

PREA Facility Audit Report: Final

Name of Facility: Maine Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/10/2023

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

AUDITOR INFORMATION	
Auditor name:	Fitzgerald, Jack
Email:	jffitzgerald@snet.net
Start Date of On-Site Audit:	07/10/2023
End Date of On-Site Audit:	07/12/2023

FACILITY INFORMATION	
Facility name:	Maine Correctional Center
Facility physical address:	17 Mallison Falls Road, Windham, Maine - 04062
Facility mailing address:	

Primary Contact	
Name:	Vicki Burbank
Email Address:	vicki.burbank@maine.gov
Telephone Number:	2076298846

Warden/Jail Administrator/Sheriff/Director	
Name:	Ben Beal
Email Address:	ben.beal@maine.gov
Telephone Number:	12077066154

Facility PREA Compliance Manager	
Name:	Vicki Burbank
Email Address:	vicki.burbank@maine.gov
Telephone Number:	O: (207) 629-8846

Facility Health Service Administrator On-site	
Name:	Jenica Kirkbride
Email Address:	jkirkbride@wellpath.us
Telephone Number:	(207) 287-2711

Facility Characteristics	
Designed facility capacity:	807
Current population of facility:	474
Average daily population for the past 12 months:	469
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Both females and males
Age range of population:	19-81
Facility security levels/inmate custody levels:	Minimum, Medium, Close
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	195
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	52
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	357

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

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

Agency-Wide PREA Coordinator Information

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

Summary of Audit Findings

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

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

Number of standards exceeded:

1	<ul style="list-style-type: none"> 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
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Number of standards met:

44

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-07-10
2. End date of the onsite portion of the audit:	2023-07-12

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	807
15. Average daily population for the past 12 months:	469
16. Number of inmate/resident/detainee housing units:	14

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

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

<p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>496</p>
<p>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p>	<p>5</p>
<p>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p>	<p>28</p>
<p>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p>	<p>5</p>

42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	29
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	6
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	2
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	23
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	195
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	113
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	39
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	14

<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The Auditor after using the targeted population, reviewed individuals to identify potential different racial/ethnic minorities in the population and then used random numbers to get individuals from across the entire population. This process ensured I spoke with people from every housing unit in the institution.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>15</p>

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

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor spoke with the facility PREA Monitor and PREA Manager. The medical department did not identify visual impairment residents in the current population.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>3</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>2</p>

<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor confirmed with staff who routinely work in the RHU as well as with administration that victims of sexual abuse cases are not housed in the unit for protection from others. Staff support aggressors are placed in the unit and administration support can provide other safety options in the facility to ensure a resident is comfortable in their perception of safety.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The Auditor selected more than the minimum number of both targeted and random residents. The Auditor did not double-count here any individuals but acknowledged some target individuals appeared in multiple lists of tat risk populations.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:

13

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)

- Length of tenure in the facility
- Shift assignment
- Work assignment
- Rank (or equivalent)
- Other (e.g., gender, race, ethnicity, languages spoken)
- None

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?

- Yes
- No

74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):

No text provided.

Specialized Staff, Volunteers, and Contractor Interviews

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

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

15

76. Were you able to interview the Agency Head?

- Yes
- No

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

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

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	7	1	6	0
Staff-on-inmate sexual abuse	4	0	4	0
Total	11	1	10	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	9	0	9	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	11	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	1	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	1	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	3	3	1
Staff-on-inmate sexual abuse	0	4	0	0
Total	0	7	3	1

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	2	7	0
Staff-on-inmate sexual harassment	0	2	0	0
Total	0	4	7	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

6

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>5</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	In addition to the cases listed above the Auditor also reviewed cases that were determined to be not PREA. In these cases, the information provided did not meet the definition of sexual abuse or sexual harassment.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Maine Correctional Center Maine Correctional Center Pre-Audit Questionnaire</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p>MDOC Organizational Chart</p> <p>Documentation hiring PREA Coordinator</p> <p>Documentation support PREA Coordinator access to Senior Leadership of the agency</p> <p>MCC Organizational Chart</p> <p>Information provided on PREA Manager and PREA Compliance Manager</p> <p>Posters and resident handbooks</p>

Individuals interviewed/ observations made.

Interview with PREA Coordinator (PC)

Interview with PREA Manager (PM)

Interview with PREA Compliance Monitor (PCM)

Interview with Agency Head confirming PC authority/duties

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 43-page policy is divided into seven sub-policies which set forth a zero-tolerance expectation for any sexual activity. Page one of the policy sets forth the zero-tolerance condition and this initial portion of the policy defines sexual misconduct consistent with the federal terms in PREA. The agency's policy statement directly names the federal legislation and defines expectations.

"In accordance with the United States Prison Rape Elimination Act of 2003 (PREA), 42 U.S.C. Sections 15601 et seq., and 17-A M.R.S.A Sections 251, 253, 254, 255-A, 260, and 760, it is the policy of the Department of Corrections to prohibit staff, volunteers, and student interns from engaging in sexual misconduct with an adult resident, juvenile resident, adult community corrections client, or juvenile community corrections client or sexual harassment of any of these persons. It is also the policy of the Department to prohibit any resident from engaging in sexual misconduct with another resident. It is also the policy of the Department to require the reporting of any sexual misconduct or sexual harassment or suspicion of either.

Any staff, volunteer, or student intern who engages in or threatens to engage in, fails to report, or otherwise fails to take appropriate steps in response to sexual misconduct with a resident or community corrections client or sexual harassment of a resident or community corrections client by any staff, volunteer, or student intern is subject to appropriate action, up to possible criminal prosecution. Any staff, volunteer, or student intern who fails to report or otherwise fails to take appropriate

steps in response to sexual misconduct between residents is subject to appropriate action, up to possible criminal prosecution. The Department has zero tolerance toward all forms of sexual misconduct or sexual harassment, regardless of whether there is a violation of federal or state law.”

The policy sets forth requirements for 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 support prevention, allow for detection, and ensure 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 cards are also found at the sign-in station reminding staff that failing to report sexual assault is a crime. Random Residents reported to the Auditor that the Maine Correctional Center is a PREA-safe environment and has a Zero Tolerance Culture.

Indicator (b). Maine Correctional Center 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 to include coordinating and developing procedures to identify, monitor, and track sexual misconduct incidents occurring in DOC facilities. The Policy states, “The Department PREA Coordinator shall develop, implement, and oversee the Department’s efforts to comply with PREA standards in all its adult and juvenile facilities and shall receive reports and track responses to reports of sexual misconduct elsewhere in the Department.

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

- a. serving as the primary contact and resource for the Department on PREA-related inquiries;
- b. collaborating with the Department’s Policy Development Coordinator to develop policy and procedures in compliance with federal and state statutes, national standards, and Departmental goals concerning PREA issues;
- c. receiving reports of complaints and alleged incidents of PREA violations from the facility PREA monitors;
- d. reviewing PREA investigations as well as the resolution of complaints and alleged incidents;
- e. assisting in the development, implementation, and evaluation of all PREA-related training;
- f. collaborating with the Department’s Policy Development Coordinator to provide updates regarding law, policy, or services related to PREA;

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

The Auditor was provided an agency flow chart showing the relationship between the PREA Coordinator who works in the Maine Department of Corrections Central Office and DOC upper management and the facilities Wardens/Directors. The PREA Coordinator reports to the DOC Manager of Correctional Operations who oversees conditions of confinement in DOC facilities as well as the state County Jail system. The PREA Coordinator's predecessors have been involved in agency planning including how new facilities' physical plant structure affects PREA safety measures. The PREA Coordinator has been in the role for approximately 8 months. The documentation provided shows contact with the agency's Commissioner and senior leadership. The Director of Operations has a bi-weekly meeting which includes the PREA Compliance Manager and at times includes other senior leadership including Assistant Commissioner and the Commissioner.

Indicator (c): The Maine Department of Corrections does operate multiple facilities. In each facility, the Warden/Director names an individual to oversee the ongoing efforts. The agency PREA Policy 6.11 requires, and the policy goes on to define the role of the PREA Monitor. It states "The facility PREA monitor's duties shall also include, but are not limited to, the following:

- a. ensuring that all residents are screened for risk of sexual victimization or abusiveness, in accordance with the timeframes set out in departmental policy;
- b. ensuring that all residents are provided timely, comprehensive education, through written materials and/or video, regarding their rights to be free from sexual misconduct and sexual harassment and to be free from retaliation for reporting such incidents, as well as departmental policies for reporting and responding to such incidents. This education shall also include prevention, self-protection, and the availability of treatment and counseling;
- c. ensuring that key information is continuously and readily available to residents

through posters, resident handbooks, or other written materials;

d. reporting or ensuring the reporting of all PREA related complaints and alleged incidents to the PREA Coordinator within twenty-four (24) hours of the complaint or allegation;

e. working with the facility's correctional investigative officer (detective) and other staff who have received specialized training in handling sexual misconduct allegations to ensure that all complaints or allegations of PREA violations are appropriately investigated;

f. submitting a detailed report to the PREA Coordinator within three (3) weeks from the date of the complaint or allegation, to include a thorough description of the alleged incident, as well as any investigative steps taken;

g. tracking each complaint or allegation of sexual misconduct on an ongoing basis using the PREA Supervisor and Monitor Checklist (Attachment A);

h. ensuring that unannounced rounds to identify and deter staff sexual misconduct and sexual harassment are conducted by supervisory staff. These rounds shall be conducted on all shifts and shall be documented in unit logbooks. The PREA monitor shall ensure that staff are not alerted that these rounds are occurring;

i. assisting in review and data collection relating to alleged incidents of sexual misconduct;

j. developing and, as necessary, revising a plan, to be reviewed at least once a year with the PREA Coordinator, to protect residents against sexual misconduct. When developing the facility's plan, the following shall be considered:

k. developing a written facility plan to coordinate actions taken in response to an incident of sexual misconduct or sexual harassment among security staff, first responders, medical and mental health staff, the correctional investigative officer (detective) and other staff who have received specialized training in handling sexual misconduct allegations, and facility management; and

l. monitoring compliance with the plans to ensure that they are not deviated from except in emergencies and to ensure that the reasons for any deviations are documented.

In the last year, the Maine DOC has also begun to add an additional higher layer of facility oversight toward creating an environment that is free of sexual abuse and sexual harassment. The Head of Security of its facilities will act as a PREA Manager. This position will be the facility's Head of Security and will work with the PREA Monitor to ensure overall compliance with all aspects of the standards. The Head of Security position was currently vacant so the Assistant Warden of Operations was filling in the role at the time of the Auditor's visit.

	<p>Compliance Determination:</p> <p>The Maine Department of Corrections has policies that define the steps taken to prevent, detect and respond to sexual abuse and sexual harassment incidents. Policy 6.11 Sexual Misconduct (PREA and Maine Statutes) is broken into 7 sub-policies that direct the different aspects of the agency’s efforts to provide safe environments. Policy 6.11 defines the roles of the state PREA Coordinator and the facility PREA Monitor. Interviews with the Agency PREA Coordinator and the Maine Correctional Center PREA Monitor, confirm their roles in maintaining PREA Compliance. Residents in the facility knew they could call the DOC PREA Hotline as an option or ask to speak with the PREA Monitor or the facility's staff and Investigative staff. The PREA Coordinator and PREA Monitor believe they have the capacity in their jobs to advocate for a policy or procedural changes needed to support resident safety. This was confirmed with the Warden and the Manager of Correctional Operations for Maine DOC.</p> <p>Maine DOC PREA Coordinator also supports the county system with PREA compliance efforts. Compliance was determined considering multiple factors including an extensive policy. Interviews with the agency and facility leadership support compliance with all standard expectations, including the PREA Coordinator and PREA Monitor roles. The Policy also addresses prohibited behaviors and sanctions for any form of sexual misconduct by staff or residents. Residents, in formal interviews and spoken to during the tour, confirmed that sexual misconduct is addressed, and they had knowledge of resources available if a concern arises. The facility has been able to maintain a safe environment where residents support violent sexual assault is not a concern. Further supporting compliance and a determination of exceeds is the agency's addition of the PREA Manager providing additional oversight and authority to ensure ongoing compliance. The Auditor would also acknowledge that in addition to facility leadership, the Departments' Senior leadership either attended the entrance or exit interviews or both. Their presence further shows the agency’s commitment to ensuring the zero-tolerance culture exists.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Maine Correctional Center Pre-Audit Questionnaire</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p>Contract with Waldo County</p> <p>MOU showing requirement to be PREA Compliant (original and most recent)</p>

MOU on third party reporting

Documentation of the ongoing monitoring by Maine DOC

Waldo County Jail Website

PREA Audit report of Waldo County

Individuals interviewed/ observations made.

Interview with the Manager of Correctional Operations

Interview with the Director of Correctional Operations

Summary Determination

Indicator (a) The Maine Department of Corrections has one facility with whom it has an agreement for housing residents, 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 was initially audited in 2018 for PREA compliance and had an onsite visit for the second Audit in December 2021. A review of the contract documents confirms the ability of the DOC to remove residents if the program does not maintain PREA Compliance including a formal audit completed every three years by a certified auditor. Documentation supports ongoing support the DOC provides including being an option for third-party or client reporting. The Auditor's review of the Waldo County Sheriff's Website found PREA information on the MCRRC program including how to report a concern and the agency's Zero Tolerance policy toward sexual assault or sexual harassment of individuals in the program.

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 the Manager of Correctional Operations who has oversight responsibility of county jail compliance and DOC PREA Coordinator, support a system of monitoring and ongoing support exists. The PREA Coordinator receives information directly from the county jails on PREA Incidents and since she works with the Manager of Correctional Operations, she would be made aware immediately of any concerns with ongoing compliance at the Waldo facility.

Compliance Determination:

The Manager of Correctional Operations was interviewed as the agency's Contract

	<p>Manager. The interview supports that before considering the subcontracting of beds the DOC would require specific compliance requirements including obtaining and maintaining PREA compliance. Policy 6.11 Sexual Misconduct (PREA and Maine Statutes) page 9 supports compliance. The policy requires the Director of Operations to ensure any new or renewal of the contract for housing of DOC residents requires immediate adoption and compliance with PREA standards, including ongoing monitoring by DOC. The documentation provided to the Auditor, policy requirements, and interviews with the Director and Manager of Correctional Operations support the Maine DOC will not enter into a subcontracting of beds without ensuring PREA compliance. The Auditor also took into consideration documentation of the facility's PREA Audit report, the Waldo County Sheriff's website, and the ongoing monitoring of DOC officials.</p>
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115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Maine Correctional Center Pre-Audit Questionnaire</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p>Policy 3.11 Staffing Requirements</p> <p>MCC Staffing Plan 2022 and draft version 2023</p> <p>Logbook entry's supporting unannounced rounds</p> <p>Video Surveillance supporting Management Unannounced rounds</p> <p>Documentation of annual review with PREA Coordinator</p> <p>Memo from Deputy Warden</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Warden</p> <p>Interview with Deputy Warden</p> <p>Interview with PREA Coordinator</p> <p>Interview with Supervisory Staff</p> <p>Observation on tour of logbooks and Supervisory movement</p>

Interview with control officers

Interview with Residents

Summary Determination

Indicator (a) The Maine DOC has 2 policies related to staffing. Policy 3.11 staffing requirement sets forth an annual review process by Wardens. It states, "Each facility shall use a formula, which takes into consideration holidays, regular days off, annual leave and average sick leave, to determine the number of staff necessary for essential positions. Each Department facility, community corrections region and Central Office shall maintain a comprehensive, ongoing record of all authorized positions, those filled, and those vacant. Bi-weekly, each facility shall forward an updated summary report of all vacancies to the Director of Human Resources in Central Office, identifying the position title, position number, date vacated, and current status. At least annually, each Chief Administrative Officer shall review staffing requirements and make recommendations for staffing changes that may be required to ensure fulfillment of the facility's mission, in coordination with the budget process." The 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. The policy states, "developing and, as necessary, revising a plan, to be reviewed at least once a year with the PREA Coordinator, to protect residents against sexual misconduct. When developing the facility's plan, the following shall be considered:

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

Interview with the Warden described the development process used in the completion of the annual assessment of staffing. The staffing plan is based on the capacity of 807

residents. In the past year the average population was reduced to 469. The facility is still under renovation construction with two housing units being vacant and secured from the rest of the facility. The Warden reports there were no new judicial, federal or oversight bodies' findings of inadequacies for staffing. He also confirmed the facility has not operated under the minimal staffing level. The Deputy Warden provided additional documentation of what operational minimums are. All call out or adjustments are reported and documented. The Warden reports the if they could not meet minimum there is steps in place to ensure resident safety and immediate notification to the senior leadership would occur to develop a plan to resolve the situation. The facility has fixed post and pull post which allow for the ability to reassign duties while managing the environment in a safe fashion. During the tour the Auditor was able to discuss with Warden and random staff how areas are managed and supervised through direct or electronic supervision. The Auditor observed all housing units including segregation as well as work and programming spaces for potential blind spots. The Auditor also learned how the addition of video surveillance and the new physical plant design has allowed for a redeployment of resources. Work crew supervisor were able to describe how they monitor residents in their respective areas, things they look for as potential concerns and expectations they have in place to minimize risk. These staff work with the Unit teams to ensure individual with potential conflicts of risk concerns are not employed at the same time in a particular area.

Indicator (b). The facility reports there were no instances where the staffing minimums were not met in the last 12 months. The Staffing plan for the Maine Correctional Center allows the management to adjust the deployment of staff as needed and in response to critical positions. When staff call out ill there is an ability to mandate staff to ensure the overall safety of residents. The Maine Correctional Center has fixed and pull posts that allow supervisory staff to deal with critical incidents such as PREA through a structured contingency plan. The Shift Commander notifies the Deputy Warden of all critical events, and the modifications are documented in the shift report. The Warden reviews the overtime and the number of posts that were collapsed to ensure safety in other areas. Residents' support staff are always available to them and did not voice a concern about a lack of staffing at any time.

