barriers, and other critical information to be identified so the transferring facility can plan accordingly. Staff were aware that it was not appropriate to use inmates 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 an inmates 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. The Auditor suggested that the facility explore tracking individuals who cannot read in addition to the populations they currently identify with language barriers or physical or cognitive limitations.

## Standard 115.217: Hiring and promotion decisions

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

### 115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the

community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No

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

#### 115.217 (b)

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

#### 115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: Make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.217 (d)

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

#### 115.217 (e)

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

#### 115.217 (f)

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

#### 115.217 (g)

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

#### 115.217 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Policies and written/electronic documentation reviewed.

Policy 3.24 Pre-Employment Background Checks  
Policy 3.03 Personnel Selection Retention and Promotion  
Department of Administrative and Financial Service -Protocol  
Wellpath (contracted Medical MH service provider) policy on background checks  
HR documentation for 13 DOC staff, 3 Wellpath, 3 volunteers,

**Individuals interviewed/ observations made.**

Interview with Agency PREA Coordinator  
Interview with Director  
Interview with HR staff

**Summary Determination**

**Indicator (a).** Policy 3.24 Pre-Employment Background Checks (page 2) addresses the requirements of this indicator. The Policy strictly prohibits the employment or contracting the services of individuals who have engaged in, have been convicted of engaging or attempting to engage in, or administratively been adjudicated for sexual assault. Interviews with HR staff supports the process of screening all applicants for employment at MSP or the Bolduc Correctional Facility including employees of the Health Care provider Wellpath and any approved volunteer. The process includes the employee's acknowledgement that they have not engaged in any of the sexual misconduct described in indicator (a).

**Indicator (b).** The Maine Department of Corrections subcontract its medical and Mental health services through Wellpath. Wellpath is the new name of the long-time service provider Correct Care Solutions. Both Wellpath and the DOC policy prohibits the employment of individuals who may have engaged in behaviors described in indicator (a). The Auditor confirmed with the HR staff person that the Maine DOC does perform the criminal background checks on these individuals.

**Indicator (c).** The Maine Department of Corrections completes criminal background checks on all employees. File reviews completed by the Auditor confirmed that the process is in place and is consistently done for all new employees and at the required 5-year intervals in indicator (e). The check includes a criminal background check and prior institutional checks. Of the 13 employee's information requested 1 had prior institutional employment. Random sampling allowed for confirmation of the practice.

**Indicator (d).** Bolduc Correctional Facility as stated in Indicator (a) completes criminal background checks on all Wellpath employees and any approved volunteers. Sample files were reviewed on volunteers and Wellpath staff to ensure criminal background checks were completed. A sample of three volunteers and three contracted Wellpath staff were reviewed.

**Indicator (e).** BCF provided the Auditor with information of 13 random employees. Of the 13 information was provided on 9 were employed over 5 years who had criminal background checks completed in 2016. The random sample was confirmed through review of files onsite.

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

**Indicator (g).** Contained also in the PREA Employee Questionnaire is the following passage: “any material omissions regarding such misconduct, or provision of materially false information, shall be grounds for disqualification from employment or termination.”

**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. There was no request of former BCF staff in the past year.

**Compliance:**The Maine Department of Corrections has policy 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 Auditor interviewed the Human Resources staff at the MSP who are employed by the Maine Department of Administrative and Financial Services and are assigned to DOC to oversee the hiring. The Human Resources staff at BCF oversee the hiring and promotional records tracking for staff at MSP. The agency has all staff and contractors undergo criminal background checks including FBI fingerprint checks. The Human Resource Manager reports she works closely with facility management to ensure line of communication is maintained. As an example, she reports that she would bring criminal background checks that have prior convictions directly to the Director’s attention. The agency has several policies including Human Resource policies, Personnel Policies (3.3, 3.24), as well as union contracts that support compliance. The Auditor was also able to review appropriate personnel forms and criminal background checks for both employees and contractors. Record reviews support that all employees and contractors at the Bolduc Correctional Facility undergo prior institutional employer checks, pre employment criminal background checks and subsequent checks every 5 years. 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 Human Resource Manager and the BCF Director.

## Standard 115.218: Upgrades to facilities and technologies

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

### 115.218 (a)

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

### 115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed



or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policies and written/electronic documentation reviewed.

Policy 6.11 Sexual Misconduct

### Individuals interviewed/ observations made.

Interview with the DOC Director of Operations

Interview with the BCF Director

Interview with the PREA Coordinator

Observation on tour

Random Staff spoken to on tours

### Summary Determination

**Indicator (a)** Indicator (a) is Not Applicable as the facility has not undergone any major construction that would impact safety concerns of inmates. One area was repurposed into a group space/classroom in the basement of the 600 building.

**Indicator (b)** The Bolduc Correctional Facility has added 2 new collectors and upgraded cameras so the system can now support playback for up to 90 days. The facility will add cameras this fall including the introduction of body cameras that can also be used to document transport of inmates to off complex employment through the use of dashboard mounts. The Director and PREA Monitor are working with the vendor to determine a way of adding cameras to the outbuilding at the farm portion of the complex. Discussion with the facility and the central office administration support the process in place to continually reassess needs in the technology area. The PREA Coordinator also confirms how his role could further support this process.

**Conclusion:** The Bolduc Correctional Facility has the unique challenge of monitoring inmate movement across several hundred acres and into the surrounding community. The Facility, as noted in indicator (a) has not undergone any major construction. The Department does have a practice of involving PREA in the discussions when designing new facilities. The Director of Operations and the Auditor discussed



the state's previous process in the development of the Women's facility at the Maine Correctional Center (MCC) and current construction project at MCC. In each project he has involved his team which included the PREA Coordinator and the Manager of Correctional Operations.

Maine DOC routinely reviews all incidents with an eye toward understanding how things could improve. Though there has not been a PREA related incident at BCF the Director and staff continue to consider how monitoring technology can support security and overall safety. The Director of Operations reported the goal of increasing the number of individuals who have body cameras.

Compliance is based on formal and informal interviews that support a consistent understanding on the need to limit blind spots and when inmates 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 inmate safety. Finally, Policy 6.11 sets forth the requirement that the Director of Operations, when looking at physical plant changes or monitoring technology, considers how to 'enhance the protection of prisoners from sexual assault or harassment.'

## RESPONSIVE PLANNING

### Standard 115.221: Evidence protocol and forensic medical examinations

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

#### 115.221 (a)

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

#### 115.221 (b)

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

#### 115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.221 (d)

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

#### 115.221 (e)

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

#### 115.221 (f)

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

#### 115.221 (g)

- Auditor is not required to audit this provision.

#### 115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination

issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Policies and written/electronic documentation reviewed.**

7.1 Investigations by a Correctional Investigator

6.11.3 Sexual Misconduct (PREA and Maine Statutes) Reporting and Investigating.

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

BCF Sexual Assault Response plan

#### **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

#### **Summary Determination**

**Indicator (a)** The Maine Department of Corrections is responsible for the completion of criminal investigations including sexual assaults. The facility employs a Criminal Investigator who is a trained law enforcement staff with full powers of a police officer. The state of Maine has a protocol 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 policy ensures uniform steps are taken in obtaining physical evidence. Neither DOC nor Wellpath staff would complete the forensic exam. The inmate victim instead would be sent to the local hospital.

**Indicator (b)** The protocol does cover procedure for youth, but the Bolduc Correctional Facility does not serve that population. The Protocol has a committee that reviews current practices and makes adjustments consistent with national trends for best practice. The Auditor reviewed the protocol and compared it to U.S. DOJ document cited and found the topics similar. 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.

**Indicator (c)** The Bolduc Correctional Facility will offer victims of sexual assault the ability to have a forensic exam without cost. This is confirmed in DOC policy and by the local hospital staff. Inmates who are victims of sexual assault can be taken to Waldo County General Hospital (approximately 30 miles) for a forensic exam with a Sexual Assault Nurse Examiner (SANE). The facility can also send victims to Pen-Bay Hospital which is about 10 miles away with SANE certified nurses. 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.

**Indicator (d)** BCF has an agreement with the local rape crisis agency to provide support services to victims of sexual assault. The Sexual Assault Support Services of Mid-Coast Maine (SASSMM) is part of the state coalition against sexual assault (MECASA) with whom the DOC also has an agreement. SASSMM is the regional rape crisis agency who the Auditor confirmed would send a victim advocate to support the inmate through the forensic exam and any investigative process. Waldo County Hospital staff confirmed they would also call SASSMM to provide emotional support through an exam.

**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. An MOU was provided to the Auditor. The new PREA Coordinator is both hoping to expand the relationships between the agencies. The SASSMM representative confirms they have had no service request from inmates at BCF.

**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 has entered into an agreement to provide rape crisis support staff through SASSMM if needed. If for any reason a support advocate was not available, the DOC has a trained individual on staff.

**Conclusion:** The Maine Department of Corrections has two policies that address concerns in this standard 7.1 Investigations by a Correctional Investigator and 6.11.3 PREA- Reporting and Investigating. Criminal investigative procedures are in place to ensure evidence is preserved. The criminal investigation would be done by the Criminal Investigator or the Special Investigations and Intelligence unit (SII) who investigates crimes at both MSP and BCF. The SII team Lieutenant and Corporal and the Criminal Investigator are trained as law enforcement officers and in the investigation of Sexual Assaults in a correctional setting. Inmates who are victims of sexual assault can be taken to Waldo County General Hospital (approximately 30 miles) for a forensic exam. 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 Waldo County General.

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 Support Services of Mid-Coast Maine (SASSMM) 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. 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 inmates involved. Since there were no incidents at Bolduc Correctional facility, the Auditor took into consideration, investigative files completed at MSP, which document the steps to preserve evidence, and that in each case the inmates involved were referred to MH services even if they denied any assault. Absent an incident in which an inmate underwent a forensic exam, the Auditor had to rely on the information provided by medical staff at the hospital and the Wellpath staff.

## Standard 115.222: Policies to ensure referrals of allegations for investigations

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

### 115.222 (a)

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

### 115.222 (b)

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

### 115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)  Yes  No  NA

### 115.222 (d)

- Auditor is not required to audit this provision.

### 115.222 (e)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### **Policies and written/electronic documentation reviewed.**

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

#### **Individuals interviewed/ observations made.**

Interview with Agency PREA Coordinator  
Interview with BCF Director  
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 Maine State Prison and the Bolduc Correctional Facility share a Criminal Investigator and a Special Investigation and Intelligence unit staff. Review of investigative files support that all investigations occur immediately upon the report of an incident.