Indicator (c) Documentation supports that the PREA Coordinator has been involved in the review of the facility's staffing plan. The Staffing Plan was updated in 2022 and continues to be reviewed in 2023. The agency also added additional video surveillance in new buildings. The Auditor and the team discussed potential areas in the industry building where video could be needed in new spaces being created. The Deputy Warden and Warden both confirmed the multiple things that go into safety assessments of the environment. The agency routinely tracks critical incident information for trends. In doing so they can identify the location of all forms of illegal activities, not just PREA incidents, to determine if there is a need for staffing, video or

procedural changes that would lessen incidents in a particular area. The current and former PREA Coordinators confirmed their involvement in the process.

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. "ensuring that unannounced rounds to identify and deter staff sexual misconduct and sexual harassment are conducted by supervisory staff. These rounds shall be conducted on all shifts and shall be documented in unit logbooks. The PREA monitor shall ensure that staff are not alerted that these rounds are occurring." The Auditor was able to review logbooks during the tours of each housing unit in addition to examples provided in the OAS from random dates requested by the Auditor. 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.

Compliance Determination:

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 staffing plan, the requirements for documentations of staffing deviations, the requirement of unannounced supervisory rounds and the annual review of staffing needs. The Maine Correctional Center has developed a plan in a narrative format that addresses the various considerations in indicator (a). The facility is not under any current judgement for inadequacy. The plan is reviewed annually with in-house administration and then a request would go to Maine DOC Central Office for staffing needs or technology upgrades. The agency has also invested in technology to support supervision and limit related PREA complaints. During the tour, the Auditor asked staff, especially in work areas on how they manage blind spots in the facility. The facility utilizes cameras in addition to the active Supervision of residents. In addition to custody staff the medical, mental health, education, trade and vocational staff provide an additional resource of information, supervision and observation of resident behaviors during the day. The standard is determined to be in compliance based on policy, interviews, observations made throughout the onsite audit and documentation provided consistent with the standard. The Auditor also considered how the new construction has improved staff ability to supervise residents off the housing units and how the administration continues to reassess the needs in this first year of operation of the new spaces.

115.14 Youthful inmates	
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

Maine Correctional Center Pre-Audit Questionnaire

Maine Statutes related to Juveniles 34A-3

DOC Website information on Long Creek Youth Development Center (Juvenile)

Population report for MCC showing ages

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Warden

Observation on tour

Summary Determination

Indicator (a) There are no sight or sound separation concerns at the Maine Correctional Center as the residents are all over 18 years of age.

Indicator (b) There are no sight or sound separation concerns at the Maine Correctional Center as the residents are all over 18 years of age. Documentation showed the youngest resident was 19 years old.

Indicator (c) Since there are no youthful residents housed at Maine Correctional Center, there is no concern about their access to programming, recreation, or being housed in isolation.

The Maine Department of Corrections does not hold youthful residents in the Maine Correctional Center. All individuals under 18 charged with adult offenses would be housed at Long Creek Youth Development Center in southern Maine. Youthful residents (Juveniles) are not allowed to have any contact with the adult population and are provided sight and sound separation. The state law provided, observation on the tour of no youthful residents, the population reports provided, and interviews (including with a resident who transferred to MCC after turning 19 from the Long Creek facility).

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Maine Correctional Center Pre-Audit Questionnaire</p> <p>Policy 14.14 Search Procedures</p> <p>PREA policy 6.11.2 Sexual Misconduct (Prevention Planning)</p> <p>Policy 19.8 Prisoner Rights</p> <p>Policy 23.8 Transgender, Gender Non-binary, and Intersex Adult Residents</p> <p>Training specific to working with transgender and intersex residents.</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Warden</p> <p>Interview with random Staff</p> <p>Interview with random residents</p> <p>Interview with Transgender resident</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Correction policy 14.14 Search Procedures (page 6) prohibits cross gender strip searches of residents 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 resident. 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. "Searches of Prisoners and Residents and Protection of Privacy</p>

1. Facility staff shall not conduct an opposite gender anal or genital body cavity search under any circumstances and all staff observing an anal or genital body cavity search shall be of the same gender as the prisoner or resident.
2. Facility staff shall not visually search an anal or genital body cavity unless the staff are of the same gender as the prisoner or resident and all staff observing a visual search of an anal or genital body cavity shall be of the same gender as the prisoner or resident, except in an emergency, or unless an examination is being performed by medical staff for a medical purpose.
3. Facility staff shall not conduct an opposite gender strip search and all staff observing a strip search shall be of the same gender as the prisoner or resident, except in an emergency.
4. Facility staff shall not conduct an opposite gender pat search of a female prisoner or resident and all staff observing an opposite gender pat search of a female prisoner or resident shall be of the same gender as the prisoner or resident, except in an emergency.
5. Facility staff shall document all opposite gender visual searches of an anal or genital body cavity, opposite gender strip searches and opposite gender pat searches of female prisoners or residents. The documentation shall include a description of the emergency justifying the opposite gender search.
6. Other than same gender pat searches and opposite gender pat searches of male prisoners, at least one staff shall observe searches, whenever possible.
7. A prisoner or resident being searched shall be treated with professionalism and respect by staff to minimize embarrassment and indignity. Other than same gender pat searches and opposite gender pat searches of male prisoners, searches shall be conducted in a location where the search cannot be observed by persons other than those staff involved in the search.
8. The decision whether male or female security staff will conduct and observe searches of a transgender or intersex prisoner or resident shall be made on a case-by-case basis by appropriate facility staff, as determined by the Chief Administrative Officer, or designee. The decision shall be made based on discussions with the prisoner or resident, security and safety needs, and, if appropriate, consultation with the PREA Coordinator and other Central Office staff.
9. The PREA Coordinator shall ensure that security staff are trained in how to conduct opposite gender pat and strip searches and searches of transgender and intersex prisoners or residents in a professional and respectful manner and in the least intrusive manner possible, consistent with security and safety needs.
10. 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.

11. Facility security staff of the same gender as the prisoner or resident shall be used to conduct a constant watch during showers or other times when there is a greater likelihood that genitalia can be exposed. Facility security staff of the same gender as the prisoner or resident shall be used to conduct a constant watch during other times, whenever possible.

12. The presence of staff or another person of the opposite gender from the prisoners or residents in any housing unit or other area with toilet or shower facilities shall be announced when the person enters the housing unit or other area with toilet or shower facilities, unless a person of the opposite gender is already present, and an announcement has already been made. This will be recorded in the housing unit logbook.”

The facility did not report any cross-gender strip or body cavity searches had occurred in the past year. Interviews with male and female residents also confirmed they have not been required to be unclothed in front of opposite gender staff for any reason.

Indicator (b) Maine Correctional Center houses both male and female residents. Maine DOC policy is consistent with the standard prohibits cross gender strip or pat search of female resident except in exigent circumstance as described above. The Prisoner Rights policy covers this requirement prohibiting any form of discrimination of access to services. “Prisoners have the right to equal access to facility programs and services without regard to race, religion, national origin, gender, age, sexual preference, disability, or political views. Programming shall be offered to female prisoners based on unique needs, i.e., comprehensive counseling and assistance for pregnant prisoners to assist them in planning for their unborn child. Additional programs may be offered on a gender specific basis only in terms of content (e.g., personal hygiene). However, in this case, comparable programs shall be afforded to both males and females” Female resident confirm that they are not prohibited from going to activities due to lack of female staffing. The Auditor observed a regular compliment of female officers throughout the institution. There have been zero exigent circumstances which required a male staff to pat search a female resident.

Indicator (c) As noted in indicator (a) both policies require documentation of cross gender strip searches of both male and female residents including the emergent reason for the search.

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 either the opposite gender staff entering the unit or by the staff working when a opposite gender staff person came in. Residents support that they are never required to be unclothed in front of opposite gender staff. In the Southern Maine Womens Reentry Center (SMWRC) the facility has gone to a bell instead of the verbal announcement. The bell is rung by the officer working the unit at their desk or the individual entering the housing area. Even if the staff rings the bell it is about 20 feet from the main area, from there is still another 20 yards to the nearest resident room. The Auditor confirmed with various residents to confirm that they were aware of the purpose of the bell sounding. The Auditor checked logs to see if the announcements both sound and verbal were documents in the unit logs. Resident on other units also confirmed they here announcements.

At MCC toilets are in the individual cells on some units with shower rooms visible from the staffing station. All showers on the housing units are single person showers. Some have two showers side by side with a full wall between them. The units have two layers of curtains to further limit incidental viewing while a iresident is showering or getting dressed. 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. The Auditor looked at these showers from various angles to ensure there was no violation of the standard’s required privacy conditions. In the SMWRC the showers and toilets are in bathroom on each teir and in each section of the program. Resident support that all staff both male and female knock before opening any doors to ensure no one is in any form of undress. There is privacy particians and shower curtains in these rooms similar to any college dorm.

Residents throughout the facility understand staff including opposite gender staff have to complete tours to ensure individuals safety. The Auditor walked the various units of the facility and did not find it possible to see someone's lower body unless you were completing tour consistent with cell checks.

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. “Facility staff shall not search or physically examine a transgender or intersex prisoner or resident for the sole purpose of determining the person’s genital status. If the person’s genital status is unknown, it may be determined by discussing the matter with the prisoner or resident, reviewing medical records, and, if necessary, by a health care provider performing a general physical health assessment that is not viewed by other staff.” As a sentenced facility the Maine Correctional Center does not receive individuals who were not previously housed in other DOC facilities or county jails. As such individuals identifying as transgender at intake for the first time would be rare. Intake staff know that strip searches for the purpose of identifying genital status are inappropriate and that they would find out information through interview. If the client was resistant in discussing the topic, they would be referred to

the medical staff who the resident may be more comfortable in having the conversation. Transgender individuals spoken with denied feeling strip searched to figure out their genital status. Medical staff confirm that they see all new admissions to the facility and would be able to have these conversations with the individual. Agency policy 23.8 Management of Transgender and Intersex Residents further defines how staff should handle searches when individuals disclose their transgender or intersex status.

Indicator (f) The Maine Department of Corrections trains all staff to be respectful, professional, and in the least intrusive practice possible for searching residents. All DOC staff are trained to routinely use the back of their hand instead of the front when completing pat searches. The Maine Criminal Justice Academy provides training specific to working with LGBTI residents, the training talks about communication that is professional and supportive of the resident. The training addresses the frequency of trauma in this population, how the facility has a process to determine housing and search preferences through a multi-disciplinary process including the resident's preference for searches. Staff understood they should communicate with resident as the complete pat searches. No transgender residents reported that they were searched to determine their genital status.

Compliance Determination:

The Maine Department of Corrections has several 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, residents right not to be naked in front of staff of opposite gender and procedures for working with Transgender and intersex residents.

Supporting documentation for this standard 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 MCC in the past three years. Transgender residents did state their preferences for searches were openly discussed.

Interviews with staff and residents were consistent with standard and policy expectations. There are no cross-gender searches and residents can change and perform hygiene without opposite gender observation. Residents report, and the Auditor could see during the tour, opposite gender staff do announce their presence or the officer on the housing unit announced the individual's arrival. The facility has in place in the unit offices information on items the transgender individual is approved to have as a result of the multidisciplinary team meeting, their preferred pronouns and name and the gender staff the team has determined appropriate to complete strip and pat searches with the transgender individual. Compliance is based on policy, documentation provided observation on tour and interviews with staff and residents

	including transgender individuals.
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Maine Correctional Center Pre-Audit Questionnaire</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes) General</p> <p>Policy 6.11.2 Sexual Misconduct (PREA and Maine Statutes) Prevention</p> <p>Policy 18.12 Accommodations for Prisoners with Disabilities or Other Special Needs</p> <p>Policy 19.02 Prisoner Rights</p> <p>Policy 1.10 Staff Communication with persons of Limited English Proficiency</p> <p>Resident Handbooks- in English and Spanish and in large Print</p> <p>Intake notices in English and Spanish</p> <p>Agency PREA Video in English Spanish, Somali, and ASL</p> <p>Maine DOC contracts for interpretive service (Language Link)</p> <p>Maine DOC Contract for ASL (Pine Tree Services)</p> <p>Staff Training Materials</p> <p>Screening staff training materials</p> <p>PREA Posting /Memos</p> <p>Memo from the Deputy Warden on services for LEP disabled individuals</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Director of Operations for the agency head</p> <p>Interview with random Residents who are LEP or have Disabilities</p>

Interview with Random Staff

Interview with Intake Staff

Interview with Facility PREA Coordinator

PREA Signage/Postings in English and Spanish observed on the tour

Summary Determination

Indicator (a) The Maine Correctional Center takes appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to provide a PREA safe environment. As a long-term correctional center the facility must be able to provide services to individuals with a wide variety of medical disabilities, including vision and hearing impairments along with a host of physical ailments that may make the individuals a target of sexual aggressors. MCC must also provide informative supports to those individuals with significant developmental delays or significant mental illness that might make them a target for abuse. Policy 18.12 sets forth the requirement to ensure equitable services for those with special needs. "It is the policy of the Department to ensure that any prisoner with a special need is given the opportunity to receive health care services addressing the special need. The Department shall also ensure that no prisoner with a disability is denied the opportunity to receive services or participate in programs on the basis of the prisoner's disability. The Department shall make reasonable accommodations for a prisoner with a disability, unless such accommodations impose an undue burden on the operation of

the facility or pose a threat to safety or security" PREA Policy 6.11.2 further states, "education shall be in formats accessible to all prisoners and residents, including, but not limited to, those who are limited English proficient, hard of hearing or deaf, visually impaired, developmentally disabled, or have limited

reading skills. Receipt of this education shall be documented in CORIS for each prisoner or resident." Though the Maine Correctional Center has limited LEP residents the agency has systems in place to ensure residents with language barriers are provided for communicating effectively. The Auditor used the interpretive services to communicate with resident for formal interviews. There are also some staff that are bilingual. Residents with other physical or cognitive are provided with additional time and support during their intake and their initial meetings with the unit case management staff. There were no inmates who were blind or who were deaf or used sign language to overcome hearing loss. Male residents with significant disabilities or medical condition are often housed in a manor to allow extra support. Male residents of DOC who need daily support can be placed in other facilities where programs are set up to provide the level of care. The female unit has one smaller wing that serves in this manor for residents with less mobility. The Auditor spoke with both a male and

female disabled residents and other residents of both genders with hearing impairments but no one who used ASL. There were no individuals with significant visual loss or blindness.

Indicator (b) The Maine Department of Correction has limited population of individuals with whom challenges English is not the primary language. There was only one individual in the population who did not speak English out of population of about 500 residents. The DOC has contracted with agencies to provide interpretive identify what is services, can produce the resident handbook in multiple languages, and has the PREA video available in four languages. The Auditor did use the interpretive service for interviews with a resident. The intake officer and Supervisors were aware of the interpretive service contract. The facility has a limited number of bilingual staff. The Auditor also reviewed the existence of a contract for interpretive services and used the service in the completion of the audit process. Intake staff were aware they should ensure not only those individuals who don't speak English should be offered materials in native language as some individuals may be able to communicate in English but may better comprehend written materials in their native language. The Auditor spoke with a resident through the use of the interpretive services. Residents with language barriers and disabilities 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 residents were aware of information in the handbook if needed.. The Intake officers described how they tried to ensure all residents get materials in their preferred language. The Agency is working on improving all signage to ensure it overall readability and placed at standardized height and locations. All signage in the facility is being reviewed with a ADA focus reportedly.

Indicator (c) Staff were aware that it was not appropriate to use residents to interpret for each other except in extreme emergencies. This prohibition is also addressed in Policy 1.10. Line staff knew to contact a supervisor if they needed to access an outside interpreter. Policy 1.10 states, "The staff shall determine which form of interpreter services to make available, with a preference for telephone interpreter services. In-person interpreter services by a qualified interpreter are to be the next preference, provided that a staff interpreter, regardless of qualification, is not to be used as an interpreter for a client or a person involved with a client except in an emergency (a situation in which life, health, or safety of clients or others may be in immediate jeopardy). In an emergency such a staff member may be used as an interpreter until such time as a qualified interpreter becomes available." The one LEP resident in the population confirmed the formal interpretation services have been used by staff in private communication situations not other residents.

	<p>Compliance Determination:</p> <p>PREA policy 6.11.2 Prevention and three other Maine DOC policies reviewed by the Auditor have language addressing the equal access of services for those residents who have a disability or who have Limited English Proficiency. The Auditor was able to speak with multiple residents with disabilities. The disabilities included those with physical limitations, hearing impairments as well as those with emotional, cognitive delays or LEP. The Auditor confirmed aspect of the standard through conversations with residents and staff on tours, in random and targeted interviews. The residents reported knowing their rights, how to report PREA concerns and if they had difficulty in understanding information how to get help.</p> <p>MCC provides all residents with a video education about PREA upon admission. The video education is also available in Spanish, Somali, and American Sign language the most common languages other than English spoken in the Maine Correctional system. These videos are available on the state website. In addition to the video the facility has signage up on the units of how to report concerns in English and Spanish. The CORIS information system Maine DOC uses, allows for information about languages issues, 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 residents to interpret for each other except in extreme emergencies. Line staff knew to contact a supervisor if they needed to access an outside interpreter. Compliance was based on interviews with staff and residents and administration as well as the hard materials (posters, handbooks, video) and policies that support equal access to all services.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Maine Correctional Center Pre-Audit Questionnaire</p> <p>Policy 3.24 Pre-Employment Background Checks</p> <p>Policy 3.3 Personnel Selection and Retention</p> <p>Policy 3.05 Code of Conduct</p> <p>State Human Resources policy on Sexual Harassment.</p>

Department of Administrative and Financial Service -Protocol

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

HR documentation for DOC and contracted staff

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Warden

Interview with HR staff

Summary Determination

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

Interviews with HR staff support the process of screening all applicants for employment at Maine Correctional Center including employees of the Health Care provider Wellpath.

Any approved volunteer undergoes the same screening process and the same acknowledgment form. The process includes the employees and contractors confirming that they have not engaged in any form of the sexual misconduct described in indicator (a) including sexual assault in a prison or jail, any attempt to engage in sexual activity by force in the community or through coercion or engagement with an individual who could not consent.

Indicator (b). The Maine Department of Corrections subcontracts its medical and mental health services through Wellpath of Nashville Tn. They also contract with

Keefe for commissary goods. Both Wellpath and Keefe are well-known companies in the Correctional field. 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 criminal background checks on these individuals. DOC Employees who are looking to be promoted must fill out an application for the position where the questions in indicator a) are again asked and the individual undergoes a new criminal background screening. The Auditor confirmed with the HR staff that prior disciplinary information including past sexual harassment would be forwarded to the Warden before an offer was made. Language on policy 3.3 Personnel Selection, Retention, and Promotion is consistent with the standard. "To the extent permitted by law, the Department shall decline to hire or promote anyone who may have contact with adult residents, juvenile residents, or community corrections clients, and decline to enlist the services of any contractor who may have contact with adult or juvenile residents or community corrections clients, who has:

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

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

- a. a criminal history background check;
- b. a driving and motor vehicle records check, if the position requires driving;
- c. a pre-employment drug test;
- d. a credit history check;
- e. other material pertinent to qualifications;
- f. past employment history; and
- g. any other information provided in the applicant's application.

2. All applicants shall be asked to sign the Authorization for Release of Information form (Attachment A) to allow these investigations to be conducted. Any applicant who

refuses to sign the release shall be removed from consideration for employment with the Department.”

File reviews completed by the Auditor confirmed that the process is in place and is consistently done for all new employees and at the required 5-year intervals in indicator (e). The Check includes a criminal background check and prior institutional checks. of the random employee’s information requested included prior institutional employment. Random sampling allowed for confirmation of the practices. The auditor review of the files on site showed the Maine DOC completes multi-state criminal background checks, motor vehicle checks, sexual abuse registry checks, and fingerprints,

Indicator (d). MCC as stated in Indicator (a) completes criminal background checks on all Wellpath employees and any approved volunteers. Wellpath is a national correctional health service provider who is well aware of the requirement of PREA and prohibitions in hiring anyone with sexual abuse allegations in their history. Contracted staff and Volunteers spoken with were aware they are subjected to criminal records checks and that they are required to acknowledge that they have not engaged in prior sexual misconduct.

Indicator (e). MCC provided the Auditor with information on 13 random employees including those who were employed over 5 years who had criminal background checks completed in the last 5 years. The random sample was confirmed through a review of files onsite.

Indicator (f). The requirements of this indicator are covered in policy 3.05 Code of Conduct (page 5) including in the policy is a continues responsibility to self report any misconduct. As noted in Indicator (a) all MCC employees are asked to complete the PREA Employee Questionnaire. This document asks all prospective employees about the required element in the aforementioned indicator. The Auditor did find individual hired prior to PREA who did not have a signed form in the file. The facility initiated a search of files to ensure all current employees have signed documentation confirming they had not engaged in the behaviors described in indicator (a). The Policy addresses the requirements in stating, “The PREA Questionnaire for Applicants/ Promotions form (Attachment A), a self-evaluation questionnaire about any previous PREA violations, is required to be completed: a. by all applicants who may have direct contact with adult residents, juvenile residents, or community corrections clients by any employee being considered for promotion who may have direct contact with adult residents, juvenile residents, or community corrections clients; c. and the completed form shall be retained in each employee's personnel file.” The Auditor recommends that the questions be added to the online application process that future employees can now use when seeking employment.

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.” Policy 3.3 also addresses the requirement when it states, “Any prior incident of sexual harassment in a prison, jail, lockup, community confinement facility, adult or juvenile facility, or other institution shall be considered in determining whether to hire or promote any individual who may have contact with adult residents, juvenile residents, or community corrections clients. “ To the extent permitted by law and the Maine Bureau of Human Resources, the Department may decline to hire or promote and may terminate employment based on material omissions or the provision of false information in any written applications or interviews for hiring or promotions.”

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 from former MCC staff in the past year to another agency. Examples of check requests to outside agencies were found in the files. The Auditor discussed the importance of documenting the attempts even if the prior agency does not respond.

Compliance: The Maine Department of Corrections has policies in place to address the requirements of the standard including the completion of background checks, and pre-employment screening that supports the agency’s efforts to screen out predatory candidates from employment. The Auditor interviewed the Human Resources staff at the MCC who are employed by the Maine Department of Administrative and Financial Services and are assigned to DOC to oversee the hiring. 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 the line of communication is maintained. As an example, she reports that she would bring criminal background checks that have prior convictions directly to the Warden’s attention.

The agency has several policies including Human Resource Policies and 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 Maine Correctional Center 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 the Human Resource Manager and the Warden.

115.18	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Maine Correctional Center Pre-Audit Questionnaire</p> <p>Documentation of Construction meetings including the PREA Coordinator</p> <p>Documentation of physical plant and technology improvements</p> <p>Policy 6.11 Sexual Misconduct</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the DOC Director of Correctional Operations</p> <p>Interview with the DOC Manager of Correctional Operations</p> <p>Interview with the Warden</p> <p>Interview with the PREA Coordinator</p> <p>Interview with the Industry Program Supervisor</p> <p>Observation on tour</p> <p>Random Staff spoke with on tours</p> <p>Summary Determination</p> <p>Indicator (a) Maine Department of Corrections Policy 6.11 requires the agency PREA Coordinator to collaborate “with the Department’s Director of Operations to ensure that when a new facility is designed or an existing facility is expanded or modified or facility monitoring technology is installed or updated, consideration is given to ways of enhancing the protection of residents from sexual misconduct and harassment.” The Maine Correctional Center has undergone major changes in the past three years. The agency has modernized the state’s second-largest prison and the only facility that houses women. Many of the facility’s previous buildings which were built at the turn of the previous century, have been replaced by modern physical plants with better lines of site and fewer security risks. The Auditor confirmed that PREA was part of the considerations in the design of the newer portions of the facility. The former PREA Coordinator was involved in the committee meeting during the construction. The new facility resolved lines of sight concerns that required specific manpower previously. The Auditor observed well-designed spaces with large panels that allowed</p>

staff to see into areas from hallways. The Auditor found doors locked to spaces unoccupied. The PCM provided documentation to the file on how the new construction spaces have improved supervision of inmates in the environment.

Indicator (b) The Maine Correctional Center has added new cameras to the new construction spaces of the facility. All custody staff wear allowing critical incidents to be recorded with sound. Discussions with the facility and the central office administration support the processes that are in place to continually reassess technology needs. The Warden and the Director of Operations for DOC confirmed that all critical incidents are reviewed not only at the facility level but with agency senior leadership. It is expected that any physical plant, technology, or staff deployment concern would be responded to. The Auditor was also shown how residents scanning their badges allow staff to ensure the individuals who are keep-separate are not allowed in the same area simultaneously in the program space. All fixed cameras can be watched from either sub-control rooms, the facility's main control center or by facility leadership. The facility uses fixed cameras and mirrors and all custody staff have body cameras which further aid in the investigation of incidents.

Compliance Determination:

The Maine Correctional Center has invested in many new spaces that improved on previously identified concerns in the prior buildings. The department has a practice of involving PREA concerns in the discussions when designing new facilities. Previous PREA Coordinators have attended the construction meeting and can voice concerns. The PREA Coordinator works under the Director of Correctional Operations' chain of command. Agency policy requires the Director to consider safety from sexual violence in any new construction or significant modification. Maine DOC routinely reviews all incidents with an eye toward understanding how things could improve. In addition to the new cameras, MCC has implemented a resident badge system. This helps staff in the 650-bed facility monitor common-use areas such as the Programs Building to ensure individuals with conflicts are not present at the same time. Compliance is based on Policy and formal and informal interviews that support a consistent understanding of the need to limit blind spots and use active supervision skills when residents are in such spaces. The Auditor's visual observation of the new spaces supported that PREA has been considered in the construction process and through technology investments. The Auditor requested some additional documentation to be added to the file based on conversations and observations on-site.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Maine Correctional Center Pre-Audit Questionnaire

Policy 7.1 Investigations by a Correctional Investigator

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

Policy 6.11.5 Sexual Misconduct (PREA and Maine Statutes) Responding

Policy 14.6 Preservation of Evidence

Policy 18.8 Forensic Information or Evidence

Policy 18.3 Access to Healthcare Services

Investigative reports

Maine Statutes 34A Chapter 3 Article 1

Sexual Assault Forensic Exams and the Guidelines for Care of Sexual Assault Patients

Wellpath memo confirming no cases required forensic exam.

MCC Sexual Assault Response Plan

PREA Coordinator memo on services and coordination between agencies.

Individuals interviewed/ observations made.

Interview with Wellpath Medical Staff

Interview with Sexual Assault trained Investigator

Interview with SARSSM 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 completing investigations including sexual assaults. The facility employs criminal investigators who are trained law enforcement staff with the 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 policies ensures uniform steps are

taken in obtaining physical evidence. Neither DOC nor Wellpath staff would not complete the forensic exam. The resident victim instead would be sent to the local hospital with SANE-trained individuals. There are at least two hospitals in the region with SANE-trained individuals. In addition to the facility-based investigative staff criminal investigation of alleged staff misconduct can be completed by the Maine DOC Office of Professional Review or by a Investigator from the Maine Equal Employment Opportunity Office. The PREA policy 6.11.3 states, 'It is the policy of the Department to require the reporting of any sexual misconduct or sexual harassment or suspicion of either and to refer all reports for investigation.' It further states, "The investigation of a report of sexual misconduct against a prisoner or resident shall be conducted in accordance with Department Policy 7.1, Investigations by Correctional Investigative Officers." Policy 7.1 outlines the various roles and expectations of individuals completing investigations over seven pages. The facility Criminal Investigator and the SII Captain are both certified law enforcement officers under state law and are required to undergo specific training through the Maine Justice Academy. The Criminal investigator worked as a Police Officer including being a Chief of Police before coming to the DOC. A review of the OAS shows a consistent response to any allegation or suspicion of possible sexual abuse or harassment. A great deal of the cases are not criminal in nature and often do not rise to the level of sexual assault or sexual harassment under the federal definition.

Indicator (b) The Maine Department of Corrections has policy language for completing an investigation of sexual abuse cases in both adult and juvenile facilities. The State's Attorney General's protocol does cover procedures for youth, but the Maine Correctional Center does not serve that population so the first portion of the indicator does not apply. The agency has a separate facility to house individuals charged with serious crimes as juveniles. The state protocol has a committee that reviews current practices and makes adjustments consistent with national trends for best practices. The Auditor has spoken previously with individuals in Maine who work to keep their training and protocol consistent with national trends. The Auditor reviewed the protocol developed by the Maine Attorney General and compared it to the U.S. Department of Justice document cited and found the topics similar. The document instructs law enforcement and medical professionals on how to proceed in cases of sexual abuse. The document covers communication with victims, including those with developmental delays, how to collect evidence, how to complete a forensic exam, and recommendations to offer prophylaxis for Sexually Transmitted Diseases (STDs) and pregnancy.

Indicator (c) DOC policy 6.11.5 Sexual Misconduct (PREA and Maine Statutes) (page 3 states "sexual misconduct is alleged to have occurred within the prior 72 hours, the prisoner or resident is immediately transported to a hospital for examination by medical personnel skilled in the collection of sexual forensic evidence and is offered

by the hospital the option of being supported by a victim advocate during the examination.” The Auditor confirmed with the local hospitals on the availability of Sexual Assault Nurse Examiners and that services to victims were provided without charge.

The Maine Correctional Center will offer victims of sexual assault the ability to have a forensic exam without cost regardless if they cooperate in the investigation. This is confirmed in DOC policy, interviews with investigators, and by the local hospital staff. Agency policy addresses this in policy 11.6.5. “The Chief Administrative Officer, or designee, shall ensure that medical and mental health services are provided to alleged victims of sexual misconduct without financial cost and regardless of whether an alleged victim names the perpetrator or cooperates with any investigation arising out of the incident.” It is also addressed in the Attorney General’s Protocol on page 14 where it explains that medical costs for treatment are covered by the state’s Victims Compensations funds. There are two reported hospitals in Portland with SANE Services available. There were no allegations of sexual contact that required an individual to go out for a forensic exam.

Indicator (d) The Maine DOC has an agreement with the Maine Coalition Against Sexual Abuse (MECASA) to provide support services to victims of sexual assault. The Sexual Assault Response Services of Southern Maine or SARSSM the local member agency is part of the state coalition (MECASA). Discussions with the SARSSM representative support an ability to provide support to victims during forensic exams and police interviews. The Correctional Investigator confirmed that he would encourage the services of a rape crisis advocate to be with the victim during the exam and any subsequent interviews he needed to complete.

Indicator (e) Both hospital and agency staff confirm that a rape crisis staff would be available to help a victim through a forensic exam, a criminal justice interview, and provide ongoing support and referral to the victim. A Memorandum of Understanding was provided to the Auditor. The PREA Coordinator and PREA Monitor were both encouraged to continue to build on the relationship with the SARSSM staff. The Auditor also reviewed the facility's Coordinated response plan which also requires the medical staff to make contact with SARSSM to request an advocate meet the victim at the hospital to support them through an exam. The PREA Coordinator reports they try to hold meetings with the RCCs and post-COVID-19 have been working to rebuild relationships. Both agencies have reported staff changes

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 SARSSM if needed. If for any reason a support advocate was not available, the DOC can call MECASA and see if another agency in close proximity could send a staff.

Compliance Determination:

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 Agency has several other policies that further support the process. The Criminal Investigation would be done by the Criminal Investigator (Detective). The Special Investigations and Intelligence Unit (SII) which investigates crimes at MCC may complete preliminary reviews of facts and evidence to determine if the allegation is potentially criminal in nature. The SII team Captain and the Criminal Investigator are trained as law enforcement officers and have completed the specialized training for Investigations of Sexual Assaults in a correctional setting. Residents who are victims of sexual assault can be taken to Mercy Hospital or the Maine Medical Center in Portland (approximately 15 miles) for a forensic exam with a Sexual Assault Nurse Examiner (SANE). Sexual Assault Nurse Examiners in Maine are trained on protocols developed in the state of Maine Attorney General's office in conjunction with a SANE advisory team and consistent with the National Protocol for Sexual Assault Forensic Exams. The Maine Attorney General's Office has produced a guideline for Sexual Assault Forensic Exams and the Care of Sexual Assault Patients. This 185-page document provides specific steps for forensic exams and was developed in conjunction with medical and legal experts from Maine including nine SAFE or SANEs. The Auditor spoke with hospital staff who confirmed the availability of SANEs at 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 Response Services of Southern Maine (SARSSM) is the regional rape crisis agency that the Auditor confirmed would send a victim advocate to support the resident through the forensic exam and any investigative process. SARSSM is working with Maine DOC to offer more services to residents at MCC. Compliance is determined based on the availability of resources to effectively investigate, secure, and process evidence. Also taken into consideration in this determination was the overall staff knowledge displayed in the random staff interviews of how to preserve evidence, including instructions to the residents involved. Investigative files document the steps to preserve evidence and that in each case the residents involved were referred to MH services even if they denied any assault.

115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Maine Correctional Center Pre-Audit Questionnaire</p> <p>Maine Statutes related to Correctional Law enforcement powers</p> <p>Policy 6.11.3 Sexual Misconduct</p> <p>Policy 07.01 Criminal Investigations</p> <p>Documentation of Hotline calls referred for investigation</p> <p>Investigative files</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with the DOC Director of Operations</p> <p>Interview with Warden</p> <p>Interview with Investigative staff</p> <p>Summary Determination</p> <p>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 Correctional Center has a Criminal Investigator and a Special Investigation and Security (SII) unit staff who are certified as law enforcement in the state of Maine. In addition, other SII staff have been trained in completing investigations into all sexual misconduct allegations. Once an allegation has been reported the Shift Command staff will notify the SII unit staff to make an initial assessment of the complaint unless it is clearly a criminal case which will be referred to the Detective. SII unit staff can assist in the preservation and collection of evidence. If the allegation is against a staff person the agency’s Office of Professional Review will be informed. A review of investigative files supports that all investigations occur immediately upon the report of an incident. Interviews with investigative staff confirmed not only their on-call status but the initial steps taken for each of the cases reviewed. A review of the case files supports that the SII or Detective are starting the investigation on the same day they become aware of an allegation. The facility reported they completed 37</p>

investigations into potential sexual abuse or sexual harassment cases. The cases included potential sexual abuse and sexual harassment allegations. The investigative team reviewed some as criminal investigations, and others as administrative investigations into non-criminal acts including some cases that were determined not to be either sexual abuse or sexual harassment.

Policy 11.6.3 set forth the expectation for immediate investigations. "All alleged sexual misconduct between prisoners or between residents shall be assigned by the facility Chief Administrative Officer, or designee, to a facility Inner Perimeter Security Officer for a criminal investigation and/or possible reporting as a disciplinary violation. The investigator assigned must have received special training in sexual misconduct investigations." The Auditor confirmed that if a trained individual is not working a shift the Criminal Investigator (detective) for the facility or the SII Supervisor who is also trained would be called.

Indicator (b) The Maine Department of Corrections has multiple policies that address the requirements of this standard. PREA Policy 6.11.3 Sexual Misconduct, Policy 07.01 Criminal Investigations, and Policy 07.03 Administrative Investigations all speak to the expectations for completing an effective review of facts in determining if a crime or violation of facility or DOC policy has occurred. The policies also comply with Maine State Statutes which govern law enforcement duties. The agency policies related to PREA incidents and the completion of criminal and administrative investigations are available on the agency website. The agency directives support the training received by these law enforcement staff and ensure that all other staff understands how to protect evidence and ensure information about a potential crime is only shared with those with a need to know.

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.