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

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

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

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

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

The Maine Department of Corrections investigates all incidents of sexual contact by inmates as a potential criminal investigation. This is done to ensure all evidence is collected even if the residents claim initially the contact was consensual. This process has yielded actual criminal charges after inmates are separated and interviewed again about the incident. Compliance was determined based on the published policy, the investigative information provided by the SII unit member and interviews with the Department of Corrections Director of Operations and a representative of the Office of Professional Review. Compliance is determined utilizing the above stated information which meets the requirements of Indicators (a) and (b). Since there has been no cases of sexual misconduct at BCF the Auditor did take into consideration the information supporting timeliness of investigations at MSP since the investigative team is the same. Indicator (c) for standard 115.222 is not applicable because Maine DOC is the criminal investigative body. Interviews further supported compliance in that the agency takes seriously all allegations and ensures impartiality of staff involved events through the Office of Professional Review.

## TRAINING AND EDUCATION

### Standard 115.231: Employee training

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

#### 115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?  Yes  No

- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  
 Yes  No

#### 115.231 (b)

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

#### 115.231 (c)

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

#### 115.231 (d)

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

#### Auditor Overall Compliance Determination

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



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

### **Instructions for Overall Compliance Determination Narrative**

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

#### **Policies and written/electronic documentation reviewed.**

6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention

BCF staff training records

State approved training materials, power points program outline

Maine Justice Academy/ Maine Coalition Against Sexual Assault videos

PREA education cards

#### **Individuals interviewed/ observations made.**

Interview with BCF PREA Monitor

Interviews with random staff

#### **Summary Determination**

**Indicator (a)** The Bolduc Correctional Facility 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 inmates. Random staff were able to describe in interviews how their day to day job keeps inmates PREA safe. The staff members knew signs and symptoms of someone who may be victimized, the rights of inmates related to PREA and were able to give examples of why sexual assaults may occur. Staff persons confirmed they get training on how to avoid getting into inappropriate situations with an inmate, the criminal liability for failing to report a PREA incident and how to respectfully work with LGBTI inmates. BCF staff knew if they had a transgendered or intersexed inmate, they are to use the inmate's preferred name and pronouns. The staff also were aware that a multidisciplinary committee would review the transgender inmate'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 training materials to confirm the elements were addressed. The training material includes videos developed in conjunction with the state Rape Crisis agencies, county jail staff and Maine DOC staff.

**Indicator (b)** The Bolduc Correctional Facility is an all-male facility. All staff are trained through the Maine Justice Academy in working with both male and female inmates. New staff complete an onboarding training program at the facility after the academy before they can work independently at BCF. There were no staff at BCF who transferred from the women's facility to the state prison that required a refresher on working with males.

**Indicator (c)** The Maine Department of Corrections employees receiving classroom training on PREA while in the state's Justice Academy, in the form of the onboarding process described in indicator (a) and through the Power DMS platform. Staff records and their knowledge of the training information indicators support they receive training frequently. Staff reports they get a full PREA specific training

annually and will get update to policies regularly. The staff also remarked that they have additional trainings update/ discussions with supervisor at shift briefings that aid understanding policy and how it is put into practice daily.

**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 50 staff/contractors who received PREA training so far in 2019.

**Conclusion:** All staff are trained in Maine DOC's Zero Tolerance policies toward sexual assault and sexual harassment. The employees, contractors and volunteers sign off confirming they have been trained on PREA and understand policy 6.11 Sexual Misconduct. Staff files reviewed as part of standard 115.17 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 10 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 or online training via Power DMS and understand the facility's Sexual Assault Response plan.

A copy of the PowerPoint portion of the general PREA training was reviewed by this Auditor. All staff interviewed formally and as part of the tour confirmed regular training on PREA. Random staff member interviews confirmed they were aware of the different aspects of the training presentations and were able to give examples of information provided. Staff also reported the ability to refresh PREA issues through online information that comes out through Power DMS. Training records and staff interviews support that PREA related education of staff happens regularly and electronic signature supports they understood the training. The Auditor confirmed the training dates of the 13 staff including initial PREA training and most recent PREA education. Compliance determination was based on training records, the material used in presentations (including video using actual staff and former inmates from the state's various facilities) and random staff ability to share examples of the content they had learned as part of PREA training consistent with standard requirements.

## Standard 115.232: Volunteer and contractor training

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

### 115.232 (a)

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

### 115.232 (b)

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

### 115.232 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Policies and written/electronic documentation reviewed.**

6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention

Volunteer List

Contracted Staff List

Training materials for volunteers and sign off on trainings

Wellpath training materials

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

PREA Education cards

#### **Individuals interviewed/ observations made.**

Interview with BCF PREA Monitor

Interview with Contractor

Interview with Volunteer

Observation on tour

#### **Summary Determination**

**Indicator (a)** All Contractors providing direct service to inmates at the Bolduc Correctional Facility 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. The supporting documentation show 35 Wellpath staff though the vast majority are assigned to primarily

work at the neighboring MSP. All other contactors or volunteers 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 expectations to inform them how to support a zero-tolerance culture and knowing when and how to report concerns. At BCF the PREA Monitor trains all volunteers who are approved for regular access. One-time visitors are provided a PREA brochure that outlines aspects of the overall training and informs the individual how to report.

**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. Staff providing direct services to inmates (Wellpath) undergo full DOC training. Individuals who have routine visits (religious staff, educational volunteers, canteen vendors, etc.) get an abbreviated educational program provided by the BCF PREA Monitor. The state PREA Coordinator has developed a workflow diagram to help Volunteer Coordinators determine the level of training to provide. Interview with both Wellpath staff and a volunteer at BCF supports an understanding of the importance of making a PREA notification and to whom to speak if they become aware of actual or threatened sexual misconduct.

**Indicator (c)** PREA policy 6.11.2 Sexual Misconduct (page 2-3) requires the agency PREA Coordinator to keep track of the training. The policy requires individuals to sign for the information they receive. Those one-time volunteers sign in and receive a PREA brochure upon entrance to the BCF facility. The Auditor was able to see documentation on site showing this process in use. The Auditor was also given documentation to show the individuals who receive a more formal training are required to sign PREA acknowledgement forms similar to the ones signed by DOC employees at hire. A sampling of volunteer files in Human Resources confirmed they had signed off on the form. The Auditor was also able to speak to a volunteer and a contractor as part of the audit process.

**Conclusion:** The Bolduc Correctional Facility is compliant with the standard expectations. BCF ensures all contractors and volunteers receive training in the agency efforts to prevent, detect and respond to sexual assault and sexual harassment. Training records and formal interviews support that these individuals have received comprehensive training equivalent to their level of contact with the inmates. Training records and interaction with contractors support an understanding of the agency Zero Tolerance to PREA related issues. Nursing and Mental Health staff confirm that the Wellpath staff receive required facility PREA training in addition to Medical/Mental Health specific training. Infrequent and one-time service contractors, who would provide services under the supervision of DOC staff, are given notice of PREA when they arrive at the facility including a brochure on PREA. The Auditor was offered information about PREA upon arrival at the facility as part of the registration. Compliance was determined through supporting documents and interview with the contracted staff persons and volunteers who were able to identify training elements. They were all able to explain how they could report a PREA concern at the facility if they arise.

## Standard 115.233: Resident education

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

### 115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?  Yes  No

#### 115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility?  Yes  No

#### 115.233 (c)

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

#### 115.233 (d)

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

#### 115.233 (e)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### **Policies and written/electronic documentation reviewed.**

Maine DOC Website (PREA Education Videos)  
6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention  
BCF Inmate handbook  
Inmate files showing they have received PREA educational materials

### **Individuals interviewed/ observations made.**

Interview with Intake Staff Person  
Interview with Unit case managers  
Interview with inmates  
Observation on tour of PREA Signage in two languages

### **Summary Determination**

**Indicator (a)** All inmates are provided information about PREA upon admission to BCF. As a Community Confinement Facility, inmates entering BCF have been educated on PREA at other Maine DOC facilities. Inmates 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. There were no intakes on the day of the Audit for the Auditor to observe so the Duty Sergeant described the admission process and how inmates are educated on PREA including a review of the inmate handbook and the watching of the Maine DOC PREA video.

**Indicator (b)** All inmates at BCF are provided with a review of the facility specific PREA information with their case worker in the first few days in the facility. All inmates at BCF have been housed in other correctional facilities prior to being placed at BCF. The education includes how to protect themselves from sexual assault/sexual harassment, how to and why it's important to report a concern, the inmate's rights related to PREA and the steps DOC will take to investigate and support individuals if an incident occurs.

**Indicator (c)** All inmates at the BCF have received an education into PREA and how to report any concern. Inmate education is documented in CORIS (Maine DOC electronic case management system) and random inmates confirmed that PREA was addressed immediately upon transfer from their prior prison or jail. Education is available in multiple languages and forms from written to video to large print

documents. One of the videos includes American sign language (ASL). Inmates support that they can go to staff if they need assistance in comprehension of written or oral PREA education. The assistance is available to any individual who needs assistance including those with physical disabilities, cognitive limitations or those who cannot read. Many inmates stated that PREA wasn't a concern, but they knew the information was available and stated there were people who could help including line officers, case managers, clinicians and unit managers.

**Indicator (d)** Records were reviewed for a random sampling of 19 clients. This supports they have received PREA education.

**Indicator (e)** Observations throughout the tour support there are materials available to inmates 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 inmates given the long-term nature of the institution.

**Conclusion:** The Maine Department of Corrections Policy 6.11.2 PREA-Prevention sets forth on page 3 the expectation of the timeliness of inmate education, manners in which education is delivered and the requirement for materials for LEP and disabled inmate education. Inmates at BCF 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 inmate by the Intake Officer and they are provided an inmate handbook that contains PREA information. PREA information is in the inmate handbooks. The information reviewed is signed by the inmate and placed in their case record. The facility has PREA educational materials available to inmates in the form of brochures and posters in addition to the handbook. The orientation process also includes the viewing of the Maine Department of Corrections PREA video. This video is available in multiple languages including sign language. The video is also posted on the Maine DOC Website. Inmates have access to handbooks that can be translated into multiple languages as needed. Inmate handbooks inform inmates about consequences for negative behavior including sexual misconduct. The handbook tells inmates about PREA and the importance of reporting and seeking help. Information also includes phone numbers to state PREA Coordinator and the local rape crisis agency.