Compliance Determination:

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 are

	<p>investigated by a centralized unit, the Office of Professional Review or by the state's Equal Employment Opportunity division of the Attorney General's Office. By using a different investigator than the facility's Criminal Investigator or trained SII staff it ensures an impartial investigation occurs.</p> <p>The Maine Department of Corrections investigates all incidents of sexual contact by residents as a potential criminal investigation. This is done to ensure all evidence is collected even if the residents claim initially the contact was consensual. Compliance was determined based on the published policy, the investigative information provided by the investigative staff, and interviews with the Department of Corrections Director of Correctional Operations. Compliance is determined utilizing the above-stated information which meets the requirements of Indicators (a) and (b). 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 finally the files support investigations are taken up quickly after the facility becomes aware of an allegation.</p>
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115.31 Employee training	
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Maine Correctional Center Pre-Audit Questionnaire</p> <p>6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention</p> <p>MCC staff training records</p> <p>State-approved training materials, power points program outline</p> <p>LGBTQI Resident Management training slides</p> <p>Maine Justice Academy outline</p> <p>Maine Coalition Against Sexual Assault videos</p> <p>PREA education cards</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with MCC PREA Monitor</p> <p>Interviews with random staff</p>

Summary Determination

Indicator (a) The Maine Correctional Center ensures all staff are trained in the agency's Zero Tolerance for Sexual Misconduct. All Employees, no matter what role in the institution, are aware of their role in the prevention, detecting, and responding to sexual assault and sexual harassment of residents. Random staff were able to describe in the interviews how their day to day jobs keep residents PREA safe. The staff members interviewed knew the signs and symptoms of someone who may be victimized, and the rights of residents related to PREA and were able to give examples of why sexual assaults may occur. Staff persons confirmed they get training on how to avoid getting into inappropriate situations with a resident, the criminal liability for failing to report a PREA incident, and how to respectfully work with LGBTI residents. The staff knew to use the Transgendered or intersexed resident's preferred name and pronouns and they were aware that a multidisciplinary committee reviews the transgender resident's case individually to determine housing, canteen items they can have access to search procedures and Medical or mental health treatment planning. The Auditor reviewed the 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. The Agency PREA Policy 6.11.2 outline requirements consistent with the standards. "The Department PREA Coordinator shall ensure that all staff, volunteers, and student interns who may have contact with a prisoner, resident, or person under supervision of the Department in the community receive initial training with respect to:

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

residents, including the relevant laws regarding the applicable age of consent;

i. how to communicate effectively and professionally with prisoners, residents, and persons under supervision in the community, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming persons;

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

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

The Auditor reviewed the training material provided for consistency with the policy and the standard.

Indicator (b) The Maine Correctional Center houses both male and female residents. All staff are trained through the Maine Justice Academy in working with both male and female residents. New staff complete an onboarding training program at the facility after the academy before they can work independently at MCC. The documentation provided by the PREA Coordinator supports that in addition to general PREA education which covers working with both male and female populations, the staff are provided additional related training that support this indicator. These trainings include a course on working with sex offenders, a course on working with LGBTQ residents, and a course on Women Offenders and Gender Responsiveness. The Maine Department of Corrections has developed a model of Corrections that support improved communications and supports Diversity, Equity, and Inclusion.

Several staff made references to the Maine Model of Corrections in their interviews supporting PREA topics as part of a healthy and safe community.

Indicator (c) The Maine Department of Corrections employees receive 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 Learning Management System platform. Staff records and their knowledge of the training information indicators support they receive training frequently. Staff reports they get full PREA-specific training annually and will get updated on policies regularly. The staff also remarked that they have additional training updates/ discussions with supervisors at shift briefings that aid in understanding policy and how it is put into practice daily. Staff also report that supervisors will review PREA issues periodically during shift briefings.

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Indicator (d) Employees sign for their training acknowledging their understanding of the content. Online training would include an electronic signature and a quiz used to confirm content knowledge. The Auditor was provided with a report showing the

training dates for 248 staff/contractors who received PREA training in the past year. The Auditor was provided documentation of the training and the 247 existing staff and contractors who had completed the training in 2022. The agency also provided other related topic trainings including working with LGBTQI residents that staff take that further supports a PREA safe environment. A copy of the test was provided as well as the previous years' staff and contractor training list.

Compliance Determination:

All staff are trained in Maine DOC's Zero Tolerance policies toward sexual assault and sexual harassment. The employees, contractors, and volunteers sign off confirming they have been trained on PREA and understand policy 6.11 Sexual Misconduct. Staff files reviewed as part of standard 115.17 showed this documentation. Ongoing training is documented through signatures for classroom activities and electronically for individualized learning through LMS 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 on-site training 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 were 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 LMS. 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 staff including initial PREA training and most recent PREA education while on site. MCC also provided training documentation for new employees hired this year. Compliance determination was based on training records, the material used in presentations, and random staff ability to share examples of the content they had learned as part of PREA training consistent with standard requirements.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed.

Maine Correctional Center Pre-Audit Questionnaire

6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention

Volunteer List

Contracted Staff List

Training materials for volunteers and sign-off on training

Wellpath training materials

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

PREA Education cards

Individuals interviewed/ observations made.

Interview with MCC PREA Monitor

Interview with Contractor

Interview with Volunteer

Observation on tour

Summary Determination

Indicator (a) Most contractors providing direct service to residents at the Maine Correctional Center are employed by Wellpath a Medical/ Mental Health treatment provider. As such, they receive full PREA training that all DOC employees receive in addition to the required specialized training in 115.35. During the tour, the Auditor also confirmed with Keefe Commissary staff that they also receive training on PREA. All volunteers who have routine access to the facility must undergo an onsite education program on responsibilities and procedures 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 know when and how to report concerns. One-time visitors are provided a PREA Brochure that outlines aspects of the overall training and informs the individual how to report. The facility reported initially there were 357 volunteers approved to enter the facility but after further review, only about 75 individuals had entered the facility in the past 6 months. The Auditor was provided with a tracking document which also show when they were trained.

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 residents (Wellpath) undergo full DOC training. Individuals who have routine visits (religious staff, educational volunteers, canteen vendors, etc.) get an abbreviated educational program. The state PREA Coordinator has developed a workflow diagram to help Volunteer Coordinators determine the level of training to provide. The individuals providing direct service such as Wellpath staff, get routine PREA training provided to all DOC staff in addition to the specialized training in 115.34 for medical and mental health staff. The Auditor was able to confirm directly with contractors and volunteers on the level and frequency of training received.

Indicator (c) PREA policy 6.11.2 Sexual Misconduct (pages 2-3) requires the agency PREA Coordinator to keep track of the training. The policy requires individuals to sign for the information they receive. The policy also states, "All training shall be documented in the staff's, volunteer's, or intern's training file and shall include, at a minimum: a. subject/topic areas covered; b. date training received; c. signature of the person receiving training; d. name of trainer/instructor; and e. results of performance evaluations and/or testing, if applicable."

Those one-time volunteers sign in and receive a PREA Brochure upon entrance to the MCC. There is language on the sign-in form for all visitors about PREA. 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 more formal training are required to sign PREA acknowledgment forms similar to the ones signed by DOC employees at hire. A sampling of volunteers' 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. The volunteer has been working with residents for years and reports that they get PREA training every year since the law came out. She was able to discuss who she would report a concern to if she saw something or a resident said something that concerned her.

Compliance Determination:

The Maine Correctional Center is compliant with the standard expectations. MCC ensures all contractors and volunteers receive training in the agency's efforts to prevent, detect and respond to sexual assault and sexual harassment. Training records, interviews with contractors on the tour, and formal interviews support that they have received comprehensive training equivalent to their level of contact with the residents. Training records and interaction with contractors and volunteers as part of the tour clearly support an understanding of the agency's Zero Tolerance to PREA-related issues. 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. Upon arrival at the facility, the Auditor was offered information about PREA and saw postings in the waiting area. Compliance was determined through supporting documents, policies, and interviews.

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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Maine Correctional Center Pre-Audit Questionnaire</p> <p>Maine DOC Website (PREA Education Videos)</p> <p>6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention</p> <p>Resident Handbook (English Spanish)</p> <p>Resident files showing they have received PREA educational materials</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Intake Staff Person</p> <p>Interview with Unit case managers</p> <p>Interview with residents</p> <p>Observation on tour of PREA Signage in two languages</p> <p>Inmates showing PREA Information available on tablets</p> <p>Summary Determination</p> <p>Indicator (a) All residents are provided information about PREA upon admission to Maine Correctional Center. The clients have most often been in The state’s jail system or other Maine DOC sites prior and report getting information in those sites as well. Residents are provided a description of PREA and how to protect themselves, how to report a concern, and what services are available if someone has been a victim. The Auditor was walked through the admission process by intake staff, including the information the intake officer goes over routinely related to PREA. The only reason an individual would not have the education immediately upon admission is if they presented with an acute medical/ mental health or behavioral concern. In these cases, the education would be completed as soon as they were stable. All residents get informed about what PREA is, are explained that there are multiple ways to report a concern, they are provided with a PREA Pamphlet and a Resident Handbook, which</p>

has information about PREA. All residents are also provided a video on PREA that was developed by the state rape crisis agency and included Maine DOC facilities as well as several of the county jail facilities. The OAS pre-audit information states that 917 admissions received PREA Information at intake. The number reportedly includes 'safe-keepers' pretrial county prisoners who can not safely remain in a county jail setting. The Auditor asked intake staff and LEP residents on how education is provided. Maine's PREA Video is in multiple languages and they have some bilingual staff. The staff were reminded to ensure to check with bilingual residents to ensure written materials are given in their preferred language. The Auditor was able to use the interpretive services to speak with a resident, and although the primary intake person was aware of the service, the Auditor recommended additional signage.

Indicator (b) All residents at MCC are provided with a review of the facility-specific PREA information with their caseworker in the first few days in the facility. Most residents at MCC have been housed in other correctional facilities before being placed at MCC. All residents whether new or who were not previously in a Maine DOC facility get the video education in addition to the introduction to PREA at admission and the follow-up education with the case worker. As noted in indicator (a) the video used was developed in conjunction with county jails and featured staff from across the state. The reporting mechanism is familiar for residents as the outside reporting mechanism in the state's county jails is the DOC PREA Coordinator and while at MCC the residents use the local county jail as the outside reporting option and the DOC PREA Coordinator as an internal option. The education includes the state's zero-tolerance policy, how to protect themselves from sexual assault/sexual harassment or retaliation, how to and why it's important to report a concern, the resident's rights related to PREA, and the steps DOC will take to investigate and support individuals if an incident occurs. The Auditor discussed with the state PREA Coordinator the benefits of tablets to provide an additional source of information for residents. DOC PREA Policy 6.11.3 sets the requirement for resident education about PREA. "Within ten (10) days of intake to the facility, each newly admitted prisoner or resident shall receive a comprehensive education concerning sexual misconduct and sexual harassment and shall receive the appropriate acknowledgment and safety memo (Attachments C and D)." Residents also reported there is information on the tablets about PREA.

Indicator (c) All residents at the Maine Correctional Center have received an education on PREA and how to report any concern. Resident education is documented and random residents confirmed that PREA was addressed immediately upon transfer from their prior prison or jail. The Auditor also spoke to residents who were in the institution before the implementation of PREA to ensure they also understood PREA. The resident interviews support a solid understanding of the resources to victims and how to report a concern. Many pointed to signage in the units that educate residents

about PREA; others mentioned the resident handbook or the DOC video. MCC has three types of tablets currently so they do not all have the PREA Information but all acknowledge other sources of information on the housing unit. The Auditor reviewed the documents each resident signed confirming they have been educated on PREA and how to report a concern. The form also tells them about their right to receive outside confidential support.

Indicator (d) Education is available in multiple languages, from written to video to large print documents. One of the videos includes American sign language (ASL). Residents 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 residents 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. The Auditor confirmed that ESL residents are explained about PREA with the aid of interpretive services. The one resident admitted in the past year signed his PREA education acknowledgment on the Spanish version of the form.

Indicator (e) The Auditor requested a random sample of resident files for review and to select interviewees. The Auditor uses a number sequence to select files for each unit and ensure a diverse selection. The case files the Auditor requested were from the target population the Auditor met with. Interviews with residents support an understanding on how to report a concern.

Indicator (f) Observations throughout the tour support there is materials available to residents continuously. The information viewed included handbooks, posters and other signage about PREA or resources such as the local rape crisis agency (SARSSM). The Auditor suggested periodic video refreshers be made available to residents, given the long-term nature of the institution. The facility as mentioned, has added tablets since the last audit which included written materials in multiple languages. The Auditor shared how other agencies have used the tablets to improve PREA education.

Compliance Determination:

PREA, or the Prison Rape Elimination Act, is a term most residents are familiar with from county jails in Maine or their prior stays at Maine DOC facilities. The Maine Department of Corrections Policy 6.11.2 PREA-Prevention sets forth on page 3 the expectation of the timeliness of resident education, the manners in which education is delivered and the requirement for materials for LEP and disabled resident education. Residents at MCC confirm they are educated on PREA and the zero-

	<p>tolerance expectations as soon as they get to the facility. PREA information is reviewed with the resident by the Intake Officer and they are provided a resident handbook that contains PREA information. PREA Information is in the resident handbooks. The resident signs the information reviewed and places in their case record. The facility has PREA educational materials available to residents in the form of brochures, tablets and posters. The orientation process also includes viewing 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. Residents have access to handbooks that can be translated into multiple languages. The document informs residents about the consequences for sexual misconduct. The handbook tells residents about PREA and the importance of reporting and seeking help. Information also includes phone numbers to the state PREA Coordinator and the local rape crisis agency.</p> <p>On the tour the Auditor saw posters informing residents how to report PREA events or how to access advocate services. Residents say they are given facility-specific PREA information within one day of admission. Residents sign at admission acknowledging their PREA education. Interviews with residents confirm that they know how to report incidents if they were to occur. Residents reported comfort in telling staff if they were to experience or be witnesses to an incident of sexual abuse or harassment. During interviews with residents, they expressed several ways to contact administration or outside individuals if they did not have comfort in telling the line staff. Many of the residents stated that PREA was not a concern at the MCC. They also reported they believed any complaint would be taken seriously and investigated. Residents with disabilities confirm that if they had a need, staff would assist in understanding materials. Compliance determination considered the supporting educational documents, the residents' 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.</p>
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115.34	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Maine Correctional Center Pre-Audit Questionnaire</p> <p>6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention</p> <p>Training Material from Moss Group training on completing a sexual Assault Investigation</p> <p>NIC training for Investigation Sexual Assault in a Correctional environment</p>

Training rosters

Moss Group Mentoring

PREA Coordinator Memo on 2023 training enhancements

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 Unit (SII) and the Criminal Investigator at MCC are all law enforcement officers in the state of Maine. As such, they have received 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. Currently, there are 6 trained investigators to cover both the Maine Correctional Center. MCC staff also provide assistance at times with the state's juvenile facility Long Creek Youth Development Center. Agency policy sets forth a description that Investigatory staff have additional training to investigate sexual abuse, harassment or retaliation at state facilities. Policy 6.11.2 states, "The Department PREA Coordinator shall ensure that all facility correctional investigative officers and Inner Perimeter Security team members, as well as other staff likely to conduct sexual misconduct and sexual harassment investigation, receive additional training in conducting investigations of sexual misconduct and sexual harassment, especially in facility settings. This training shall include, at a minimum, techniques for interviewing victims of sexual misconduct and sexual harassment, including techniques specific to juvenile and female victims, proper use of Miranda and Garrity warnings, sexual misconduct evidence collection in facility settings, and the criteria and evidence required to substantiate a case for administrative action and/or referral for criminal prosecution."

Indicator (b)The Auditor reviewed training materials from two sources that have been used in training Maine DOC investigative staff. All staff have taken training provided through the Moss Group previously or through the National Institute of Corrections. Both the material from the Moss Group training and the Auditor's 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 training covered, how to communicate with a victim of sexual assault, the use of Miranda and Garity Warnings, proper steps in the collection and preservation of evidence, and the factors in making a determination of substantiation for administrative action or prosecutorial referral. The Auditor also has reviewed the NIC PREA Investigator’s course which addresses the content required in the standard. Agency Policy also addresses the indicator’s requirements. As noted in indicator (a) policy language covers topics expected to be discussed. The PREA Coordinator also provided documentation of ongoing training being offered system-wide to continue to improve and expand the availability of trained investigators. Some of the staff including the Criminal Investigator and the SII Captain are also trained law enforcement officers under state law. These individuals are Certified through the State’s Justice Academy with ongoing training requirements to maintain their certified law enforcement status.

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. The Auditor’s interview with investigative staff further supported an understanding of the training as did the report reviews.

Compliance Determination:

The Maine Department of Corrections ensures that staff who complete investigations receive appropriate specialized training on investigating sexual assault in a correctional setting. In addition to 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. 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. These individuals are also required to have completed specialized training for investigating sexual misconduct in their correctional facilities. 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 and the supporting training documents also supported the Auditor’s findings.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

Maine Correctional Center Pre-Audit Questionnaire

6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention

Wellpath PREA training materials

Documentation of staff training

Individuals interviewed/ observations made.

Interviews with Medical and Mental Health staff

Summary Determination

Indicator (a) The Maine Correctional Center employs the services of Wellpath, a private Correctional Medical and Mental Health Services Provider. The agency trains staff on PREA-specific considerations from the medical and mental health provided perspective. Included in the training materials and the staff interviewed was information that the training addressed signs and symptoms of abuse, communication with a victim, how to report an allegation, and how to preserve evidence. The nursing staff knew that they should not clean any injuries and only treat critical health concerns before transporting them to the hospital for a rape kit. Medical and Mental Health staff confirmed that a lot of support work would be engaged upon the resident's return from the hospital.

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. The Auditor reviewed the training records for the medical and mental health professionals currently servicing the residents of the Maine Correctional Center. The records show that all medical staff have been refreshed on the topic in the past 18 months in addition to the normal DOC training on PREA.

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.

	<p>Compliance Determination:</p> <p>Medical and Mental Health Staff at Maine DOC facilities are employed by Wellpath. Wellpath provides PREA training with a medical and mental health focus for their employees and provides the PREA Monitor with the documentation. The PowerPoint reviewed by this Auditor addressed how to detect, assess signs and preserve evidence of a sexual assault. The training materials and interviewed staff support that they were trained in responding appropriately to sexual assault victims. The Auditor met 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 Captain, or the PREA Monitor. The contracted staff reported they attended PREA classes from Maine DOC with the state employees. Wellpath staff will not do forensic medical examinations but are aware of how to protect evidence and what facilities they would refer residents to for an exam by a SAFE or SANE if needed. Policy 6.11.2 also was reviewed by the Auditor to determine compliance along with interviews, a review of the Wellpath training program materials for Medical and Mental Health Staff, and training records for the Wellpath staff figured in the compliance. The Wellpath staff work under one supervisory structure at the Maine Correctional Center and know that all allegations are to be reported up both the Wellpath and the facility's chain of command.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Maine Correctional Center Pre-Audit Questionnaire</p> <p>6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention</p> <p>18.4 Health Screening and Assessment</p> <p>Population report for MCC</p> <p>Initial and follow up assessments for residents</p> <p>CORIS report showing screening timeliness</p>

CORIS PREA Screens

Paper Screening tool

Memo from PREA Coordinator

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interviews with Wellpath staff.