On the tour the Auditor saw posters informing inmates how to report PREA events or how to access advocate services. Inmates report they are given facility specific PREA information within one day of admission. Inmates sign at admission acknowledging their PREA education. Interviews with inmates confirm that they know how to report incidents if they were to occur. Inmates reported comfort in telling staff if they were to experience or be witness to an incident of sexual abuse or harassment. During interviews with inmates they expressed several ways to contact administration or outside individuals if they did not have comfort in telling the line staff. Many of the inmates stated that PREA was not a concern at the BCF. They also reported they believed any complaint would be taken seriously and investigated. Inmates with disabilities confirm that if they had a need staff would assist in the understanding of materials.

Compliance determination considered the supporting educational documents, the inmates' answers about training and their knowledge about facility specific steps for reporting a concern. Further supporting compliance is the Auditor's review of client records that showed their education, the materials viewed during the tours and the videos from the state website. Finally, the Auditor took into consideration that BCF has ensured all inmates including those who were incarcerated before 2014, have clearly been educated on their rights related to PREA.



## Standard 115.234: Specialized training: Investigations

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

### 115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive 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 115.221(a).)  
 Yes  No  NA

### 115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  
 Yes  No  NA

### 115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  
 Yes  No  NA

### 115.234 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

#### **Policies and written/electronic documentation reviewed.**

6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention

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

NIC training for Investigation Sexual Assault in a Correctional environment

Training rosters

CI Ames training attendance what SANE nurses do

#### **Individuals interviewed/ observations made.**

Interview with Agency PREA Coordinator

Interview with trained Investigators

Observation on tour

#### **Summary Determination**

**Indicator (a)** The Main Department of Corrections employs its own investigative body. The Department of Corrections Special Investigations and Intelligence (SII) unit and the Criminal Investigator at MSP are all law enforcement officers in the state of Maine. As such, they have received a training in completing investigations consistent with the Maine statutes and DOC policy. The Maine Department of Corrections was able to have a cadre of staff members trained by the Moss Group “How to complete sexual assault investigations of the correctional setting.” Newer SII staff have also taken the NIC course on the same topic.

**Indicator (b)** Both the material from the Moss Group training and the Auditors review of the NIC course on investigating sexual assaults support the required topics were addressed. The training materials and the interview with a trained investigator confirmed the trainings covered, how to communicate with a victim of sexual assault, the use of Miranda and Garrity Warnings, proper steps in the collection and preservation of evidence and the factors in making a determination of substantiation for administrative action or prosecutorial referral.

**Indicator (c)** Training records were provided for onsite staff who complete investigations and for staff from the Office of Professional Review who would complete investigations on staff involved incidents.

**Conclusion:** The Maine Department of Corrections ensures that staff who complete investigations have received appropriate specialized trainings on investigating sexual assault in a correctional setting. In addition to 16 Maine DOC staff who attended the Moss training they have had others trained utilizing the NIC course and the overall training requirements of the Maine Justice Academy in the completion of criminal investigations. Currently there are 20 individuals approved by the Maine Department of Corrections to complete criminal investigations in a correctional setting. Criminal Investigator Ames also provided documentation that he took a further course sponsored by MECASA (statewide rape crisis) on what Sexual Assault Nurse Examiners do.

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 compliant. Samples of investigations completed at MSP, and the supporting training documents also supported the Auditor's findings.

## Standard 115.235: Specialized training: Medical and mental health care

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

#### 115.235 (a)

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

#### 115.235 (b)

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

#### 115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

### 115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  Yes  No  NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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#### **Policies and written/electronic documentation reviewed.**

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

#### **Individuals interviewed/ observations made.**

Interviews with Medical and Mental Health staff

#### **Summary Determination**

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

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

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

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

**Conclusion:** Medical and Mental Health Staff at Maine DOC facilities are employed by Wellpath (formerly Correct Care Solutions). Wellpath provides PREA training with a medical and mental health focus for their employees and provides the PREA Monitor with the documentation. The PowerPoint reviewed by this Auditor addressed how to detect, assess signs and preserve evidence of a sexual assault. The training materials and interviewed staff support they were trained in how to respond appropriately to sexual assault victims. The Auditor met formally with Wellpath staff and was able to ask questions of other Wellpath staff on the tour. Medical and Mental Health staff knew to whom to report allegations and suspicions of sexual abuse or sexual harassment. They were able to explain the reporting would be up their agency chain of command while also notifying the chain of command of the prison. Medical and Mental Health Staff knew to also report any concerns to the Criminal Investigator, the SII Corporal 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 inmates 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. The Wellpath staff work at both the Maine State Prison and the Bolduc Correctional Facility under one supervisory structure.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.241: Screening for risk of victimization and abusiveness

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

#### 115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?  Yes  No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?  Yes  No

#### 115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
 Yes  No

#### 115.241 (c)

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

#### 115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?  Yes  No

#### 115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?  Yes  No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?  Yes  No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?  Yes  No

#### 115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?  Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Request?  Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?  Yes  No

#### 115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  No

#### 115.241 (i)

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

#### Auditor Overall Compliance Determination

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



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

### **Instructions for Overall Compliance Determination Narrative**

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

#### **Policies and written/electronic documentation reviewed.**

6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention  
18.4 Health Screening and Assessment  
Population report for BCF  
Initial and follow up assessments for inmates

#### **Individuals interviewed/ observations made.**

Interview with Agency PREA Coordinator  
Interviews with Wellpath staff.  
Interview with Director  
Observation on tour

#### **Summary Determination**

**Indicator (a)** All inmates who are admitted from County jails or transferred from a Maine DOC facility will be assessed with an objective screening. This requirement is outlined in 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. This information was verified through file reviews at BCF.

**Indicator (b)** The Policy stated in indicator (a) sets forth an obligation for the screening to be completed sooner than the standard requirement. The Maine DOC requires the screening to be completed in the first 24 hours. The review of the screening reports at Bolduc Correctional Facility supports this practice standard is met. The Department of Correction has established a report from its CORIS system that logs compliance with screening / reassessment timeliness. A review of a report shows consistent compliance with the policy. The client record reviewed confirmed the report and showed dates consistent to the CORIS report.

**Indicator (c)** The tool developed for screening inmates for potential sexual violence or sexual victimization is an objective tool utilizing information from the inmate's criminal records, information from other correctional settings, and the clients self-reported information. The Auditor was provided with the materials on how to administer and score the tool to ensure that the application is objective. The tool takes into consideration all the elements required in indicator (d) with the staff checking yes or no for each item. Scoring for likelihood of victimization or perpetrating behaviors depends on how each question is scored.

**Indicator (d)** A review of the objective tool used in Maine DOC facilities shows that it accounts for all 10 elements required in this indicator.

**Indicator (e)** The tool does consider the inmate's history of violence or sexual abusiveness in the community and in prior institutional settings.

**Indicator (f)** Maine DOC Policy 6.11.2 sets forth the requirement that all inmates are reassessed for PREA within 14 days of admission. This agency standard is more stringent than the PREA standard indicator which has the reassessment to be completed by 90 days. The PREA Monitor at BCF completes all initial and rescreening's of inmates within 14 days. As a result, this measure has been consistently maintained as documented in the agency report and the files reviewed by the Auditor.

**Indicator (g)** The Auditor was able to ask staff in formal interviews and review documentation to support PREA reassessments occur for several reasons. The inmate would be reassessed if they were either the victim or the perpetrator of sexual violence, if they engaged in consensual sex in violation of facility rules, if additional information becomes known that would affect the scoring.

**Indicator (h)** The Auditor confirmed that inmates are not disciplined for refusing to answer questions or not disclosing information as part of the screening process. The Auditor confirmed with inmates that they felt inmates would not be disciplined for failing to answer PREA related questions at intake. The Auditor confirmed that no discipline has occurred for an inmate refusing to answer a question related to a PREA sensitive topic like the individual's sexuality, their victimization history or their perception of Safety.

**Indicator (i)** The Maine Department of Corrections completes the screening information in its electronic case management system. The 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 record are completely siloed from the custody staff.

**Conclusion:** The Bolduc Correctional Facility ensures all inmates are screened for sexual victimization and abusiveness using an objective tool. Policy 6.11.2 (page 4) requires that all inmates are 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 that links their records as the inmate moves between facilities.

The objective tool was developed by Maine DOC and has clear guidelines for its use. The tool accounts for all thirteen factors required in indicators (D) and (e). They have also implemented a system to ensure that after the initial screening the inmates are asked about sexuality, victimization history and perceived safety. It is confirmed through interviews that only case management, Medical and Mental Health and administrators know the specific reasons for PREA scoring results in CORIS. Unit Management team members were aware of inmate screening and the importance of using the information. Medical staff will also ask PREA related information at the initial assessment and pass any new information back to the intake staff to ensure the screening encompasses all information obtained at intake. Compliance was determined based on the PREA screenings provided consistent with time requirements in the standard. Further supporting compliance is the use of CORIS to ensure inmates with contradicting scores are prevented from being housed together. Maine DOC has given a report

tool on the timeliness of initial screening and reassessment that is available through CORIS to the PREA Coordinator and PREA Monitors, this tool is a credible example of ensuring timely screening of inmates.

## Standard 115.242: Use of screening information

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

#### 115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident?  Yes  No

#### 115.242 (c)

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

resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.242 (d)

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

#### 115.242 (e)

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

#### 115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.  
Policy 6.11.2 Sexual Misconduct – Prevention) DOC  
Policy 23.8 Management of Transgender Inmates  
Individuals interviewed/ observations made.  
Interview with Facility PREA Monitor  
Interview with Random Staff  
Interview with random inmates  
Population report  
Observation on tour

### Summary Determination

**Indicator (a)** The PREA screen used at BCF provides immediate assistance in determining the appropriate housing unit for any new inmate. If an individual is a known perpetrator of sexual offenses, they would be prohibited by the agency's electronic case management system from being placed in the same room as an individual with a known victim history. If inmates have a sexual offense history they may be required to undergo treatment as part of their program. Individuals with victimization history are provided counseling onsite by Wellpath staff or through the rape crisis agency SASSMM. Unit staff determine through a multi discipline team when an inmate is ready to transition to either work or educational programming. During these team meetings potential conflict would be identified between the known individuals on each side. The PREA Coordinator has developed a reference tool to ensure the unit teams are documenting housing, bed, work, and programming. Education is in an individualized program at BCF.

**Indicator (b)** Safety of the inmates is considered throughout the inmates stay. Each inmate is met by the PREA Monitor who also is the Duty Sergeant for BCF. The unit management team has the ability to use all the information of the inmate's prior stays at other Maine DOC facilities to develop a individualized plan for each inmate. These plans draw on clinical, medical and behavioral concerns in the inmate's history. As a minimum-security facility, inmates with recent aggressions or certain criminal histories in the community or in a correctional setting would unlikely be placed at BCF.

**Indicator (c)** There are currently no transgender individuals at BCF. The Maine correctional system attempts to place transgender individuals in the facility in which they identify. Inmates who identify after intake are allowed medications to support their transition. The team will then consider when it is appropriate for the individual to be transferred to the facility they identify as while considering safety and security. Transgender males would be eligible for placement at BCF. The DOC central office, the sending facility and the BCF staff would all be engaged in a plan to support the inmates smooth transition.

**Indicator (d)** Since there is no current transgender individual the Auditor considered the policy which requires, all transgender individuals own preference and perception of safety to be part of the considerations in determining housing.

**Indicator (E)** There are no gang showers in BCF. The housing units have individual showers on each tier of the housing pod in bathrooms. There is also a handicapped bathroom that could serve as an option for a transgendered individual at BCF.

**Indicator (f)** The Bolduc Correctional facility does not by policy, practice or legal requirement house all LGBT inmates in one housing unit. This was confirmed with interviews with the PREA Monitor, Random staff and inmates.

Conclusion: Maine DOC Policy 6.11.2 Sexual Misconduct – Victim Services described the use of the PREA Screening tool (Pg.3-4) in Indicators (a) and (b). The remaining indicators are covered in 23.8 Management of Transgender and Intersex Inmates. The electronic case management system of Maine DOC (CORIS) will prevent housing of potential or known victims with potential or non-aggressors based on the PREA Screening tool in 115.41. All individuals entering BCF are asked how they feel about their safety which helps guide the placement process for housing and eventually programming. BCF has no transgender inmates. Documentation supports that LGBTI inmates are not all housed together or denied programming or work. There is no legal judgement requiring such condition to exist. Through the Unit Management process other areas of the inmate's life are given enough information to ensure potential victims and potential perpetrators are monitored closely. 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 inmates on the job site. 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 inmates and observe and address any behaviors.

The standard is determined to be compliant based on policy, supporting documents and interviews with inmates and staff. The Auditor finds that practices are in place to use screening information to protect the population from abuse and there is good communication about those at risk.

## REPORTING

### Standard 115.251: Resident reporting

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

#### 115.251 (a)

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

#### 115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No

#### 115.251 (c)

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

#### 115.251 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### **Policies and written/electronic documentation reviewed.**

Policy 6.11.2 Sexual Misconduct –  
Sexual Assault Brochure  
BCF Inmate handbook  
PREA Posters

#### **Individuals interviewed/ observations made.**

Interview with Random Staff  
Interview with Contracted staff  
Interview with an



Observation on tour

### **Summary Determination**

**Indicator (a)** The Bolduc Correctional Facility provides inmates with multiple ways to report a concern of sexual misconduct. Random inmate interviews confirmed that the inmates know there are multiple ways to report a concern within the facility or to the Department of Corrections Central Office. Inmates were aware of the postings that were visible on the tour and information in the inmate handbook that describes options to report a concern. The handbook states inmates can report, including directly to a staff they trust, to any case manager or medical or mental health staff, by writing or requesting to speak to the Director and by calling the DOC PREA 'hotline' (agency PREA Coordinator). It should be noted inmates 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 BCF.

**Indicator (b)** The Maine Department of Corrections has set up two ways in which inmates can report a PREA concern to an outside agency. The phone numbers for the local rape crisis agency are posted prominently in each of the housing units. 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. Inmates were aware of these options and also stated they could call attorneys or family members to report a concern. The inmates were also confident, if a family member called to report a concern, that the staff would take it seriously and it would be investigated. An example of a letter received by Knox County about concerns at the neighboring MSP was provided as supporting documentation.

**Indicator (c)** Interviews confirm consistent with agency policy (6.11 Sexual Misconduct -page 4 ) 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 that 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.

**Indicator (d)** 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 also 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.

**Conclusion:** Maine Department of Corrections 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 inmate reported Sexual Abuse and Harassment claims. The facility Sexual Assault Brochure, the Inmate Handbook and posters throughout the facility all give direction on the importance and methods of reporting Sexual Assault and Sexual Harassment. Interviews with staff were consistent in their understanding of their duties of accepting and responding to all reports of Sexual Assault or Sexual Harassment whether it was done verbally, in writing, anonymously or by a third party (indicator (c)).

Inmates interviewed were aware of multiple ways in which they could report including telling staff, calling the hotline to one of two numbers, mail administration or the local county jail, complete

grievance form or call or write the local rape crisis agency. Posters seen on all the housing units during the tour directs inmates to call the DOC PREA Coordinator or write the local county Jail if they did not want to speak to DOC personnel (indicator (d)). The rape crisis information is also located in the inmate handbook. Inmates spoken to formally and on tour reported comfort in speaking with staff including the Unit staff if they had a concern. Custody staff reported knowing how to privately report PREA concerns to administration and that there is no problem reporting out of the chain of command. The Auditor finds compliance with standard provisions, based on the policy, documentation provided and viewed on the tour, and the interview findings of random staff and inmates as well as interview information from the PREA Monitor and PREA Coordinator.

## Standard 115.252: Exhaustion of administrative remedies

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

#### 115.252 (a)

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

#### 115.252 (b)

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

#### 115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (f)

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

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA

### 115.252 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policies and written/electronic documentation reviewed.

6.11.4 Sexual Misconduct – Administrative Sanctions and Grievances  
 BCF PREA Grievance Log

### Individuals interviewed/ observations made.

Interview with facility PREA Monitor  
 Interview with BCF Director  
 Interview with Random Inmates

Observation on tour

## Summary Determination

**Indicator (a)** The Maine State Prison is not exempt from the standard; inmates have the ability to file a grievance on conditions that violate their rights or prison rules. Sexual misconduct is a reason for which an inmate can file a grievance. There were no reported grievances at BCF related to PREA.

**Indicator (b)** Agency policy and client handbooks support the inmate can file a grievance to a person who is not the subject of the grievance, and there is not a requirement to resolve the situation through an informal process. Agency Policy 6.11.4 (page 5) set forth these conditions but it was not clear in the current language of the inmate handbook. The facility issues all inmates notice of the language that will be placed in the next printing of the facility handbook. Inmates confirm they routinely receive such updates and new handbooks each time they are released.

**Indicator (c)** All PREA related grievances are forward to the PREA Monitor. Inmates are allowed to send sealed mail to the grievance officer. By policy, if the grievance officer is the subject of the complaint, the inmates are allowed to send the grievance directly to the facility administrator.

**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.

**Indicator (e)** Policy 6.11.4 (page 6) states “The prisoner or inmate may be assisted in filing the grievance by any Departmental staff person or by any other person with whom the prisoner or resident is permitted to have contact. Such a person may also file the grievance on behalf of the prisoner or 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.” Inmates spoken to by the Auditor confirmed that there is no prohibition on assisting or filing a grievance for another resident. Staff were also aware they need to accept all complaint or grievances from third party individuals.

**Indicator (f)** Pages 6 and 7 describe the provisions for an emergency grievance. Any emergency grievance or grievance where there is an imminent risk for sexual misconduct requires immediate notification to the facility’s chief administrative officer. There were no incidents in which an emergency grievance was filed in the last 12 months.

**Indicator (g)** Inmates 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.

**Conclusion:** Maine State Prison 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 inmates to file a PREA complaint. It is reported by the Director and the Grievance Officer that there has been no instances in the past year that an inmate used the grievance process for a sexual assault case. There were no instances in which an emergency grievance was filed. Inmates knew they could file a PREA related concern through the grievance process but

acknowledge it would not be as quick in resolving as telling a staff person directly. Inmates report they can get assistance from other inmates in completing forms if needed. Inmates in the random interviews reported no history of filing a grievance on a PREA related concern. Inmates reported comfort in telling staff directly about concerns and if they felt it wasn't addressed they would go send a request to the Director or request a meeting to discuss concerns. With no PREA Grievances to review, compliance determination relied on the policy and interviews with the PREA Monitor, the Director and the inmates, who were aware the grievance process was a possible avenue to report a Sexual Misconduct concern.

## Standard 115.253: Resident access to outside confidential support services

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

#### 115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.253 (b)

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

#### 115.253 (c)

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

### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

#### **Policies and written/electronic documentation reviewed.**

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

#### **Individuals interviewed/ observations made.**

Interview with Agency PREA Coordinator

Interview with Director

Interview with PREA Monitor

Observation on tour

#### **Summary Determination**

**Indicator (a)** Bolduc Correctional Facility provides access to the local rape crisis agency, the Sexual Assault Support Services of Mid-Coast Maine (SASSMM). The Agency's employees are considered to have professional visitor status which allows for confidential communication. The Maine DOC has adjusted policy 21.03 to specifically address the professional status of the state's rape crisis network. BCF is a community confinement facility and does not house individuals for civil immigration violations.

**Indicator (b)** All inmates are informed at the inception of services that confidentiality is limited when there is an individual who has been victimized in the institution. All MSP and BCF inmates sign acknowledgement forms with Wellpath as part of their service introduction for both medical and mental health services. SASSMM staff have not been requested to work with any individuals to date at BCF.

**Indicator (c)** The Department of Correction has a Memorandum of Understanding with SASSMN which covers both the Maine State Prison and the Bolduc Correctional Facility. The agreement is renewable. The DOC also has an agreement with the statewide rape crisis agency Maine Coalition Against Sexual Assault (MECASA).

**Conclusion:** Inmate victims at MSP and BCF can access victim advocates for emotional support. The agency has entered into a Memorandum of Understanding with the Sexual Assault Support Services of Mid-Coast Maine (SASSMM) to provide support to victims (Indicator (c)). Sexual Assault Support Services of Mid-Coast Maine is part of Maine Coalition Against Sexual Assault (MECASA). The Deputy Commissioner has signed the MOU with both MECASA and SASSMM which has an automatic renewal clause. As part of the audit process the Auditor spoke by phone to an SASSMM representative who confirms their ability to provide service at DOC facilities. The PREA brochure and signage at both facilities had a toll-free number for inmates to access from the pay phone in the facility or with their case manager. The handbook tells inmates they can call or write SASSMM who could come to the facility to provide services as a professional visit.