Interview with Warden

Interview with an resident who transferred to MCC after turning 18

Observation on tour

Summary Determination

Indicator (a) All residents 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 PREA policy 6.11.2 Sexual Misconduct - prevention (pages 3-4) that all individuals admitted or transferred be screened for likelihood to be a victim of sexual violence or likelihood of being a perpetrator of the same said violence. The policy sets forth the requirement, "the PREA screening of all prisoners admitted to a reception facility by a case manager or other staff trained to administer the screening or all residents admitted to a juvenile facility by the unit Social Worker, unit Juvenile Program Worker, or other staff trained to administer the screening, to assess the risk of sexual vulnerability or sexual violence, within twenty-four hours of intake." The Auditor confirmed with both intake staff and residents through interview that individuals are screened for risk of sexual victimization or perpetrating concerns.

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 supports this practice standard is met with the understandable exception of individuals who were brought in due to significant mental or physical health concerns that prevent immediate completion of intake. A review of a report shows 958 out of 960 admissions but all were completed within the 24-hour timeframe. The facility provided documentation on the two cases that were out of

compliance for medical reasons upon intake. The residents all reported that initial screening questions are asked in the first hour you are in the facility and is completed with intake staff in the intake room before you are assigned a room.

Indicator (c) The tool developed for screening residents for potential sexual violence or sexual victimization is an objective tool utilizing information from the resident's criminal records, information from other correctional setting, and the clients self-reported information. The Auditor was provided with the materials on how to administer and score the tool to ensure that the application is objective. From the answers provided all individuals are given a score. If CORIS identify a individual who is a know victim the system will prevent them from being housed with a know perpetrator of sexual violence.

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. The Auditor reviewed the information with the intake officer and with the individuals who complete reassessments of residents. The Auditor did confirm with residents in the facility under the year that they were asked key questions on their sexuality, victimization hx., and the perception fo safety again after they were in the facility a little while. The Auditor has prior experience with the tool and requested the facility upload the training document that explains how the tool is to be scored.

Indicator (e) The tool does consider the resident's history of violence or sexual abusiveness in the community and in prior institutional settings. The initial screening staff have access to the individual's criminal history and can also review past correctional stay in the department for history of aggression or past sexual contact in the institutions.

Indicator (f) The DOC policy requires assessment in 14 days instead of the standards requirement of within 30 days. Policy language addresses the requirement when it states, "ensuring that the PREA assessment of all prisoners or residents transferred to a facility is administered by a case manager or other staff trained to administer the assessment between five (5) days and fourteen (14) days after the PREA screening;" The facility report stated there was 97.9 percent compliance with the standard timeliness. The Auditor found in the report provided all but 8 files were seen in the first 30 days for reassessment in just over 1000 admissions were in compliance (99.3%). The Auditor did note that there were additional numbers of files that were completed on time by the standard's expectation but were outside the agency's screening practice and are thus shown in the report as red meaning not in compliance with agency expectations. The PREA Coordinator reports that agency is reviewing the report to see if the issue is a data entry concern or a training issue. File reviews of

client files support reassessment screenings are happening within 30 days.

Indicator (g) The Auditor was able to ask staff in formal interviews and review documentation to support PREA reassessments occur for several reasons. The resident 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. Case management and Unit managers were aware that screening were needed when information is learned or when incidents occurred. The PREA Monitor provided examples where individual were re assessed for cause as well as notes from unit team meeting supporting the client behaviors a regularly reviewed allowing the screening staff to her if there isn't other concerns/ information that may affect scoring.

Indicator (h) The Auditor confirmed that residents are not disciplined for refusing to answer questions or not disclosing information as part of the screening process. The Auditor spoke with intake staff who complete the initial screening, case managers who complete the re-assessment and the random sampling of residents. Agency PREA policy 6.11.2 has language consistent with standard expectations, "a prisoner's or resident's risk level is reassessed by the unit team using the relevant PREA assessment instrument when warranted due to a referral, request, incident of sexual misconduct, or receipt of additional information that bears on the prisoner's or resident's risk of sexual vulnerability or sexual violence." No resident interviewed believed they would be disciplined for not answering questions.

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 clients more sensitive information. Disclosures made in the Medical or Mental health record are completely siloed from the custody staff in the Wellpath records. Intake staff confirmed that information that might make the resident vulnerable to other's pressure is protected.

Compliance Determination:

The Maine Correctional Center ensures all residents are screened for sexual victimization and abusiveness using an objective tool. Policy 6.11.2 (page 4) requires that all residents 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 Auditor was able to review this report and

review actual casefiles. 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 resident moves between facilities. The Auditor was given examples of cases in which the reassessments were done for cause including events that were investigated.

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 residents are asked about sexuality, victimization history and perceived safety. The intake officer, who was spoken to on the tour, confirmed residents cannot be punished for refusing to answer questions about sexuality, prior victimization and vulnerability. The Auditor also confirmed this with residents as part of the formal interviews. It is confirmed that only case management and administrators know the specific reasons for PREA scoring results in CORIS. Unit Management team members were aware of resident screening and the importance of using the information. Medical staff will also ask PREA related information at the initial assessment and pass any new information back to the intake staff to ensure the screening encompasses all information obtained at intake.

Compliance was determined based on the sample screens provided consistent with time requirements in the standard. The MCC PREA Monitor continued to provide documentation to the auditor during the post audit period. Interviews with staff and residents further support that the appropriate questions are being asked. Further supporting compliance is the use of CORIS to ensure residents 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 example of ongoing activities supporting the sexual safety of residents.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Maine Correctional Center Pre-Audit Questionnaire</p> <p>Policy 6.11.2 Sexual Misconduct - Prevention) DOC</p> <p>Policy 23.8 Management of Transgender Gender Non-Binary and Intersex Adult Residents Deputy Warden memo on the use of screening information</p>

Unit meeting notes

Unit Classification notes

Transgender bi-annual meeting notes

Resident screening tools

PREA Screening tool explanation

Individuals interviewed/ observations made.

Interview with Facility PREA Monitor

Interview with Intake Officer

Interview with Case manager

Interview with Unit Manager

Interview with Random Staff

Interview with random residents

Interview with transgender residents

Population report

Observation on tour

Summary Determination

Indicator (a) The Maine DOC PREA policy 6.11.2 sets forth language consistent with this indicator. It states the PREA Monitor is charged with “g. ensuring that if a prisoner or resident is identified as possibly being at risk, security staff and other appropriate facility staff are notified to determine an appropriate housing assignment and to take any other necessary safety and security measures; h. ensuring that information from the risk screening is reviewed and considered by appropriate staff when making housing and work, education and other program assignments so that those prisoners or residents at high risk of being sexually vulnerable are kept separate from those identified as being at high risk for sexual violence and ensuring that determinations about how to ensure the safety of each prisoner or resident are individualized.”

The PREA screen used at MCC provides immediate assistance in determining the appropriate housing unit for any new resident. 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 cell as an individual with a known victim history. If residents have a sexual offense history they may be required

to undergo treatment as part of their program. Individuals with a victimization history are provided counseling onsite by Wellpath staff or through the rape crisis agency SARSSM. Unit staff determine through a multi-discipline team when a resident 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 Deputy Warden provided a memo confirming that the Unit teams will continue to monitor residents and where individuals have scored as potential conflicts there are steps in place to further mitigate risk. The Auditor was explained on the tour how housing assignments in the female unit will have residents housed on different walks with different common areas. Unit team will further limit contact in programming or work assignments. Two documents provided of meeting notes as part of Unit Management have built-in questions to further ensure PREA is a regular topic of conversation.

Indicator (b) Safety of the residents is considered throughout the resident's stay. Unit management allows for residents to be grouped in smaller subsets where the teams can focus on the resident's needs and learn their behavioral norms. Staff find this important in being able to identify when the behaviors change. The random residents interviewed supported that staff are approachable, would take any threat seriously and they confront negative behaviors including any form of sexual harassment. PREA policy 6.11.2 sets forth the requirement that individual planning occurs and risk is continually reassessed beyond the intake process. "Ensuring that a prisoner's or resident's risk level is reassessed by the unit team using the relevant PREA assessment instrument when warranted due to a referral, request, incident of sexual misconduct, or receipt of additional information that bears on the prisoner's or resident's risk of sexual vulnerability or sexual violence." Policy 22.1 Intake Processing define some of the individualized planning that begin to be identified at intake besides the PREA assessment.

"Intake, or other designated staff, shall ensure that an Intake Summary (Attachment C) shall be prepared for all new admissions, which shall be used by the classification committee and other staff in developing the prisoner's individualized case plan. The intake summary shall include, or shall refer to, the following:

- a. legal aspects of the case;
- b. summary of criminal history, if any;
- c. social history;
- d. medical, dental, and mental health history;
- e. occupational experience and interests;
- f. educational status and interests;
- g. vocational programming;

- h. recreational preference and needs assessment;
- i. mental health assessment;
- j. staff recommendations; and
- k. pre-institutional assessment”

Discussions with staff residents and administration all support there is individualized planning for each resident including how to ensure their safety in the environment. Policy 23.8 Management of Transgender Gender Non-Binary and Intersex Adult Residents directs intake staff on how to make effective decisions related to initial housing. “11. In the case of a transgender or intersex resident, the housing placement shall be consistent with the gender identity of the resident, except when placement in such housing would create a risk to safety, security, or orderly management of the facility including, but not limited to, a risk to the safety of other residents or a risk to the safety of the transgender or intersex resident.

12. In the case of a resident who is gender nonbinary, the housing placement shall be in accordance with the resident’s preference, except when placement in such housing would create a risk to safety, security, or orderly management of the facility, including, but not limited to, a risk to the safety of other residents or a risk to the safety of the gender nonbinary resident.”

Indicator (c) The Maine Department of Corrections has a policy 23.8 that addresses at length the expected Management of Transgender Gender Non-Binary and Intersex Adult Residents. The Policy statement is as follows; “It is the policy of the Maine Department of Corrections to provide a safe, supportive, and discrimination-free environment that is affirming of every adult resident’s gender identity, including transgender, gender nonbinary, and intersex residents.” As a co-correctional environment, the facility has several transgender and nonbinary individuals. Discussions with the Warden, Director of Female Services, and PREA Coordinator all support there is a system of interviews and meetings that occur to ensure the best housing for each transgender individual. Maine Correctional Center includes both transgender male and female residents. The agency has transitioned individuals to housing units consistent with their identity. Individuals included those who had not previously disclosed their transgender status until after placement with DOC. The Auditor reviewed transgender meeting notes and spoke with several transgender residents on site. Some of the individuals in custody at MCC were previously interviewed by the Auditor in male-only settings of other Maine DOC facilities. The Agency policy also requires all mental health staff to be trained on issues that impact the LGBTI individuals in custody. Policy 23.8 states, “In addition to the above training, all facility staff providing mental health services to residents shall be trained on issues specific to transgender, gender nonbinary, gender nonconforming, and intersex residents, such as bullying, isolation, harassment, family rejection, etc., that can have a negative effect on a resident’s mental health and, as appropriate, shall confer with providers or consultants with expertise in these issues when providing services.” The Policy goes on to state, “If a safety issue arises that might require a change from the immediate housing placement made by the Chief Administrative

Officer, or designee, facility staff shall take appropriate steps to mitigate the risk in accordance with relevant Department policies and facility practices until the housing placement can be reviewed by the Chief Administrative Officer, or designee.”

Indicator (d) Pages 8-11 of policy 23.8 describe in detail the expected consideration in addressing the needs of transgender and intersex residents. The policy set that within 10 days the resident must be met with and the multi-discipline team assemble to consider the following.

“At the conclusion of the meeting, this team shall make recommendations about the following matters, as applicable:

- a. type of housing appropriate for the resident, including, if applicable, whether a transfer to another facility is necessary to implement this recommendation;
- b. gender of staff who are allowed to conduct and, if applicable, observe searches, including, if applicable, whether a transfer to another facility is necessary to implement this recommendation;
- c. any special shower and toilet arrangements;
- d. any safety or security precautions required;
- e. any accommodations required due to relevant medical issues;
- f. any accommodations required due to relevant mental health or other behavioral health issues;
- g. any relevant program or service needs; and
- h. any other relevant matters.

5. The recommendations shall be based on, but not be limited to, the following factors, as applicable:

- a. the resident’s gender identity;
- b. whether that gender identity has been consistently held;
- c. the steps, if any, taken by the resident toward transitioning, considering the resident’s age, ability to transition, and whether the resident was or still is questioning their gender identity;
- d. any potential risks to the continuing safety of the resident or other residents or to security or orderly management of the facility;
- e. the resident’s views with respect to their own safety;
- f. any views of the resident with respect to the above matters;

- g. any relevant information from the resident's PREA screening, assessment, and any reassessment;
- h. any relevant information from the resident's SOGIE;
- i. any relevant mental health and other behavioral health issues;
- j. any relevant medical issues; and
- k. any other relevant factors.

The Records show that these meetings have occurred twice a year. The facility provided documentation for three of the identified transgender residents. Meeting notes discuss various aspects of the resident's life and any change or new request. The more recent notes review are formatted to address the factors stated above. The residents report having a voice in their custody and report access to hygiene supplies, mental health, and medical treatment and some reported working with outside LGBTI support services.

Indicator (e) Each of the transgender residents confirmed there is a meeting that occurs shortly after admission with a multidisciplinary team to discuss the supports and considerations the resident wishes to request. The individuals interviewed support they can request hygiene, clothing, and other items to improve their feeling of support and safety. All transgender individuals receive or have been approved medications to support their transition. As residents progress in their treatment the multi-disciplinary team will continue to assess the most appropriate housing for them in the Maine Correctional Center. Residents also support they have a say in the gender of staff who complete pat or strip searches of them. As noted above the Maine DOC has implemented a 13-page policy on the Management of Transgender, Gender Nonbinary, and Intersex Adult Residents which provides in-depth instructions on working with the population including their having a voice in their perceived safety.

Indicator (f) There are no gang showers in MCC the housing units have individual showers on each tier of the housing pod. The Showers are away from other cells in most units and privacy is maintained through opaque shower curtains that allow only the feet and the tops of the resident's head to be seen. In most of the women's units showers are behind closed doors. In the Southern Maine Women's Reentry Center, the rooms are all dry with bathrooms with toilets and showers on each floor similar to a college dorm setting. Many of the shower setups on the male housing units have two layers of curtains. One protects the individual from being seen while changing and the other provides another layer of privacy when the individual is in the shower. The Auditor looked at the showers from different angles and from the camera system to ensure there was no opposite-gender observation. Transgender residents are given the option of having different shower times if it will improve their feelings of safety without compromising safety. This is documented in the biannual transgender

reviews.

Indicator (g) The Maine Correctional Center does not by policy, practice, or legal requirement house all LGBT residents in one housing unit. This was confirmed with interviews with the PREA Monitor, Random staff and interviews with lesbian, gay, and transgender residents confirmed this is not a practice at MCC. The Auditor also compared the identified individuals against the housing rosters.

Compliance Determination:

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, Gender Nonbinary, and Intersex Adult Residents. 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 MCC are asked how they feel about their safety which helps guide the placement process for housing and eventually programming. MCC has several transgender residents. Practice is confirmed with the PREA Coordinator and the Warden that a multidisciplinary team discusses each transgender resident's needs and preferences. During the tour and subsequent movement, the Auditor was able to see how transgender residents have privacy during shower or bathroom use. Documentation supports that LGBTI residents are not all housed together or denied programming or work. There is no legal judgment requiring such conditions to exist. Interviews with multiple Transgender individuals supported the process described in the policy does occur.

Through the Unit Management process, other areas of the resident's life are given enough information to ensure potential victims and potential perpetrators are monitored closely. Correctional Trade Instructors and education staff were aware that unit management uses screenings to keep individuals apart for safety. The Auditor discussed with several of these staff and correctional officers monitoring the areas during the tour, how they take steps to manage residents 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 residents and observe and address any behaviors. As noted in 115.18 the facility has installed in the programs building a swipe system that is designed to keep individuals with any conflict apart.

The standard is determined to be compliant based on policy, supporting documents, and interviews with residents and staff. The Auditor finds that practices are in place to use screening information and there is good communication about those at risk. The Auditor also notes that the facility leadership has worked to support transgender residents to be housed in units consistent with their gender identity and expression while ensuring the safety of all.

115.43	Protective Custody
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 340 1050 374">Policies and written/electronic documentation reviewed.</p> <p data-bbox="256 412 970 445">Maine Correctional Center Pre-Audit Questionnaire</p> <p data-bbox="256 483 1289 517">Policy 6.11.2 Sexual Misconduct –(PREA and Maine Statutes) - Prevention</p> <p data-bbox="256 624 882 658">Individuals interviewed/ observations made.</p> <p data-bbox="256 696 831 730">Interview with Agency PREA Coordinator</p> <p data-bbox="256 768 576 801">Interview with Warden</p> <p data-bbox="256 840 815 873">Interview with Staff in Segregation Unit</p> <p data-bbox="256 911 715 945">Interview with the PREA Monitor</p> <p data-bbox="256 983 544 1016">Observation on tour</p> <p data-bbox="256 1124 608 1158">Summary Determination</p> <p data-bbox="256 1196 1481 1525">Indicator (a) The Maine Correctional Center refrains from placing residents at high risk for sexual victimization in involuntary segregated housing. Policy (6.11.2) allows, consistent with the standard for protective custody housing, for a period of 24 hours, while the situation is assessed. “Prisoners or residents screened or assessed as high risk for sexual vulnerability shall not be placed in a special management housing unit or protective custody housing unit due to this risk unless there has been a consideration of all possible available alternatives, and it is determined that there is no available alternative means of separation from likely perpetrators.”</p> <p data-bbox="256 1563 1469 1765">MCC will, if needed, put residents on Extra Observation Status (EOS) which is a temporary status to allow assessment of needs but does not necessarily require a housing unit move. Reportedly at no time in the past year has the Maine Correctional Center had to place an individual in involuntary segregation as a means of protecting an individual from likely abusers.</p> <p data-bbox="256 1872 1458 1995">Indicator (b) Through it is not the practice of the Maine Correctional Center to place individuals in involuntary segregation as a means of providing protection the agency has policy language to address the requirements of this indicator.</p> <p data-bbox="256 2033 1414 2067">“2 If such a determination cannot be made immediately, the prisoner or resident</p>

may be housed in a special management housing unit or protective custody housing unit for no more than twenty-four (24) hours, pending the determination.

3. If a determination has been made that there is no available alternative means of separation from likely perpetrators, the initial placement in a special management housing unit or protective custody housing unit shall only last until there is available an alternative means of separation and, in any case, the initial placement shall not exceed thirty (30) days.

4. The placement must be reviewed at least every thirty (30) days to verify whether it is necessary to retain the prisoner in a special management housing unit or protective custody housing unit.”

The policy also goes on to address how individuals involuntarily placed in segregation or protective custody should retain normal privileges. “Any prisoners or residents placed in a special management housing unit or protective custody housing unit due to this risk shall have access to programs, privileges, education, and work opportunities similar to prisoners or residents in the general population, except to the extent that they must be limited consistent with reasonable precautions designed to protect prisoner or resident safety, security and orderly management of the facility and shall otherwise receive treatment in accordance with departmental policies and procedures. Any restrictions shall be documented in accordance with departmental policies.”

Indicator (c) The Department of Correction has a policy that (Policy 6.11.2 Sexual Misconduct – Prevention) addresses the requirements of this standard in protecting residents and staff who report PREA incidents from retaliation. The policy requires MCC not to house the victims or those at risk in segregation as a manner of protection unless there is no other means and that the situation is reassessed every 30 days.

Indicator (d) Since MCC has not used segregated housing to achieve protective custody of individuals at risk of sexual misconduct, there is no documentation to review.

Indicator (e) The Department of Correction has a policy that (Policy 6.11.2 Sexual Misconduct – Prevention) addresses the requirements of this standard in protecting residents and staff who report PREA incidents from retaliation. The policy requires MCC not to house the victims or those at risk in segregation as a manner of protection unless there is no other means and the situation is reassessed every 30 days. The Warden supports that if this situation was to arise this would be evaluated sooner and a plan to ensure safety would be implemented to ensure safety.

	<p>Compliance Determination:</p> <p>Interviews with the Warden and the facility PREA Monitor confirm that the facility has not had to use involuntary segregation to ensure the safety of any victims of sexual assault. The Warden confirms that the aggressor would be the individual moved to segregation. An interview with a resident victim confirmed that he was not held in administrative segregation as a protective condition. Investigative reports support there is no practice of segregation of victims, and is consistent with the Warden's interview. In addition to discussions with the residents, staff, and administration during the tour, the segregation staff confirmed that no individual was in the unit for protection from sexual assault. The standard is compliant based on the information provided, the tour, the interviews, and the policy and practice of the Maine Correctional Center.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Maine Correctional Center Pre-Audit Questionnaire</p> <p>Policy 6.11.3 Sexual Misconduct (PREA and Maine Statues)- Reporting and Investigations</p> <p>Sexual Assault Brochure</p> <p>Resident handbook</p> <p>PREA Posters</p> <p>MOU between MCC and CCJ for external reporting</p> <p>CCJ Website</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Random Staff</p> <p>Interview with Contracted staff</p> <p>Interview with residents</p> <p>Discussion with Cumberland County Jail PREA Coordinator</p> <p>Observation on tour</p>

Summary Determination

Indicator (a) Policy 6.11.3 Sexual Misconduct – Reporting and Investigations states, “The Chief Administrative Officer, or designee, shall provide multiple internal means for prisoners or residents to report sexual misconduct or sexual harassment; attempts to deter them from reporting sexual misconduct or sexual harassment; retaliation for reporting sexual misconduct or sexual harassment; and staff, volunteer or student intern neglect or violation of responsibilities that may have contributed to such incidents. t These multiple internal means shall include verbally, in writing, anonymously, and by way of third parties.” The Policy goes on to state, “The Chief Administrative Officer, or designee, shall provide the means for prisoners or residents to make reports directly to the Department’s PREA Coordinator, either by writing to or calling the hotline number for the PREA Coordinator.” Random resident interviews confirmed that the residents know there are multiple ways to report a concern within the facility or to the Department of Corrections Central Office. Residents knew of the postings and information in the resident handbook that describes options to report a concern including directly to a staff they trust, to any case manager or medical or mental health staff, by writing the Warden, or by calling the DOC PREA ‘hotline’ (agency PREA Coordinator). The Auditor observed the postings on the walls of the various housing units and discussed with residents informal and informal interactions their access to supervisory staff. The residents understood their ability to write individuals internally and externally through the mail system, though most reported they would call the hotline or tell the staff. Residents confirm access to materials to make a report and that mail going to outside agencies such as Cumberland County Jail would be considered protected communication. The Cumberland County Jail serves as an outside reporting option for residents. A representative of Cumberland County Jail confirms the MOU and supports that residents have sent mail to the county jail but not recently. The residents also confirm they can place notes in the in-house mail to any staff and administration. The residents also confirmed the ability of indigent residents to get writing materials and postage. The PREA Coordinator also confirmed inmates writing the local jail PREA Coordinator are not required to place their name or inmate number on the envelope.

Indicator (b) The Maine Department of Corrections has set up two ways in which residents can report a PREA concern to an outside agency. PREA Policy outlines the expectation when it states, “The Chief Administrative Officer, or designee, shall also provide the means for prisoners or residents to make reports of sexual misconduct to sexual assault agencies in the community by providing the contact information for local agencies.” The Poster also has the address of the PREA Coordinator of the Cumberland County Jail if they do not feel comfortable reporting to DOC staff. The PREA Poster encourages the residents to seek outside help in reporting if they had any concerns reporting in the facility. The poster states, “Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf”. The residents were also confident that if a family member called to report a concern, the

staff would take it seriously and investigate it. The Maine DOC also provided a copy of an MOU with Cumberland County Jail to act as each other's outside reporting mechanism. The MOU states,

“1) MDOC agrees to serve as the public entity and office that is not part of the Cumberland County jail (CCJ) to receive reports of alleged sexual abuse and sexual harassment.

2) CSO agrees to serve as the public entity and office that is not part of the main correctional center (MCC) to receive reports of alleged sexual abuse and sexual harassment.

3) The PREA Coordinator for the MDOC will serve as the designee to receive review and provide notification to the PREA Coordinator and administrator of CCJ.

4) The PREA Coordinator for CCJ will serve as the designee to receive, review, and provide notification to the PREA Coordinator of the MDOC and administrator of MCC.”

The Auditor confirmed the MOU and responding expectations for calls, and mailed complaints to be forwarded to the Maine DOC and the Maine Correctional Center Warden. The CCJ PREA Coordinator reports he has received allegations and forwarded the information in the past but not in the past year. The Auditor did confirm the information verse the CCJ website. The Maine Correctional Center does not house residents for immigration violations. The Auditor made a recommendation to improve the language near the phones to ensure clarity on the confidentiality of calls to the PREA Hotline and for outside confidential support. The agency is removing the requirement to enter a pin which may have reduced residents' confidence on the level of confidentiality of the calls to state or outside agencies. The facility has multiple tablets inmates use from ones the inmate purchase to 2 different state-issued options. The current tablets are not double as phones so inmates are aware of the proximity of others when using the unit phones.

Indicator (c) Interviews confirm consistent with agency policy (6.11 Sexual Misconduct -page 3) 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 Maine Department of Correction provides several avenues for staff to report a concern of sexual assault or sexual harassment. Beyond reporting an incident to their immediate supervisor, if the staff had a concern about the supervisor

or another staff being involved with a client they report to another supervisor or to a higher-ranking individual, they can make a report using either the posted phone numbers to SARSSM 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.

Compliance Determination

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

Residents interviewed were aware of multiple ways in which they could report including telling staff, calling the hotline to one of two numbers, mail administration or the local county jail, complete a grievance form. They also knew they could call or write the local rape crisis agency for emotional support. Posters are seen on all the housing units during the tour directing residents 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 in the resident handbook on posters and on some tablets. Residents spoken to formally and on tour reported comfort in speaking with staff, including the unit staff, if they had concerns. Custody staff reported knowing how to privately report PREA concerns to the administration and that there is no problem reporting out of the chain of command. The Auditor finds compliance with standard provisions, based on the policy, documentation provided and viewed on the tour, and the interview findings of random staff and residents as well as interview information from the PREA Monitor and PREA Coordinator. The agency continues to adjust policy and practice to further support inmate perceptions of confidential reporting options.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed.
	Maine Correctional Center Pre-Audit Questionnaire

6.11.4 Sexual Misconduct – Administrative Sanctions and Grievances

MCC Grievance Grievances referred to the investigator

MCC Resident Handbook

Individuals interviewed/ observations made.

Interview with facility PREA Monitor

Interview with Warden

Interview with Grievance Officer

Interview with Random Residents

Observation on tour

Summary Determination

Indicator (a) The Maine Correctional Center is not exempt from the standard; residents have the ability to file a grievance on conditions that violate their rights or prison rules. Sexual misconduct is a reason for which a resident can file a grievance. In 2022 and 2023 a total of three grievances related to potential PREA Sexual Harassment were filed. There were no allegations of sexual assault that were filed through the grievance process in the past year. None of the three grievances alleged sexually abusive contact. The three allegations were all investigated and determined to be unfounded or not actually meeting the requirements to be classified as sexual harassment.

The agency policy supports that the Maine Correctional Center are not exempt from this standard. and the PREA allegations of sexual abuse or sexual harassment can be processed through the grievance system. “An adult or juvenile resident who is alleging that he or she has been a victim of sexual misconduct constituting a PREA violation or a violation of Maine criminal law by staff or a victim of sexual misconduct constituting a PREA violation or a violation of Maine criminal law by a volunteer, student intern, or another resident for which he or she believes staff is responsible, in addition to, or as an alternative to, making a report of sexual misconduct, may file a grievance about the alleged sexual misconduct with the facility Grievance Review Officer as set out below. It is anticipated that prior to filing a lawsuit, a resident will attempt to resolve his or her allegation by using this grievance process.”

Indicator (b) Agency policy and client handbooks support the resident can file a

grievance to a person who is not the subject of the grievance, and there is no requirement to resolve the situation through an informal process. Agency Policy 6.11.4 (page 5) set forth these conditions. It states, "The resident may be assisted in filing the grievance by any staff or by any other person with whom the resident is permitted to have contact. Such a person may also file the grievance on behalf of the resident, provided that the resident consents to the filing." The policy goes on to state, "There is no time limit on the filing of the grievance, and there is no requirement that the resident attempt an informal resolution of the grievance." The residents interviewed clearly understood they could assist another resident in filing a grievance on sexual misconduct. The agency also has separate grievance policies for medical or other issues.

Indicator (c) The facility has a grievance officer who residents are allowed to send sealed mail. If the grievance officer is the subject of the complaint, the residents are allowed to send the grievance directly to the facility administrator. Resident handbook

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

Indicator (e) Policy 6.11.4 (page 6) states, "The prisoner or resident 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." Residents 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 needed to accept all complaints or grievances from third-party individuals.

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

Indicator (g) Residents can only be disciplined if, through an investigative process, it is substantiated that the grievance was filed in bad faith. This is the same standard for all PREA complaints filed even if they are not through the grievance process. Agency policy addresses the expectation consistent with the indicator. "No resident or other person using this grievance process in good faith shall be subjected to retaliation in the form of an adverse action or the threat of an adverse action for using this grievance process. However, a resident may have his or her access to this grievance process suspended and/or may be subjected to disciplinary action for abuse of this grievance process."

Compliance Determination:

Maine Correctional Center is not exempt from the exhaustion of administrative remedies. The Maine Department of Corrections has a policy 6.11.4 Sexual Misconduct - Administrative Sanctions and Grievances as an option for residents to file a PREA complaint. Grievance Logs reviewed support that residents routinely use this process to resolve concerns in the institution. Residents knew they could file a PREA-related concern through the grievance process but acknowledged it would not be as quick to resolve as telling a staff person directly. Residents report they can get

	<p>assistance from other residents in completing forms if needed. Residents in the random interviews reported no history of filing a grievance on a PREA-related concern. Residents reported comfort in telling staff directly about concerns, and if they felt it wasn't addressed, they would go send a request to the Warden or to a Criminal Investigator to discuss concerns. The Auditor reviewed three PREA related Grievances (for sexual harassment cases) in helping to determine compliance, The Auditor also relied on the policy and interviews with the PREA Monitor, the Warden, the grievance officer, and the residents who were aware of the grievance</p>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Pre-Audit Questionnaire</p> <p>Policy 6.11.2 Sexual Misconduct - Prevention) DOC</p> <p>Policy 21.04 Prisoner Visitation</p> <p>Policy 21.03 Prisoner Telephone</p> <p>Detainee Handbook on outside resources</p> <p>SARSSM communication</p> <p>SARSSM MOU</p> <p>PREA Posters</p> <p>Prisoner Safety memo</p> <p>MECASA Posters</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with the PREA Manager and PREA Monitor</p> <p>Interview with Warden</p> <p>Interviews with residents</p> <p>Observation on tour</p>

Summary Determination

Indicator (a) The Maine Correctional Center provides access to the local rape crisis agency. The Agency Policy requires the residents to have access to outside support services. "The Chief Administrative Officer, or designee, shall provide prisoners or residents with access to outside victim advocates for emotional support services related to sexual misconduct, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations." The Sexual Assault Response Services of Southern Maine (SARSSM) is the local rape crisis agency. The Agency's employees are considered professional visitor status which allows for confidential communication. The Maine DOC policy 21.03 and 21.04 provides information on confidential communication. The Maine Correctional Center does not house individuals for civil immigration violations. The Auditor was able to see how mail is processed for internal or external distribution. Residents other than those in restrictive housing have direct access to mail receptacles. The Auditor also was able to observe signage about outside support services and with the assistance of residents test phone systems. The Agency was working to eliminate the use of the inmate id from being entered into the phone to operate since the call to the rape crisis agency or to the agency's PREA hotline is free. They want to clarify the privacy aspects for confidential reporting. Signage for the facility will be replaced in the coming month clarifying further if the calls to these numbers are recorded.

Indicator (b) All residents are informed at the inception of services that confidentiality is limited when there is an individual who has been victimized in the institution. All MCC residents sign acknowledgment forms with Wellpath as part of their service introduction for both medical and mental health services. Communication is allowed on the agency phone system which does not record the communication. Agency policy 21.03 states, "A phone call between a prisoner and the toll-free statewide sexual assault helpline concerning a complaint of sexual misconduct shall be treated as a privileged phone call." Mail can be properly marked as privileged communication. The facility has begun the introduction of tablets but currently does not act as a phone. Some inmates are familiar with these other versions which allow residents to have more private communication in their cells than using the unit phones with others around. SARSSM staff were not on-site during the audit and calls were made to get a full understanding of the capacity for private visitation. The Auditor tested the ability to reach out to the advocate through the phone system with the assistance of an inmate on the tour. The facility does not house individuals for civil immigration violations.

Indicator (c) The Department of Correction has a Memorandum of Understanding with

SARSSM which covers the Maine Correctional Center. The Agency also has an agreement with MECASA (Maine Coalition Against Sexual Assault) which acts as an umbrella organization that works with the regional service providers such as SARSSM. Both agreements is for one year and are renewable. The Auditor review previous Audit periods to confirm the consistency of providers. The representative of SARSSM confirmed the MOU and the relationship with the DOC PREA Office. The Auditor spoke with the facility leadership and the SARSSM representative on improving relationships and communication between agencies which was impacted by the COVID-19 crisis..

Compliance Determination:

Resident victims at MCC can access victim advocates for emotional support. The agency has entered into a Memorandum of Understanding with the Sexual Assault Response Services of Southern Maine (SARSSM) to provide support to victims (Indicator (c). Sexual Assault Response Services of Southern Maine is part of the Maine Coalition Against Sexual Assault (MECASA). The Deputy Commissioner has signed the MOU SARSSM which has a renewal clause. As part of the audit process the Auditor spoke by phone to a SARSSM 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 residents to access from the pay phone in the facility or with their case manager. The handbook tells residents they can call or write SARSSM 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 and policies 21.03 and 21.04. Residents whose sexual assault history was not in the institution may also pursue treatment options through the facility's Mental Health services or through SARSSM. Residents could identify how confidential the communication is within the facility including mail and telephone contacts. Residents knew that outside counseling staff could be spoken to in a professional visiting setting. The Auditor could see on the tour posters for SARSSM and MECASA. All three indicators of this standard were covered in the policy which supported compliance along with the documentation visible on the tour and through resident interviews and conversations with the representative of SARSSM. Finally, the Auditor considered the interview with the SARSSM representative who confirmed that they have been providing services to clients at MCC including hospital escorts.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed.

Maine Correctional Center Pre-Audit Questionnaire

Policy 6.11.2 Sexual Misconduct - PREA and Maine Statutes

Policy 21.03 Prisoner Telephone

Maine DOC Website

PREA Posters on Housing units

Logs of the PREA report Hotline

MOU with Cumberland County Jail

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Cumberland County Jail PC

Observation on tour

Summary Determination

Indicator (a) Maine Department of Correction has developed multiple mechanisms for individuals who want to report PREA concerns as a third party; be they fellow residents, family or friends. Information can be given in person, by phone, by e-mail, by US mail or by contacting the agency PREA Coordinator through the agency website Maine.Gov. There is information directing residents in the PREA brochure, PREA poster, resident handbook, and the website noted above. The residents are also provided information on how to send complaints to the local county jail. Interviews with both staff and residents confirmed that any resident, family or interested party can report a concern about sexual abuse or sexual harassment.