Requirements for compliance with this standard are covered by agency policy 6.11.4 Sexual Misconduct. Inmates whose sexual assault history was not in the institution may also pursue treatment options through the facility Mental Health services or through SASSMM. Inmates could identify how confidential the communication is within the facility including mail and telephone contacts. Inmates knew that outside counseling staff could be spoken to in a professional visiting setting such as BCF's main building. The Auditor could see, on the tour, posters for MECASA (Maine Coalition Against Sexual Assault) the umbrella organization for Sexual Assault Services (which includes SASSMM and 6 other regional service providers) so inmates who are discharging will have knowledge of services in their home communities. All three indicators of this standard were covered in policy which supported compliance along with the documentation visible on the tour and through inmate interviews and conversations with the representative of SASSMM. State PREA Coordinator has met with SASSMM staff to try to strengthen and expand the relationship between the facilities.

## Standard 115.254: Third-party reporting

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

#### 115.254 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policies and written/electronic documentation reviewed.

Policy 6.11.2 Sexual Misconduct – PREA and Maine Statutes

Maine DOC Website

PREA Posters on Housing units

Logs of the PREA report Hotline  
Information from Knox County Jail on reports made.

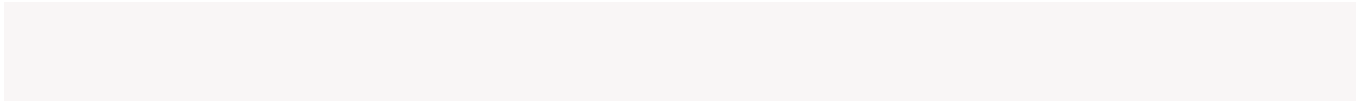
**Individuals interviewed/ observations made.**

Interview with Agency PREA Coordinator  
Observation on tour

**Summary Determination**

**Indicator (a)** Maine Department of Correction has developed a mechanism for individuals who want to report PREA concerns as a third party; be they fellow inmates, 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 inmates in the PREA brochure, PREA poster, inmate handbook and on the website noted above. The inmates are provided information on how to send complaints to the local county jail. Staff were aware that they must take all reported concerns about PREA potential violations including from third parties. The facility phones allow for inmates to dial out to the advocates or the Maine DOC PREA Coordinator without recording the conversation. The Maine DOC Policy on Communication mail and visiting 16.3 and Sexual Misconduct policy 6.11 and 6.11.5 address the requirements of this standard.

**Conclusion:** Maine Department of Corrections has put in place multiple resources of inmates and families to report a PREA related concern. The PREA Coordinator shared the log of calls that had come into the state hotline of which only one case was a third-party report. As part of the audit process the PREA Auditor spoke with the PREA Coordinator of the local jail to confirm the Memorandum of Understanding that MSP and BCF inmates could make complaints. Knox county jail did not receive any complaint from an inmate at BCF but forwarded one to MSP for investigation. Compliance was based on policy and the systems Maine DOC has put in place to support the inmates and that inmates were aware they could make a complaint on behalf of another inmate. Finally, the Auditor took into consideration the systematic logs of information on all calls to the PREA Line. This document supports an organized process to track all calls no matter the source even if the call was a hang up. The Auditor was able to see how the call log also documents the referral back to the institution for the initiation of an investigation including when the call is anonymous.



**OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT**

**Standard 115.261: Staff and agency reporting duties**

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

**115.261 (a)**

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.261 (b)

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

#### 115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

#### 115.261 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Policies and written/electronic documentation reviewed.**

Policy 6.11.5 Sexual Misconduct – responding  
Policy 6.11.3 Sexual Misconduct – Reporting and Investigating  
BCF PREA response plan  
State PREA Coordinator hotline log

**Individuals interviewed/ observations made.**

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

**Summary Determination**

**Indicator (a)** In several parts of the Agency's PREA policy 6.11 Sexual Misconduct (PREA and Maine Statutes) staff are directed to report all knowledge or suspicion related to sexual misconduct against an inmate or the retaliation there of. Staff understood, as evident in random staff questioning, the expectation included when an inmate discloses information about abuse in a prior institution. The staff were also clear that knowledge of misconduct by staff through actions or inactions leading to abuse must be reported.

**Indicator (b)** Random staff interviewed by the Auditor were aware of the importance of keeping information disclosed by an inmate to those with a need to know such as the Supervisor on duty and appropriate medical or Mental Health staff who may respond. Policy also outlines this on page 3 of the Reporting and Investigation portion of the DOC PREA policy.

**Indicator (c)** 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 inmates sign that they understand the limits of confidentiality with medical and mental health upon initiation of services.

**Indicator (d)** Indicator (d) does not apply as the facility does not house juveniles.

**Indicator (e)** All staff are clearly aware that the Criminal Investigator or the SII unit must be called as part of the response plan. The Auditor reviewed the PREA hotline log to see if there were any third party complaints lodged against an individual at BCF. There were none noted, but the documentation show third party calls were referred to other DOC facilities for investigation.

**Conclusion:** There are policies that direct staff of BCF in the handling of a report of Sexual Assault or Sexual Harassment. These policies include Maine DOC's Sexual Misconduct Policy 6.11.3 and Sexual Misconduct Policy 6.11.5. Random staff interviews confirmed that staff are aware of the immediate need to report all accusations of Sexual Assault or Sexual Harassment. They knew this included third

party and anonymous complaints and accusations that may not be true. The staff interviewed knew they also had to report on a coworker whose actions or inactions lead to a sexual assault. Staff were aware of the importance of timely reporting and the need to provide confidentiality about information. Staff were aware that exceptions are when reporting to supervisory staff, investigative staff or information needed to secure treatment or provide for the safety/security of others.

The facility's Medical and Mental Health clinicians were aware of the timely reporting concerns to Wellpath and the BCF Administration. Medical and Mental Health staff have all inmates 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 at Bolduc Correctional Facility have a clear understanding on the responsibility to report a concern related to PREA.

## Standard 115.262: Agency protection duties

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

### 115.262 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policies and written/electronic documentation reviewed.

Policy 6.11.2 Sexual Misconduct (PREA and Maine Statutes)

### Individuals interviewed/ observations made.

Interview with the Director of Operations

Interview with Agency PREA Coordinator  
Interview with BCF Director  
Interviews with random inmates

### Summary Determination

**Indicator (a)** The Bolduc Correctional Facility has not had to protect an inmate in imminent risk of sexual abuse in the past three years. The Director of Operations for Maine’s Department of Correction, and BCF’s Director acknowledged the agency response would be immediate. Efforts would include housing changes, investigation and if needed movement of inmates as needed to increase safety. The agency PREA Coordinator, who works for the Director of Operations, would also be notified of these efforts.

**Conclusions:** BCF is committed to inmate safety. The administration supports that they have several housing options to protect inmates from potential abuse rather than placing them involuntarily in administrative segregation. In extreme cases one of the inmates could be moved to another institution but if another individual is believed to be an aggressor, they would likely be moved to higher level of custody than BCF. Interviews with facility and Agency administration supported the ability to be responsive to individuals who were at risk of abuse. Random staff interviewed identified what to do in situations of imminent risk including immediate separation of parties, increased contact, support to the inmates, notify up the chain of command and documentation of the incident. Compliance was determined based on the interviews, policy 6.11.2 and that the inmates support staff are approachable and would take a complaint seriously.

## Standard 115.263: Reporting to other confinement facilities

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

#### 115.263 (a)

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

#### 115.263 (b)

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

#### 115.263 (c)

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

#### 115.263 (d)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### **Policies and written/electronic documentation reviewed.**

6.11.3 Sexual Misconduct- PREA Reporting and Investigations

### **Individuals interviewed/ observations made.**

Interview with Agency PREA Coordinator  
Interview with BCF Director  
Interview with PREA Monitor

### **Summary Determination**

**Indicator (a)** The Maine Department of Correction 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 by the PREA Monitor, the Facility administrator or designee. The Director was aware of the responsibility to report any notifications of abuse in another institution to that facility's chief administrative officer.

**Indicator (b)** The PREA Monitor and the Director of BCF were both aware, in their formal interviews, that notifications to outside facilities should be made as soon as possible but no later than 72 hours. Since they have not received or had to notify any other facility there is no documentation

**Indicator (c)** There were no notifications completed but the Director would follow up direct communication with and email. The facility's PREA Monitor would also enter the allegation into his PREA allegation log for tracking purposes.

**Indicator (d)** Documentation was provided that there were no outside reports of sexual assault of a former inmate from BCF. The Document was confirmed through interview with the Director and the PREA Monitor who would be tasked with tracking the allegation for the facility as the investigative team completes its work.

**Conclusion:** Maine Department of Corrections Policy 6.11.3 Sexual Misconduct- PREA Reporting and Investigations pages 3 and 4; addresses the requirements of reporting to other confinement facilities of incidents of sexual assault that had occurred in those facilities. The Policy requires that at all DOC facilities notification is done in writing (Indicator c) and within 72 hours (indicator B). Interview with



Director confirmed he was aware of responsibilities, including the documentation of notification to another facility of the accusation. The Director discussed the expected response if notice from another site was to occur including an investigation and notification to the facility PREA Monitor. Absent a current case, compliance with this standard was based on the agency policy and the Director's knowledge of his responsibility.

## Standard 115.264: Staff first responder duties

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

#### 115.264 (a)

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

#### 115.264 (b)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### **Policies and written/electronic documentation reviewed.**

Policy 6.11.3 Sexual Misconduct- PREA Reporting and Investigations

### **Individuals interviewed/ observations made.**

Interview with Agency PREA Coordinator

Interview with investigative staff

### **Summary Determination**

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

**Indicator (b)** As noted above, staff in the Department of Corrections and all Wellpath staff are all trained on how to protect evidence in the event of a sexual assault, The 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. Without any individual who had to act as a first responder in the past year the Auditor relied on the consistent answers about the steps they would take to protect evidence.