Staff were aware that they must take all reported concerns about PREA potential violations, including from third parties. The facility phones allow for residents to dial out to the advocates or the Maine DOC PREA Coordinator. The Maine DOC Policy on Communication (21.03) and PREA Policy 6.11 address the requirements of this standard. "The Chief Administrative Officer, or designee, shall provide multiple internal means for prisoners or residents to report sexual misconduct or sexual harassment; attempts to deter them from reporting sexual misconduct or sexual harassment; retaliation for reporting sexual misconduct or sexual harassment; and staff, volunteer or student intern neglect or violation of responsibilities that may have contributed to such incidents. These multiple internal means shall include verbally, in writing, anonymously, and by way of third parties." The policy goes on to state, "The Department's PREA Coordinator shall establish a method to receive third-party reports of sexual misconduct or sexual harassment and shall distribute through the

	<p>Department’s website information on how to report sexual misconduct or sexual harassment on behalf of a prisoner or resident.” The Auditor spoke with the local county jail with whom they have a reciprocal role as an outside reporting mechanism. The PREA Coordinator from the Cumberland County Jail confirmed that he has not received any allegation in the past year but has historically reported prior communication to the DOC PREA Coordinator. No other allegations brought forward did not originate from the victim or from staff-reported concerns.</p> <p>Compliance Determination:</p> <p>Maine Department of Corrections has put in place multiple resources of residents and families to report PREA-related concerns. The PREA Coordinator shared the log of calls and emails from the local jail where outside reporting may occur to prove systems are in place and functioning. As part of the audit process, the PREA Auditor spoke with the PREA Coordinator of the local jail. Compliance was based on policy and the systems Maine DOC has put in place to support the residents and that residents were aware they could make a complaint on behalf of another resident. The Auditor took into consideration the systematic logs of information on all calls to the PREA Line over the past three years. Compliance also included policy and investigation files supporting that once information is obtained, the agency conducts investigations.</p>
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115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Maine Correctional Center Pre-Audit Questionnaire</p> <p>Policy 6.11.5 Sexual Misconduct - responding</p> <p>Policy 6.11.3 Sexual Misconduct - Reporting and Investigating</p> <p>Wellpath website</p> <p>MCC Sexual Assault Response Plan</p> <p>DOC PREA training slides</p> <p>Investigation files</p> <p>Email communication documentation</p>

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Warden

Interview with random staff

Interview with facility Investigator

Interviews with Medical and Mental Health staff

Summary Determination

Indicator (a) In several parts of the Agency's PREA policy 6.11 Sexual Misconduct (PREA and Maine Statutes) staff are directed to report all knowledge or suspicion related to sexual misconduct against a resident. The policy requires, "It is the policy of the Department to require the reporting of any sexual misconduct or sexual harassment or suspicion of either and to refer all reports for investigation." Staff understood, as evident in random staff questioning, the expectation included when a resident discloses information about abuse in a prior institution. The staff were also clear that knowledge of misconduct by staff through actions or inactions leading to abuse must be reported. The facility provided an example supporting immediate notification through to the appropriate supervisory staff, the PREA Monitor, and the facility Investigative supervisor. The Auditor also considered information found in the full investigative files which supported immediate notifications being made. The files contain a checklist and supporting documents that provided a timeline of response.

Indicator (b) Staff were aware of the importance of keeping information disclosed by a resident to those with a need to know, such as the Supervisor on duty and appropriate medical or Mental Health staff who may respond. The policy also outlines this on page 3 of the Reporting and Investigation portion of the DOC PREA policy. "If any report is of alleged sexual misconduct or sexual harassment by a staff person, volunteer, or student intern with a prisoner or resident, the Department's PREA Coordinator shall forward a copy of the written report to the Department's Manager of the Office of Professional Review. The reporting staff person, volunteer, or student intern shall otherwise keep the report and its contents confidential, except as necessary to facilitate any investigation of the report and any administrative, personnel, or criminal proceedings" Staff spoken with understood that unnecessary disclosure was a violation of the victim's rights and could negatively impact an ongoing investigation including any form of retaliation for those who reported or cooperated with investigations.

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

Indicator (d) The Maine Correctional Center facility does not house juveniles. The facility is an entrance point for the state's correctional system. Agency policy covers the language of the standard when it states, "If the victim of the alleged sexual misconduct is under the age of 18 or is considered a dependent or incapacitated adult under 22 M.R.S.A Section 3472, the Chief Administrative Officer, or designee, shall report the allegation to the Department of Health and Human Services. If the Chief Administrative Officer, or designee, is uncertain as to whether the allegation is required to be so reported, the Chief Administrative Officer, or designee, shall contact the Department's legal representative in the Attorney General's Office for advice." Investigative staff confirmed that crimes against their populations could also result in higher-level charges.

Indicator (e) All staff are clearly aware that the Criminal Investigator or the SII team must be called as part of the response plan. Documentation reviewed in the investigative files and documents loaded into the Online Audit System supports that staff refers all information on potential sexual offenses in a timely fashion and that the investigative teams are put into action immediately.

Compliance Determination:

There are policies that direct staff of the Maine Correctional Center in handling 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

	<p>the need to provide confidentiality about information. Staff were aware that exceptions are when reporting to supervisory staff, investigative staff or information needed to secure treatment or provide for the safety/security of others.</p> <p>The facility's Medical and Mental Health clinicians were aware of the timely reporting concerns to Wellpath and the Maine Correctional Center administration. Medical and Mental Health staff report that they inform residents about the limit of their confidentiality at initiation service and periodically throughout their treatment meetings. 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 Maine Correctional Center staff clearly understands their responsibility to report a concern related to PREA.</p>
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115.62	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Maine Correctional Center Pre-Audit Questionnaire</p> <p>Policy 6.11.2 Sexual Misconduct (PREA and Maine Statutes)</p> <p>Population report for the Maine Correctional Center</p> <p>Investigation file</p> <p>Incident report</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Director of Operations</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Warden</p> <p>Interviews with random residents</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Correctional Center has not had to protect a resident at imminent risk of sexual abuse in the past year. The Director of Operations for Maine's Department of Correction and MCC's Warden acknowledged the agency's response</p>

would be immediate. Efforts would include housing changes, investigation, and other facility-based or if needed, movement of residents to increase safety. The agency PREA Coordinator who works for the Director of Operations would also be notified of these events. If the agency believes a resident might be at risk the facility can place them on EOS (extra observation status). This is a temporary limitation of movement and allows them to be housed in a unit with single cells. This allows time for the facility investigators to determine the validity of and level of risk to the resident. The facility has multiple options for the protection of both male and female residents. The facility has multiple units of varied security levels that would allow flexible solutions to protect individuals at imminent risk of sexual abuse. By practice, the facility moves individuals from each other on any form of sexual misconduct or harassment concerns. The Auditor spoke with one resident who was moved away from a peer over feeling uncomfortable. The issue was investigated as a potential sexual harassment situation, and though it was unsubstantiated, the facility moved them to different walks with different common areas to improve the inmate's comfort level.

Compliance Determination:

The Maine Correctional Center is committed to resident safety. The administration supports that they have several housing options to protect residents from potential abuse rather than placing them involuntarily in administrative segregation. Interviews with the facility and agency administration supported the ability to be responsive to individuals at risk of abuse and those who may have been the victims of abuse. Random staff interviewed identified what to do in situations of imminent risk, including immediate separation of parties, increased contact, support to the residents, notification up the chain of command, and documentation of the incident. Compliance, absent an actual case, was determined based on the interviews with Administration and line staff. The Auditor also took into consideration the information in Policy 6.11.2 Sexual Misconduct Prevention Procedure D Substantial Risk of Immanent Sexual Misconduct.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Maine Correctional Center Pre-Audit Questionnaire</p> <p>6.11.3 Sexual Misconduct- PREA Reporting and Investigations</p>

Documentation supporting notification to other facilities

Documentation of MOU with Cumberland County

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Warden

Interview with the 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 notification by the PREA Monitor, the Facility administrator or the designee. "If the report is of alleged sexual misconduct or sexual harassment of a prisoner or resident while confined at another detention or correctional facility, regardless of whether it was a Department facility, in addition to forwarding a copy of the report to the Department's PREA Coordinator, the Chief Administrative Officer, or designee, of the facility where the allegation was made shall forward a copy of the written report to the Chief Administrative Officer, or designee, of the facility where the alleged sexual misconduct or sexual harassment occurred, no later than seventy-two (72) hours after receipt of the report by the Chief Administrative Officer, or designee. The Chief Administrative Officer, or designee, shall document that notification was provided. There were 17 reported sexual abuse or harassment allegations that were reportedly provided to another facility. The Auditor was provided with documentation of the notification to the resident's prior facility on an allegation received via a third party.

Indicator (b) As shown in Indicator (a), the Maine DOC policy sets forth the requirement that the facilities Chief Administrative Officer (Warden) must ensure notification is made to the facility Administration no later the 72 hours. The PREA Monitor and the Warden 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. The PREA Monitor has record systems in place to track occurrence and the investigative documents confirmed that information is forwarded to facility leadership within the same day. Various staff, supervisors, and Wellpath Healthcare staff new that the PREA Monitor must be notified who will speak to the Warden directly.

Indicator (c) A copy of emails sent as backup documentation was provided to prove the other facility was informed. The original documentation provided in the OAS was

not conclusive in meeting the timeline. The Auditor was then provided with three new examples supporting compliance and information from one of the original files showing dates that support compliance. The Auditor spoke with the PREA Monitor about the best practice is to notify verbally and follow up with written documentation such as emails. This is to ensure if people are off on vacation, illness, etc that time-sensitive evidence can be secured. The PREA Monitor explained how the one case found out of compliance occurred and the steps to resolve this situation moving forward.

Indicator (d). The facility did not have any allegations in the past year reportedly from an outside agency about prior abuse that occurred at the Maine Correctional Center. The Facility Investigator does have past experience in completing these types of investigations including completing investigations of decades-old allegations. He was able to confirm that he completes investigations and will go into the community to interview potential parties involved including former staff. The PREA Coordinator works for the Manager of Correctional Operations who has a working relationship with the state's county jails. This collaboration which includes using the DOC PREA Coordinator as an outside reporting option for county jail inmates ensures any past allegations received by the hotline can be immediately acted on by the facility investigative team.

Compliance Determination:

Maine Department of Corrections Policy 6.11.3 Sexual Misconduct- PREA Reporting and Investigations pages 3 and 4; addresses the requirements of reporting to other confinement facilities of incidents of sexual assault that had occurred in those facilities. The Policy requires that at all DOC facilities, notification is done in writing and within 72 hours. The interview with the Warden confirmed he is was aware of his responsibilities, including the documentation of notifications. The Warden discussed the expected response if another site notices, including ordering an investigation and notification to the facility PREA Monitor. The documentation reviewed supported notifications are made and in all but one of the cases, the information was timely. The PREA Monitor and the Warden are aware of the importance of timely reporting to another institution and have put systems in place to resolve the one untimely reporting.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Maine Correctional Center Pre-Audit Questionnaire

Policy 6.11.3 Sexual Misconduct- PREA Reporting and Investigations

Policy 6.11.5 Sexual Misconduct- Responding

Investigation files

DOC Forms used for documenting steps during an investigation

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with investigative staff

Interview with 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. The Policy Language is as follows:

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

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

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

medical staff at the facility, shall ensure that the prisoner or resident is immediately transported to a hospital”

All random staff interviewed were aware of the duties of the first responder. The employees were able to provide these steps from the training they received. In addition to the policy review and interviews with staff who acted as first responders, the Auditor reviewed Investigative files. There were no serious sexual assault allegations that required an inmate to undergo a forensic exam. Of the 7 cases referred for investigation, they were reported outside the window for collecting forensic evidence. The other cases alleged over the clothing contact of groin or buttock areas.

Indicator (b) The Department of Corrections has trained all staff, and contractors 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, and instructing the individuals not to eat, drink, wash, or use the bathroom. They also know not to have them change clothing. The Auditor interviewed case workers, vocational staff, and health care staff who also were aware of the importance of protecting evidence. The Auditor relied on consistent answers about the steps staff would take to protect evidence. The Auditor also reviewed investigative files including cases that were brought forward by non-custody staff.

Compliance Determination:

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 could identify steps in (Indicator A) and that they were to tell the alleged victim and perpetrator not to do anything that could affect the evidence collection. Medical staff and vocational staff were also aware of the steps to preserve evidence. (Indicator B). Staff at the Maine Correctional Center are prepared to respond as evident in their answers that support compliance. The staff have separated individuals while investigative teams complete investigations. Though no case involved an incident where the individual needed to go out for a forensic exam all staff and contractors were consistent in their understanding of the protection of evidence. Compliance is based on policies, interviews, and investigative files supporting the separation of individuals immediately.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Maine Correctional Center Pre-Audit Questionnaire

Policy 6.11. Sexual Misconduct- (PREA and Maine Statutes) General

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

MCC Sexual Assault Response Plan

Individuals interviewed/ observations made.

Interview with Facility and Agency PREA Coordinator

Interview with Warden

Interview with Investigators

Interview with Medical Staff

Interview with Supervisor staff

Summary Determination

Indicator (a) The Maine Correctional Center has updated its facility preparedness plan in 2023 for sexual assault incidents. The revised plan directs staff in their duties, so a coordinated response is completed 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), the described duties of the PREA Monitor sets forth the responsibility of the development of an institutional response plan to address how individuals in different roles in the facility will ensure the appropriate tasks are taken in the event of a Sexual Assault or Sexual Harassment case. The policy states; "The facility PREA monitor's duties shall also include, but are not limited to, the following:' "e. working with the facility's correctional investigative officer (detective) and other staff who have received specialized training in handling sexual misconduct allegations to ensure that all complaints or allegations of PREA violations are appropriately investigated;" Policy 6.11.5 ensures understanding by requiring the Warden (CAO) to ensure staff understands the expectation. The policy states, "The Chief Administrative Officer, or designee, shall ensure that all facility staff are familiar with their facility's PREA Response Incident Plan." In addition to the policy, the Auditor was provided with sample training records supporting staff awareness of the coordinated staffing plan. Interviews support that key staff listed in the plan were aware of the role they play in the coordinated plan.

	<p>Compliance Determination:</p> <p>Maine Correctional Center is compliant because of has developed a coordinated response plan that directs staff in their duties. Policy 6.11.5 Sexual Misconduct Responding addresses the steps to coordinate efforts in response to a sexual assault. The facility plan describes the duties of first responders, supervisory staff, investigative staff, and medical and mental health staff duties. The document includes information about how to contact the local hospital to ensure a SANE staff is available in addition to information on the local rape crisis agency. The Auditor confirmed with these agencies their ability to provide the services described in the plan. Interviews with the Warden, PREA Monitor, Supervisor staff, and Medical staff all confirm knowledge of their roles in the plan. Compliance is based on the policies, the plan that was provided, the available community resources, and staff knowledge of the plan and documentation supporting staff training.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Maine Correctional Center Pre-Audit Questionnaire</p> <p>AFSCME and MESA Union Contracts</p> <p>Policy 3.5 Code of Conduct</p> <p>Policy 3.16 Administrative Leave</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Warden</p> <p>Interview with the Director of Correctional Operations</p> <p>Summary Determination</p> <p>Indicator (a) Maine Department of Corrections has union employees but the contracts consistent with policy do not prohibit the agency from putting a staff person out on administrative leave. The Warden confirmed the ability of the agency to put people</p>

out on administrative leave during an investigation into sexual assault. The Agency's Code of Conduct (3.5) policy supports the protection of residents or staff who report sexual abuse or sexual harassment states, "Obstruction of an Investigation: Employees of the Department shall cooperate and be truthful in all investigations authorized by the Commissioner, or designee, as allowed by law and collective bargaining agreements. No employee shall interfere with, obstruct or hinder, or advise any other person to interfere with, obstruct or hinder, in any manner, any investigation. Nor shall any employee retaliate or advise any other person to retaliate against anyone for cooperating with an investigation. This does not prohibit advising an employee of their rights as set out in law or the applicable bargaining agreement." Policy 3.16 Administrative leave also provides information that supports the ability to place staff or contractors out on administrative leave during an investigation. "The Chief Administrative Officer of a facility, the Regional Correctional Administrator of a community corrections region, or the Commissioner of Corrections may place an employee on administrative leave when determined to be beneficial to the Department, including, but not limited to, situations in which: a. there has been an allegation that the employee has engaged in conduct warranting disciplinary action and administrative leave is determined necessary to preserve the integrity of the investigation or the safety of the employee or another person,". Interviews with the Warden and the Director of Operations for the Maine DOC supported the ability to remove individuals from the facility to protect the investigation process.

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

Compliance Determination:

The Department of Corrections has contracts with multiple bargaining units. A review of the contracts by the Auditor did not find any language 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. The Director of Correctional Operations for Maine DOC and the Warden reported the ability to remove staff if needed from contact with residents. Finally, the policies shown here support compliance.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed.

Maine Correctional Center Pre-Audit Questionnaire

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

Policy 6.11. 2 Sexual Misconduct (PREA and the Maine Statutes) Responding

Investigative file tracking form

Retaliation monitoring form

Individuals interviewed/ observations made.

Interview with the Manager of Correctional Operations

Interview with Agency PREA Coordinator

Interview with PREA Monitor

Interview with Warden

Interview with an Investigative Staff

Interview with random staff

Summary Determination

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

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

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

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

3. If an allegation is determined, after investigation, to be unfounded the monitoring

process shall cease even if ninety (90) days has not yet passed.

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

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

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

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

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

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

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

The agency adopted a monitoring tool across the agency in a previous audit cycle which provides for consistent documentation of those who report or cooperate in investigations in the facility. According to the Warden, Deputy Wardens, the Unit Managers, Investigators, and the facility PREA Monitor have the responsibility to track for potential retaliation. The Auditor was able to see in the investigative files that the documentation was being done. Discussions with staff and residents also support the monitoring process occurs.

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Indicator (b) The Warden supported the facility is large enough with sufficient housing units to ensure individuals who have been separated post a PREA Incident can be safely managed to ensure no retaliation. Residents would routinely be offered counseling services and case workers would provide routine check-ins to ensure the client is feeling safe. The Maine DOC will also create keep-separate status on individuals in CORIS that will ensure they are not placed in areas of regular contact.