**Conclusion:** The Maine DOC trains all employees in the duties of a first responder. Maine DOC has developed a coordinated response plan that gives first responders directions and information to support them through the crisis. Compliance determination relied on the interviews with staff who were able to identify step 1-4 in (Indicator A) and that they were to tell the alleged victim and perpetrator not to do anything that could affect the collection of evidence. Medical staff and vocational staff were also aware of the steps to preserve evidence. (Indicator B). Staff at BCF are prepared to respond as evident in their answers that support compliance. None of the staff persons interviewed reported having to complete first responder duties in the 12-month prior. Compliance, absent a PREA incident, is based on policies and the interviews with staff that support an understanding of their duties when acting as a first responder.

## Standard 115.265: Coordinated response

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

### **115.265 (a)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Policies and written/electronic documentation reviewed.**

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

#### **Individuals interviewed/ observations made.**

Interview with Facility and Agency PREA Coordinator  
 Interview with BCF Director  
 Interview with Investigators  
 Interview with Medical Staff  
 Interview with Hospital with SAFE/SANE staff  
 Interview with local Rape Crisis Agencies

#### **Summary Determination**

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

**Conclusion:** Bolduc Correctional Facility is compliant because it has developed a coordinated response plan that directs staff in their duties. 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. Interviews with the Director, PREA Monitor, and Medical staff all confirm knowledge of their roles in the plan. Compliance is based on the policies, the plan that was provided and staff knowledge of the plan. The Auditor also spoke with community agencies (hospital and rape crisis) to ensure the interactions would be consistent with the plan.

## **Standard 115.266: Preservation of ability to protect residents from contact with abusers**

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

### **115.266 (a)**

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

### **115.266 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

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

**Policies and written/electronic documentation reviewed.**

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

**Individuals interviewed/ observations made.**

- Interview with Agency PREA Coordinator
- Interview with Director
- Interview with an Investigative Staff

**Summary Determination**

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

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

**Conclusion:** The Department of Corrections has contracts with multiple bargaining units. A review of the contracts by the Auditor, did not find any language which would limit the Department of Corrections from removing an alleged Staff Sexual Abuser from having contact with the reported victim. Each of the contracts has a subsection on the Prison Rape Elimination Act. In this section the unions and the Department of Corrections acknowledge they must comply with the Prison Rape Elimination Act. Director of Operations for Maine DOC and the Director reported the ability to remove staff if needed from contact with inmates. The Office of Professional Review confirmed the use of administrative leave during investigations to protect inmates from encountering accused abusers. The agency has used administrative suspensions to separate staff from inmates during an investigation. This standard is compliant based on the information provided that supports the practice is used.

**Standard 115.267: Agency protection against retaliation**

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

**115.267 (a)**

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

**115.267 (b)**

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

### 115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

### 115.267 (d)

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

### 115.267 (e)

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

## 115.267 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Policies and written/electronic documentation reviewed.**

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

#### **Individuals interviewed/ observations made.**

Interview with Director of Operations  
Interview with Interview with PREA Monitor  
Interview with BCF Director  
Interview with an Investigative 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. Agency PREA Coordinator has promoted the adoption of a tracking form to ensure more consistent documentation. The PREA Coordinator also provided a workflow diagram to aid the facilities in the process. The PREA Monitor is aware of the form if an incident was to occur.

**Indicator (b)** The Director supported the facility has the ability to support a victim from a perpetrator. The individual involved in a criminal offense would be removed to a higher level of custody (MSP) and the victim would continue to be monitored for any retaliatory behaviors by other residents or staff. The Director reported similarly the staff involved would be monitored for any concerns after an event. The Director believes incidents can be safely managed to ensure no retaliation occurs at BCF. Inmate victims would routinely be offered counseling services and case workers would provide routine check-ins to ensure the client is feeling safe.

**Indicator (c)** As noted in Indicator (a) the Department of Corrections policy supports all individuals (Inmates and Staff) who report a PREA Incident are monitored for changes in behaviors that might be a



symptom of their being retaliated against. The form developed also addresses the 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.

**Indicator (d)** The occurrence of status checks can be documented through the form as well as the unit management team notes or the inmate's Wellpath medical/ mental health chart.

**Indicator (e)** As noted in indicator (b) the facility has sufficient means to protect an inmate. If the belief is that the inmate cannot overcome this fear the agency could look to see if there is any appropriate housing in another DOC facility.

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

**Conclusion:** The Department of Corrections has policy in place to address the elements of this standard. Documentation supports the facility has been compliant with monitoring expectations for 8 months. 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 Director would also utilize his administrative staff to further monitor staff.

The Director of Operations for Maine DOC, who was interviewed on behalf of the Commissioner and the Director, described multiple mechanisms that would be put in place to protect individuals who report sexual assaults which include changing housing, preventing contact between the accused and the victim and monitoring reports about the inmate or staff to see if there is any change in behaviors. Unit management notes would also support this practice. The facility also has an administrative report through its CORIS system available to supervisory staff on inmates that need to be kept separate. The PREA Monitor and Director were aware that protection monitoring should be done with all individuals who cooperate with the investigation. The standard is compliant based on information provided, interview statements and the policy.

## INVESTIGATIONS

### Standard 115.271: Criminal and administrative agency investigations

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

#### 115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)  Yes  No  NA

**115.271 (b)**

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?  Yes  No

**115.271 (c)**

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

**115.271 (d)**

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

**115.271 (e)**

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

**115.271 (f)**

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

**115.271 (g)**

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

**115.271 (h)**

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

#### 115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.271 (j)

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

#### 115.271 (k)

- Auditor is not required to audit this provision.

#### 115.271 (l)

- 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 115.221(a).)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policies and written/electronic documentation reviewed.

Policy 6.11.3 Sexual Misconduct (PREA and the MAINE Statutes) Reporting and Investigating  
Policy 7.1 Investigations

## Sexual Assault Response Plan (SAR)

### **Individuals interviewed/ observations made.**

Interview with Agency PREA Coordinator  
Interview with Interview with PREA Monitor  
Interview with BCF Director  
Interview with an Investigative Staff

### **Summary Determination**

**Indicator (a)** Maine Department of Corrections in Policy 6.11.3 on pages 4 to 6 set forth the responsibilities of the investigative team including the need for a prompt thorough investigation of the facts and a complete report outlining the processes undertaken, the reasoning behind the findings. The Policy and the SAR define duties and agency policy requires investigation of all allegations including those from third party or anonymous sources. Random staff interviewed supported they must report all claims no matter the source or if they believe the incident to have occurred. To further support objective and transparent process the Maine DOC has an Office of Professional Review which is tasked with completing all criminal and administrative investigations of DOC staff persons.

**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 three members of the current MSP/BCF investigative team.

**Indicator (c)** Investigative staff interviewed, inmates who were part of an investigation confirmed and investigative files reviewed supported the requirements of this indicator. The Investigators for MSP/BCF know how to collect evidence from a crime scene to ensure the preservation of evidence including DNA. As noted in 115.21 forensic exam of the victim would not occur at the MSP or BCF but at a local hospital with SANE trained nurses.

**Indicator (d)** The investigator supports that individuals can complete compelled interviews and that they would work closely with the local prosecutor on the case. Policy 6.11.3 describes the expected interactions with the prosecutorial authorities (page 5).

**Indicator (e)** The investigator 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 each individual involved in the case without biasness toward their position as a staff or inmate.

**Indicator (f)** All criminal investigations potentially can include a referral to office of professional practice if the evidence supports that a staff persons actions or inactions led to an inmate on inmate sexual assault. Administrative investigations into sexual harassment claims or other staff actions in sexual misconduct investigations can result in discipline outside of termination. The Maine State Prison did discipline an employee in the past year reportedly for failing to report information. 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.

**Indicator (g).** All criminal investigations completed by the MSP/BCF investigative teams will result in a written report as required in the agency's related policies. The investigative files reviewed by the Auditor from MSP 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.

**Indicator (h)** Agency policy requires all criminal acts to be referred for criminal prosecution (policy 6.11.3 page 5).

**Indicator (i)** The Maine Department of Corrections record retention requires a greater retention period than 5 years beyond separation of the parties from the institution. This was confirmed through the investigator's interview.

**Indicator (j)** Agency policy and the Investigators interviewed confirmed individuals departure from the institution would not result in the case being closed. The Criminal Investigator for MSP/BCF 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.

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

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

**Conclusion:** The Maine Department of Corrections, 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. In determining compliance, the Auditor took into consideration many factors. The MSP/BCF facilities have 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 inmates report the actions were consensual. In doing so they ensure all incidents are investigated and evidence is collected providing an opportunity for a reluctant victim to come forward at a later date. 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.

In the Auditor's interview, the investigative staff was able to identify the steps taken to gather evidence, how credibility of the various persons involved is determined on an individual basis, and that polygraph exams would not be required for the initiation of an investigation. Consistent with policy, it was stated investigative reports will be completed on all administrative and criminal investigations. The agency has implemented some forms that direct a consistent formation of a report including the content. As part of the audit process the Auditor reviewed 5 correctional investigative files from MSP since there were no cases at BCF since 2016. 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 as well as interviews with the investigative staff. As noted, the Auditor considered the investigative files from MSP since the same investigative team would conduct investigations at BCF.

## Standard 115.272: Evidentiary standard for administrative investigations

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

#### 115.272 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative Policies and written/electronic documentation reviewed.

Policy 6.11.4 Sexual Misconduct

#### Individuals interviewed/ observations made.

Interview with an Investigative Staff

#### Summary Determination

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

**Conclusion:** The Department of Corrections has several staff trained as PREA investigative staff for the Maine State Prison and the Bolduc Correctional Facility as noted in 115.34. The investigative staff throughout the Maine Correctional system consistently report no greater standard than preponderance of evidence in making determination on cases. One of the trained Investigators reviewed PREA case files from MSP with the Auditor which supported this standard was used. Compliance was based on the policy and the interview with the Investigative Officer and his explanation of case files. The Auditor spoke also with the Investigator from the DOC Office of Professional Review on a staff involved case. This investigator also supported the standard of preponderance of evidence.

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## **Standard 115.273: Reporting to residents**

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

#### **115.273 (a)**

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

#### **115.273 (b)**

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

#### **115.273 (c)**

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

whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.273 (d)

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

#### 115.273 (e)

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

#### 115.273 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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#### **Policies and written/electronic documentation reviewed.**

Policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Investigations

#### **Individuals interviewed/ observations made.**

Interview with an Investigative Staff

Interview with BCF Director

Interview with PREA Monitor



### Summary Determination

**Indicator (a)** Maine DOC provides notification to all inmates 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 inmates if the allegation was substantiated, unsubstantiated or determined to be unfounded.

**Indicator (b)** This indicator does not apply as Maine DOC completes criminal and administrative investigations at all DOC facilities. BCF has one fulltime ISS team member who works under the direction of the ISS Lieutenant at MSP.

**Indicator (c)** The policy (6.11.3 – page 7) 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 inmate regarding any indictment or conviction of a perpetrator as long as the victim is still in custody.

**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 inmate. The policy requires notification on all indictments and convictions.

**Conclusion:** The Department of Corrections has policies in place to ensure that inmate are properly informed about the progress of any investigation including the outcome of the investigation, if the case was referred for prosecution and if a indictment was reached. The inmates are also required to be notified if the perpetrator has been removed from their ability to have contact with them. Since Bolduc Correctional Facility has not had any PREA incidents compliance relied on policy, the interviews with the investigative staff person, the Bolduc PREA Monitor, and the BCF Director.

## DISCIPLINE

### Standard 115.276: Disciplinary sanctions for staff

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

#### 115.276 (a)

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

#### 115.276 (b)

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

#### 115.276 (c)

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

#### 115.276 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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#### Policies and written/electronic documentation reviewed.

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

Policy 3.15 Disciplinary Sanction

#### Individuals interviewed/ observations made.

Interview with an Investigative staff Office of Professional Review

Interview with Human Resources representative

Interview with Director

#### Summary Determination

**Indicator (a)** Maine DOC provides notification to all employees in two policies on the sanction's for violating agency policies. In its Disciplinary policy the DOC states the use of sanctions are to "enforce the high standards and to ensure safe and efficient correctional operations".

**Indicator (b)** The PREA policy 6.11.4 on page 4 states that employees who engage in, attempt to, threaten to, or request an act constituting sexual misconduct will be subjected to termination as the

presumptive disciplinary sanction. The Auditor confirmed there were no staff fired from the Bolduc Correctional Facility for sexual misconduct.

**Indicator (c)** Maine Department of Correction Policy allows for other sanctions to occur beside termination if the incident is of a non-criminal act. Discipline can occur for other behaviors related to PREA such as inappropriate comments/language. In these cases, the DOC 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.

**Conclusion:** The Department policy 6.11. Sexual Misconduct (page 2) and 3.15 Employee discipline states that staff who violate agency sexual abuse or sexual harassment policies are subject to disciplinary action. Disciplinary actions include a variety of sanctions, including termination which will be presumed for a substantiated finding of sexual abuse. Absent a case of staff discipline at BCF, the Auditor determined compliance is based on policy, interviews and the track record of DOC handling of cases.

## Standard 115.277: Corrective action for contractors and volunteers

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

#### 115.277 (a)

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

#### 115.277 (b)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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### **Policies and written/electronic documentation reviewed.**

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

### **Individuals interviewed/ observations made.**

Interview with an Investigative Officer  
Interviews with Contracted staff and Volunteer  
Interview with Director  
Interview with PREA Monitor

### **Summary Determination**

**Indicator (a)** Maine DOC provides notification to all contractors and volunteers about the agency's zero tolerance for sexual misconduct with inmates. Any violation of agency policies can lead to an immediate cessation of privileges. If the investigative process reveals the actions were criminal in nature the case would be referred for prosecution and in the case of Wellpath staff the appropriate state licensing body would be informed.

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

**Conclusion:** The Bolduc Correctional Facility has contractors sign an acknowledgement form which notifies them that any sexual misconduct can result in termination of privileges and that they may be subjected to civil or criminal prosecution. Policy 6.11.4 Sexual Misconduct -Administrative Sanctions (page 3) allows BCF 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 to the Attorney General's Office for prosecution. There were no incidents requiring the removal of a contractor or volunteer for Sexual Assault or Sexual Harassment according to the BCF Director and the PREA Monitor. Contracted staff were aware that they could be barred for violation of DOC rules related to PREA. The Auditor was able to speak to a volunteer and contractors to confirm their training and understanding of PREA. Compliance is based on policy, supporting documentation and interviews.

## **Standard 115.278: Interventions and disciplinary sanctions for residents**

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

**115.278 (a)**

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

**115.278 (b)**

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No

**115.278 (c)**

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

**115.278 (d)**

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

**115.278 (e)**

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

**115.278 (f)**

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

**115.278 (g)**

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

**Auditor Overall Compliance Determination**

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

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

### **Instructions for Overall Compliance Determination Narrative**

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#### **Policies and written/electronic documentation reviewed.**

Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances  
Policy 20.1 Inmate Discipline  
Inmate Handbook

#### **Individuals interviewed/ observations made.**

Interview with an Investigative Officer  
Interview with Inmates  
Interview with Director  
Interview with PREA Coordinator

#### **Summary Determination**

**Indicator (a)** Inmates who have been found to have engaged in a criminal offense, including sexual assault, are not only subjected to criminal prosecution they are also referred for facility disciplinary hearing. Policy 20.1 page 6 to15 defines the disciplinary hearing process and the levels of sanctions.

**Indicator (b)** Inmates can be sanctioned for engaging in sexual misconduct even if it is consensual. The discipline code defined in Policy 20.1 shows four levels of discipline that could be imposed. The Policy also goes on to state that the hearing officer should review inmate records to determine if prior disciplinary history, cognitive abilities or other mental health issues should be considered in the process. Inmates with frequent discipline can receive additional sanctions. Similarly, Policy 6.11. (page 4) also addresses the same requirements having a graduated response that takes in the nature of the offense and the inmate's prior discipline history.

**Indicator (c)** As stated in indicator (b) page 9 of the Inmate disciplinary policy (20.1) requires the cognitive abilities and mental health impairment in determining any mitigation of consequences.

**Indicator (e)** The investigative staff and facility PREA Monitor confirmed that inmates who engage in sexual misconduct with staff will not be disciplined unless it is proven the staff did not consent. The inmate victim interviewed did not report being disciplined for the incident.

**Indicator (f)** Page four of Policy 6.11.4 states that an inmate cannot be disciplined for a PREA allegation unless it is proven the allegation was filed in bad faith. The Investigative team must conclude this then the inmate would be subject to a Class A violation for Deception. Class A events can result in disciplinary restrictions, loss of privileges and loss of good time. Inmates realize that discipline could result in a return to a higher level of custody.

**Indicator (g)** Inmates who engage in consensual sexual misconduct can be subjected to discipline as defined in policy 20.1. Sexual activity not by force or under duress is considered a class B offense. An individual may receive similar sanctions to Class A behavioral offenses but for shorter periods. As noted above inmates know that violation of institutional rules could result in a return to higher level of custody.

**Conclusion:** Maine DOC policy 20.1 Prisoner Discipline, 6.11 Sexual Misconduct (general) and 6.11.4 Sexual Misconduct (administrative sanctions) addresses the requirements of this standard. The policy 20.1 addresses the requirements of indicators (a)- (d) relating to disciplinary hearing, the consideration of the mental health of the inmate 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 inmates and between inmates and staff, which is also stated in the inmate handbook.

Inmates who engage in sexual misconduct with staff can be disciplined unless it is determined the staff consented to the act. Inmates can be disciplined for making an intentional false report related to PREA. Compliance was based on policy, interviews and documentation provided. There were no cases of sexual misconduct at the Bolduc Correctional facility, as a result the Auditor could not review a case in which the inmate was disciplined.

## MEDICAL AND MENTAL CARE

### Standard 115.282: Access to emergency medical and mental health services

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

#### 115.282 (a)

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

#### 115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?  Yes  No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.282 (c)

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

#### 115.282 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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#### **Policies and written/electronic documentation reviewed.**

Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding  
Policy 18.1 HealthCare Services-Governance and Administration  
Policy 18.4 Health Screening and Assessment  
Policy 18.5 Healthcare  
Policy 18.6 Mental Health Services  
Inmate records  
Inmate screenings

#### **Individuals interviewed/ observations made.**

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



## Summary Determination

**Indicator (a)** The Bolduc Correctional Facility has a full-service medical clinic that operates each day. The services are diverse with RN nurses and licensed mental health clinicians. After-hours availability to on call medical and mental health practitioners can assist line staff. In emergencies, such as a PREA Incident, the BCF can receive medical or mental health support from the neighboring MSP. Inmates report access to these services if they are in crisis. Medical staff believe they have medical autonomy if the inmate has to go out of the building for instance, a forensic exam. The medical staff support the facility administration is supportive of the work they do, and they work to resolve issues when they arise.

**Indicator (b)** Medical services are available 24 hours per day at the Maine State Prison. In the case of a sexual assault the BCF custody staff would notify MSP medical and mental health. Random staff knew as part of their first responder duties, that immediate notification to medical was required. This is also stated in the facility Sexual Assault Response plan.

**Indicator (c)** Discussions with both Hospital staff and facility medical staff confirms that sexual assault victims would be offered prophylaxis medications. The Auditor confirmed the same medications would be offered to the inmate again upon return from a forensic exam even if they initially denied it. Medical staff confirmed they would educate the inmate on the importance of such medications for continued health.

**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. and in Health Care policy 18.1. The Auditor also confirmed that victims of sexual assault in Maine 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. BCF inmates would receive the same follow up care at the facility.

**Conclusion:** Bolduc Correctional Facility has the ability to quickly respond to and provide emergency care and referral to a local hospital for forensic services. The agency response plan for PREA incidents outlines the steps taken to ensure access to care. Maine DOC has medical nursing staff 24 hours per day at the neighboring state prison if a nurse is not on duty. The facility also has on call providers that can help to facilitate the referral to an outside medical provider.

Wellpath and Maine DOC will follow the requirements as outlined in Policy 6.11.5 Sexual Misconduct. The State of Maine has a list of several facilities with SAFE or SANE capabilities. The inmates at MSP and BCF would be referred to the Waldo County General Hospital in Belfast ME. As part of the audit process the Auditor spoke to a hospital representative to confirm the access to SANEs and the services provided to victims of sexual assault. There is no financial cost to any inmate in DOC. The State of Maine Website has the document: SEXUAL ASSAULT FORENSIC EXAMINER PROGRAM GUIDELINES for the CARE OF THE SEXUAL ASSAULT PATIENT which covers the need to offer victim patients prophylaxis treatments for STD and emergency contraception. Compliance determination took into consideration the access to services, Wellpath staff interviews, policies of the DOC, information from the State of Maine on Forensic exam requirements and interviews completed with local hospital staff and client file information.

## Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

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

### 115.283 (a)

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

### 115.283 (b)

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

### 115.283 (c)

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

### 115.283 (d)

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

### 115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.283 (f)

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

### 115.283 (g)

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

### 115.283 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Policies and written/electronic documentation reviewed.**

Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding  
 Policy 18.4 Health Screening and Assessment  
 Policy 18.5 Healthcare  
 Policy 18.6 Mental Health Services

#### **Individuals interviewed/ observations made.**

Interview with Medical Staff  
 Interview with Inmate  
 Interview with SASSMM  
 Interview with PREA Coordinator  
 Observation of the medical unit

### Summary Determination

**Indicator (a)** The Maine Department of Corrections ensures that all inmates are provided with the appropriate level of medical and Mental health services for any issue including incidents 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 inmate 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 inmate is more comfortable to discuss the abuse with a rape crisis agency staff person a mental health referral can be made to SASSMM to provide appropriate level of counseling.

**Indicator (b)** Inmates who are victims of sexual assault in a Maine correctional institution are immediately referred to mental health services as well as Medical services. Even if the assault occurred in the community or at a county Jail the inmate once identified is referred to Wellpath for follow up services. If the inmate prefers, they can be referred to SASSMM for support services post an incident of sexual misconduct. The Wellpath Medical and Mental Health staff spoken with confirmed, as did the SASSMM representative, that they would make referrals to ensure continuity of care if the inmate was released home or transferred to another facility.

**Indicator (c)** Inmates at Bolduc Correctional have full access to the Wellpath medical and Mental Health services. The facility offers a full array of medical and mental health services on site or at the Maine State Prison including dental and vision. Inmates with specialized need such as victims of abuse can be referred to outside counseling or treatment services provider to have access to. Mental Health services include counseling, medication management and when needed the extra support of the mental health unit or direct observation room in the clinic space. The BCF clinic oversees direct care and referral for inmates. Since the clinic is not open 24 hours per day the clinic off hours emergency services may occurred at the Maine State Prison.

**Indicator (d)** Not Applicable -The facility is all male

**Indicator (e)** Not Applicable – The facility is all male

**Indicator (f)** The Auditor confirmed, with both the medical staff at BCF and the representative of Waldo County General, 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 provide without cost to the inmate including if the inmate must go out for a forensic exam.

**Indicator (h)** All individuals involved in a sexual assault, both the victim and perpetrator, are referred for mental health assessments.

**Conclusion** The Maine Department of Corrections ensures inmates have ongoing access to services. The DOC has several policies that address healthcare needs of inmates including services available to victims of sexual abuse. The Auditor reviewed the 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 Waldo County General for a forensic exam. Medical staff confirm that they could educate inmates about the importance of testing and prophylactic treatment if they initially refused these treatments at the hospital. BCF facility is an all-male facility so indicator (d) and (e) do not currently apply. 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 SASSMM and an inmate victim.

## DATA COLLECTION AND REVIEW

### Standard 115.286: Sexual abuse incident reviews

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

#### 115.286 (a)

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

#### 115.286 (b)

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

#### 115.286 (c)

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

#### 115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

## 115.286 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Policies and written/electronic documentation reviewed.**

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

#### **Individuals interviewed/ observations made.**

Interview with an Investigative Officer  
Interview with Inmates  
Interview with BCF Director  
Interview with PREA Coordinator

#### **Summary Determination**

**Indicator (a)** Policy 6.11.1 (page 2) sets forth the requirement of an incident review on all cases of sexual misconduct unless the investigation has determined the allegation was unfounded. The policy goes on to describe the individuals who should be on the review team and the information that should be considered. The Auditor was provided with examples of the review teams findings on the Maine Department of Correction Sexual Misconduct Review form. The Auditor reviewed the content of the form with both the state PREA Coordinator and the Facility PREA Monitor to confirm knowledge of the standard. Bolduc has not had a PREA incident to investigate since 2017 as a result it has not had to complete an incident review on a PREA allegation.

**Indicator (b)** The policy states the review should occur within 30 days of the investigation conclusion. Absent any current incidents the Auditor relied on the knowledge of the Director, PREA Monitor and the PREA Coordinator.

**Indicator (c)** As noted in indicator (a) the policy language addresses the multi discipline nature of the team. Since the Investigative team and Medical and Mental Health Services supervisors are involved in

the reviews at MSP it is a logical assumption they would also partake in a review at BCF if one was needed.

**Indicator (d)** The elements described in this indicator are all covered in policy 6.11.1 page 2. The Maine Department of Correction has developed a standardized review form to document that the review panel took into consideration 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 documents the finding of the various questions and provides the reader with information if the team has determined any recommended actions take place.

**Conclusion** The Maine DOC 6.11.1 pg. 2 requires the completion of the steps outlined in this standard. The steps to provide for a critical incident review on all PREA sexual assault cases. The policy requires what information needs to be part of the incident review. The language comes directly from standard. As evidence to support the standard the facility provided a documentation of the Incident review. 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 and staff understanding of the requirements. Absent an actual review the auditor weighed highly the knowledge of the PREA Coordinator and PREA Monitor. Finally, the Auditor took into some consideration that several of the team members have been involved at MSP's reviews including Medical, Mental Health and Investigative staff members and the state PREA Coordinator.

## Standard 115.287: Data collection

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

#### 115.287 (a)

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

#### 115.287 (b)

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

#### 115.287 (c)

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

#### 115.287 (d)



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

#### 115.287 (e)

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

#### 115.287 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### **Policies and written/electronic documentation reviewed.**

Institutional data tracking  
Agency annual report

#### **Individuals interviewed/ observations made.**

Interview with Director of Operations  
Interview with PREA Coordinator

#### **Summary Determination**

**Indicator (a)** The agency collects data consistent with the policy definitions which were developed to be consistent with the standard.

**Indicator (b)** The agency completes an annual report with aggregate data at the Maine State Prison.



**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.

**Indicator (d)** The agency has rules on the retention of records at all DOC facilities. Copies of criminal files involving inmate on inmate 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 Auditor completed a phone interview with the OPR investigator and reviewed inmate on inmate investigative files when onsite in Maine.

**Indicator (e)** The Department of Correction has provided the Auditor with the data from the county jail with whom they subcontract. At the Auditor request they placed a copy of that information up on the state website.

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

**Conclusion.** The Auditor has found the standard to be in compliant with the PREA standards for Community Confinement Standards. BCF has the same internal data collection expectations as the full secure prison environment. The Maine DOC has a system in place for collecting uniform data that could be used to complete the Survey of Sexual Violence. The 2018 Maine Department of Corrections Prevention of Rape in Prison report outlines the efforts including data for each of Maine DOC's adult and juvenile facilities. The agency policy 6.11.1 pg.3 commits the agency to comply with the data collection requirement of the standard. The policy states "Each facility's PREA Monitor shall ensure the collection of incident-based sexual misconduct data and shall report that data to the Department's PREA Coordinator at least annually, who shall aggregate it for all Department facilities." The agency has not been required to complete the Survey of Sexual Violence for this year, but the State PREA Coordinator reports he has all the information available to complete the report and provided the previous year's report to further support their compliance.

## Standard 115.288: Data review for corrective action

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

#### 115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.288 (b)

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

#### 115.288 (c)

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

#### 115.288 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policies and written/electronic documentation reviewed.

Policy 6.11.1 Sexual Misconduct

### Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator  
Interview with the BCF Director  
Interview with the Director of Operations

### Summary Determination

**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 teams review critical incidents with an eye toward improving safety. Interview with the BCF Director and the Director of Operations support critical analysis occurs not only at the facility level but also at a system level. Examples were provided how improvements have been used across the system to improve inmate safety. The Director also confirmed that BCF team looks for trends to determine if resources need to be adjusted or if the policy or practice of the facility needs to be modified.

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

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

**Indicator (d)** The DOC removes all identifiers from summary reports

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

## Standard 115.289: Data storage, publication, and destruction

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

### 115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?  
 Yes  No

### 115.289 (b)

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

### 115.289 (c)

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

### 115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Policies and written/electronic documentation reviewed.**

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

#### **Individuals interviewed/ observations made.**

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

#### **Summary Determination**

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

**Indicator (b)** The Maine Department of Corrections ensures that 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 agencies PREA Coordinator include the responsibility for collecting all incidents. Maine statutes controls record retention. The Agency PREA Coordinator is aware that all PREA related data be maintained for a period no less than 10 years.

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

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### **Policies and written/electronic documentation reviewed.**

Maine Department of Corrections website

#### **Individuals interviewed/ observations made.**

Interview with Agency PREA Coordinator

#### **Summary Determination**

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

facilities who did not complete a PREA audit before the end of the first PREA cycle in 2016. The State has one current contracted facility for bed which underwent its PREA audit in 2018

**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 closure of facilities and the combination of other institutions. The five current adult and juvenile facilities have had been undergone PREA audit spread out over three years. Two facilities were audited in two of the last three years and one in the other year. 2019 is the third year of the audit cycle.

**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 inmates to ensure they were aware of the Audit, the agency's efforts to educate resident and how to seek assistance if the need arises. The Auditor also visited farmland locations of the facility to see the workspace which includes several barns and greenhouses. The Auditor also visited the MSP warehouse which has workers from BCF and the Maine State Prison store which is also staffed by inmates from BCF.

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

**Indicator (m)** The Auditor was able to interview inmates throughout the facility in private spaces. The space provided was appropriate to allow the Auditor and the inmate to speak freely without others being able to hear our conversations. The Director's Office was provided for interviews for both staff and inmates at BCF.

**Indicator (n)** The Auditor did not receive any confidential mail nor did any inmates request to speak with the Auditor when on site. The Auditors information was posted in the housing units and in the main building of BCF. The Auditor informed the facility PREA manager the posting should remain up until the final report is issued. The Auditor has not received any communication from staff, inmates or other interested parties in the post audit phase.

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

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)



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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**Policies and written/electronic documentation reviewed.**

Maine Department of Correction website

**Individuals interviewed/ observations made.**

Interview with Agency PREA Coordinator

**Summary Determination**

**Indicator: (f)** The Maine Department of Corrections website has all the previous PREA Audits posted.

**Conclusions:** The Maine Department of Correction website has all previous facility PREA Audits posted under it PREA information link. The Auditors 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 timing requirements for the posting of the audit.

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the



agency under review, and

- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

### **Auditor Instructions:**

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

Jack Fitzgerald

August 18 2019

**Auditor Signature**

**Date**

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

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