Indicator (c) As noted in Indicator (a), the Department of Corrections policy supports all individuals (Residents and Staff) who report a PREA Incident are monitored for changes in behaviors that might be a symptom of their being retaliated against. The

form developed also addresses the elements of this indicator. The individual completing the form must document if they reviewed discipline if housing moves occurred or were requested, programmatic or job performance changes, face-to-face communication, or if mental health follow-up was requested from any monitoring concerns. Policy 6.11.2 also states, "If there is determined to be such a risk, the Chief Administrative Officer, or designee, shall take additional preventative or remedial action. This action may include but is not limited to: changing the prisoner's or resident's housing, changing a program location; starting an investigation into the situation; and any other steps deemed necessary to prevent an incident of sexual misconduct."

Indicator (d) The occurrence of status checks can be documented through the form as well as the unit management team notes. The Auditor reviewed the forms completed on residents in several cases as well as interviews with residents who monitored and confirmed they were met with periodically. Maine's use of Unit Management allows for the person responsible for monitoring retaliation to receive information from multiple persons on their observation of the resident in addition to their own observations.

Indicator (e) As noted in indicator (b) the facility has sufficient means to protect a resident. If the belief is that the resident can not overcome this fear the agency could look to see if there is any appropriate housing in another DOC facility. The facility has multiple units to be able to meet the concerns of detainees who reported or cooperated in investigations. Staff also are monitored and reportedly will be supported by the administration against any retaliation concerns.

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

Compliance Determination:

The Department of Corrections has a policy to address this standard's elements. The facility did not have a staff member who needed to be monitored this year. The Human Resources staff are aware of the standard and the Warden would also utilize his administrative staff to further monitor staff, The Warden and the Director of Correctional Operations for Maine DOC, both described multiple mechanisms that would be put in place to protect individuals who report sexual assaults. They described expectations, including changing housing, preventing contact between the accused and the victim, and monitoring reports about the resident or staff for any change in behaviors.

Unit Management notes would also support this practice. The facility also has an administrative report available to supervisory staff on residents that need to be kept separate. The PREA Monitor and Warden knew that protection monitoring should be

	<p>done with all individuals cooperating with the investigation. The standard is compliant based on information provided, interviews, policy, and documentation of resident monitoring.</p>
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115.68	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Maine Correctional Center Pre-Audit Questionnaire</p> <p>Policy 6.11.2 Sexual Misconduct (PREA and the Maine Statutes) -Prevention</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Warden</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Corrections Policy states that segregated housing for victims should only be used in rare instances for short periods until other safe housing can be determined. Policy 6.11.2 states, "Prisoners or residents screened or assessed as high risk for sexual vulnerability shall not be placed in a special management housing unit or protective custody housing unit due to this risk unless there has been a consideration of all possible available alternatives, and it is determined that there is no available alternative means of separation from likely perpetrators." The Maine Correctional Center Pre-Audit Questionnaire reported there were no such cases in the past year. The Auditor also spoke with staff in the restrictive housing units to confirm residents are not placed in any form of segregation involuntary to protect them from abuse or retaliation.</p> <p>Compliance Determination:</p> <p>In the interview with the Maine Correctional Center Warden, the Auditor confirmed documentation from the audit file stating they have not used segregation of any victims of a sexual assault in the past year. The Warden stated that given the facility's size and the various housing options, they would have more options for the victim than the accused aggressor who would be placed in segregated housing. The Warden confirmed the practice is to ensure limited impact on the victim. Residents who claim</p>

	<p>to be a victim may be placed on Extra Observation Status (EOS) for a brief period, but it is not done in the disciplinary unit and may be completed in their current housing unit. The standard is determined to be compliant based on policy, the documentation provided, and interviews completed.</p>
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115.71	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Maine Correctional Center Pre-Audit Questionnaire</p> <p>Policy 6.11.3 Sexual Misconduct (PREA and the MAINE Statutes) Reporting and Investigating</p> <p>Policy 7.01 Criminal Investigations</p> <p>Policy 7.03 Administrative Investigations</p> <p>Sexual Assault Response Plan (SAR)</p> <p>Retaliation monitoring form</p> <p>Memo from PREA Coordinator on Investigator training.</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with PREA Monitor</p> <p>Interview with Warden</p> <p>Interview with an Investigative Staff</p> <p>Summary Determination</p> <p>Indicator (a) Maine Department of Corrections in Policy 6.11.3 on pages 4 to 6 set 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</p>

all claims no matter the source or if they believe the incident to have occurred. The Department of Corrections further supports the objective investigatory process through it's Office of Professional Review. This office will complete an investigation of any staff-related complaints instead of having the investigative team associated with the facility lead the investigation. The Department of Corrections has two other policies that define the expectations of the staff in completing criminal and administrative investigations at the facility. Policy 7.01 Criminal Investigations describes the actions of the Criminal Investigator (Detective) and the facility's Special Investigation and Intelligence (SII) unit staff including the collection of evidence, providing legal notice such as Miranda, and the prohibition of the requirement of polygraphs. The policy also lays out report requirements and communication with prosecutors or the Attorney General's Office. Policy 7.03 Administrative investigations define the role of the Office of Professional Review in completing investigations into the actions of staff. Interviews with the Criminal Investigator confirmed that the SII team or he would receive immediate calls on all allegations of sexual misconduct. The Detective is on-call and reports he will come in to start the investigation for active allegations.

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 six members of the current MCC staff including 4 SII team members, the Detective, and the PREA Monitor. The PREA Policy 6.11.3 also states, "All alleged sexual misconduct by a staff person, volunteer or student intern against a prisoner or resident shall be assigned by the Commissioner, or designee, to a facility Correctional Investigator for a criminal investigation. The investigator assigned must have received special training in sexual misconduct investigations. All alleged sexual misconduct between prisoners or between residents shall be assigned by the facility Chief Administrative Officer, or designee, to a facility Inner Perimeter Security Officer for a criminal investigation and/or possible reporting as a disciplinary violation. The investigator assigned must have received special training in sexual misconduct investigations."

Indicator (c) Investigative staff interviewed, residents who were part of an investigation confirmed and investigative files reviewed supported the requirements of this indicator. The Agency policy covers the indicator when it says, "The investigating officer shall secure the place where the incident occurred (if not already secured), and secure any evidence, both direct and circumstantial, including any available physical and DNA evidence; shall interview the alleged victim, suspected perpetrator, and witnesses; and shall review prior complaints and reports of sexual misconduct involving the alleged victim and suspected perpetrator. The investigating officer shall assess credibility on an individual basis without regard to the person's status as a prisoner or resident, staff, volunteer, student intern, or otherwise.' Investigative files and interviews with the Detective further support this indicator

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 “ If the investigator determines that there has been sexual misconduct rising to the level of a criminal offense or juvenile criminal offense, the investigator shall refer the matter to the appropriate criminal or juvenile criminal prosecuting authority, i.e., the Attorney General’s office or a District Attorney’s office and shall notify the Commissioner, or designee, the Chief Administrative Officer, or designee, and the Department’s PREA Coordinator of the referral.” The detective does not report having to complete compelled interviews in the past year

Indicator (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 the policy requires (6.11.3 -page 4). The Investigating Officer will assess the credibility of each individual involved in the case without biases toward their position as a staff or resident. In interviews with the Detective, he was able to discuss the steps he takes in determining the credibility of the individuals involved in the case.

Indicator (f) All criminal investigations potentially can include a referral to the Office of Professional Review if the evidence supports that a staff person's actions or inactions led to a resident-on-resident sexual assault. Administrative investigations into sexual harassment claims or other staff actions in sexual misconduct investigations can result in discipline outside of termination. The Maine Correctional Center 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 MCC investigative teams will result in a written report as required in the agency’s related policies. The investigative files reviewed by the Auditor included documentation of interviews, physical evidence, and videos or other documents reviewed as part of the investigatory process. All files also have an investigation checklist to allow tracking of information obtained.

Indicator (h) Agency policy requires all criminal acts to be referred for criminal prosecution (policy 6.11.3 page 5). The Office of Professional Review referred one staff-involved incident for criminal prosecution in the last 12 months. There were two

cases of resident-on-resident sexual misconduct referred for prosecution in early 2018.

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

Indicator (j) Agency policy and the Investigators interviewed confirmed individual's departure from the institution would not result in the case being closed. The Criminal Investigator (Detective) for MCC 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. The Agency Policy defines that the trained investigator will complete a criminal investigation unless the case is for murder which must be completed by the state police.

Compliance Determination:

The Maine Department of Corrections, in accordance with policy 6.11.3 Sexual Misconduct- Reporting and Investigation, requires all incidents to be investigated promptly upon notification to staff. This Policy along with 7.01 Criminal Investigations and 7.03 Administrative 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 Department of Corrections and MCC 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 residents report the actions were consensual. In doing so they ensure all incidents are investigated, and evidence 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 interviews the investigative staff was able to identify the steps taken to gather evidence, how the credibility of the various persons involved is determined on an individual basis, and that polygraph exams would not be required for the initiation of

	<p>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 correctional investigative files from incidents at MCC in the 12 months prior to the site visit. The Auditor found consistent reports with physical, testimonial, and documentation of evidence used in determining the outcome. In determining compliance, the Auditor considered the stated information found in policy and actual investigative files as well as interviews with the investigative staff and residents who had been involved in the investigations. The Auditor also considered the documentation of ongoing training for investigative staff to improve quality and consistency across the agency.</p>
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115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Maine Correctional Center Pre-Audit Questionnaire</p> <p>Policy 6.11.4 Sexual Misconduct</p> <p>Investigation files</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with an Investigative Staff</p> <p>Summary Determination</p> <p>Indicator (a) Maine DOC Policy 6.11.4 (Page 4) states “The burden of proof for determining whether there is substantiated allegation concerning sexual misconduct, sexual harassment, or another violation of a departmental sexual misconduct policy by a Department employee is the preponderance of the evidence.” Interview with trained investigative staff support there is no higher level used in determining whether to substantiate a case or not.</p> <p>Compliance Determination:</p> <p>The Department of Corrections has multiple staff trained in the investigation of</p>

	<p>Sexual Assaults at the Maine Correctional as noted in 115.34. The investigative staff throughout the Maine Correctional system consistently report no greater standard than a preponderance of evidence in deciding if an administrative investigation into sexual abuse or sexual harassment of residents can be substantiated. cases. One of the trained Investigators reviewed PREA case files with the Auditor, which supported this standard was used. Compliance was based on the policy, the interview with the Investigative Officer, and his explanation of case files. This investigator also supported the standard of preponderance of the evidence.</p>
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115.73 Reporting to inmates	
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Maine Correctional Center Pre-Audit Questionnaire</p> <p>Policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Investigations</p> <p>Investigation file and resident notices</p> <p>Resident signed notification</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with an Investigative Staff</p> <p>Interview with PREA Coordinator</p> <p>Interview with PREA Monitor</p> <p>Summary Determination</p> <p>Indicator (a) Maine DOC provides notification to all residents on the outcome of their investigations into Sexual misconduct. The agency policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Investigations page 7 requires the notification to residents if the allegation was substantiated, unsubstantiated, or determined to be unfounded. In a section of the policy Follow-up with Prisoner or Resident, it states,</p> <p>“1. Following an investigation into a prisoner’s or resident’s allegation that he or she suffered sexual misconduct or sexual harassment in a Department facility, the Chief Administrative Officer, or designee shall inform the prisoner or resident in writing as to whether the allegation has been determined to be sustained, not sustained,</p>

unfounded, or exonerated, if the alleged perpetrator is a prisoner, resident, volunteer, student intern or staff person who is not a state employee.”

The Maine DOC provided information on 6 Sexual Abuse investigations of which all but one were notified of the outcome. The MCC PREA Monitor reports in 5 of the 6 cases notification was provided but that the 6th resident was released before notification could occur.

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

Indicator (c) The policy (6.11.3) also requires notification if the accused perpetrator is a staff person, contractor, or volunteer if the individual has been removed from areas where they would come in contact, or if they have been removed from access to the facility. The policy also requires notifications to be made to any resident regarding any indictment or conviction of a perpetrator as long as the victim is still in custody, as noted in indicator (a). the policy states, “Following an investigation into a prisoner’s or resident’s allegation that he or she suffered sexual harassment or sexual misconduct by a staff person who is a state employee, the Commissioner, or designee, or Chief Administrative Officer, or designee, as applicable, shall inform the prisoner or resident in writing that the investigation has been completed and shall also inform the prisoner or resident whenever the staff person is no longer posted within the prisoner’s or resident’s unit or the staff person is no longer employed at the facility.”

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

Indicator (e) The facility has provided documentation of notification they have provided to the residents. The Auditor also spoke with residents who were involved in previous cases and confirmed they were provided with an outcome of the investigation.

	<p>Indicator (f) The Auditor is not required to review this provision</p> <p>Compliance Determination:</p> <p>The Department of Corrections has provided the notification to residents in the investigative files reviewed from the last year. The Auditor considered policy, documentation, and interviews with staff and residents in determining compliance.</p>
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115.76	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Maine Correctional Center Pre-Audit Questionnaire</p> <p>Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances</p> <p>Policy 3.15 Disciplinary Sanction</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with an Investigative staff</p> <p>Interview with Human Resources representative</p> <p>Interview with Warden</p> <p>Summary Determination</p> <p>Indicator (a) Maine DOC provides notification to all employees in two policies on the sanctions for violating agency policies. In its Disciplinary policy (3.15) the DOC states the use of sanctions are to “enforces high standards of professional conduct, and assures a safe and efficient operation in compliance with all applicable State laws”. The policy also goes on to state, “Misconduct that is considered to be egregious may result in disciplinary action, up to and including termination, as applicable, without progressive discipline.” The Auditor confirmed this expectation with the Agency Head’s representative and the facility administration.</p>

Indicator (b) The Maine Department of Correction has in place a policy on disciplining staff who engage in sexual misconduct. The PREA policy 6.11.4 encourages the reporting of any violation and acknowledges the adult and juveniles in their custody rights to grieve sexual abuse or sexual harassment. The policy defines the consequences for staff who engage in sexual misconduct. "If the violation is that a Department employee engaged in, attempted, threatened, or requested an act constituting sexual misconduct, termination of the employment of the employee shall be the presumptive disciplinary sanction." There were no terminations or discipline at this facility in the past year. The OAS had initial documentation stating two cases where staff had resigned before the discipline occurred or the investigation was completed. In review with the PREA Monitor the Auditor was informed that these cases were not related to interactions with residents and thus were not reportable here. The Auditor did discuss with the Investigator a case of undo familiarity that was from 2020 where the individual quit during the investigation that could not be substantiated because the resident refused to cooperate at the time.

Indicator (c) Maine Department of Correction Policy allows for other sanctions to occur besides 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. Agency policy also addresses expectations consistent with the standard, "Disciplinary sanctions for a violation of a departmental sexual misconduct policy by a Department employee shall be commensurate with the nature and circumstances of the employee's act or failure to act, the employee's disciplinary history, and the sanctions imposed for comparable violations by other employees with similar histories, in accordance with applicable collective bargaining agreements or civil service rules." The facility had no formal staff discipline in the past year. The Warden supports that any sexual misconduct that does not reach the level of termination would normally include some retraining.

Indicator (d) The Auditor was able to confirm, with the DOC's Investigator, that any termination or resignation would not stop the case from being referred for prosecution. The DOC employs individuals to complete investigations at the facility level and at the Office of Professional Review who a certified law enforcement agents in the state with full arrest authority both in the institution and in the community. Policy 6.11.4 states, 'Termination of employment for a violation of a departmental sexual misconduct policy, or the resignation by a Department employee who would have been terminated if not for his or her resignation, shall be reported to the appropriate criminal prosecuting authority, i.e., the Attorney General's office or a District Attorney's office, unless the activity was clearly not criminal, and to any relevant licensing or certifying bodies.'" The Investigator discussed how cases can be reopened even after the initial case might have ended if new information occurs or a party who did not cooperate later provides information. He also related that he had investigated allegations that are decades old where no parties involved are employed

	<p>or current residents of the state.</p> <p>Compliance Determination:</p> <p>The Department policy 6.11. Sexual Misconduct (page 2) and 3.15 Employee discipline state 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. Compliance is based on policy, interviews, and the track record of DOC handling of cases.</p>
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Maine Correctional Center Pre-Audit Questionnaire</p> <p>Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with an Investigative Officer</p> <p>Human Resources representatives</p> <p>Interviews with Contracted staff and Volunteer</p> <p>Interview with Warden</p> <p>Interview with PREA Monitor</p> <p>Summary Determination</p> <p>Indicator (a) Maine Department of Corrections provides notification to all contractors and volunteers about the agency's zero tolerance for sexual misconduct with residents. 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</p>

case would be referred for prosecution and in the case of Wellpath staff the appropriate state licensing body would be informed. All contractors and volunteers, as noted in 115.32, sign an acknowledgment at the time they are initially granted access that their access can be terminated, and at risk for criminal and or civil litigation for engaging in sexual misconduct. Agency PREA Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances States, "If the violation is that such a person engaged in, attempted, threatened, or requested an act constituting sexual misconduct, barring that person from Department property and from contact with residents and, if possible, community corrections clients shall be the presumptive action." The OAS and Warden's interview confirm there have been no instances where contractors or volunteers committed sexual abuse of a resident.

Indicator (b) Interviews with agency and facility leadership 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. The Maine DOC PREA policy 6.11.4 addresses this indicator when it states, "Actions taken for a violation of departmental sexual misconduct policy by a staff person who is not a Department employee or by a person who is a volunteer or student intern shall be commensurate with the nature and circumstances of the person's act or failure to act, the person's history, and the actions taken for comparable violations by other persons with similar histories, or as otherwise determined appropriate in the complete discretion of the appropriate departmental official." The Warden would use information from the investigation to determine if it was appropriate to allow continued access. He also stated that he has a strong working relationship with the Wellpath administration who makes up most of the contracted individuals if such steps need to be taken.

Compliance Determination:

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

Maine Correctional Center Pre-Audit Questionnaire

Policy 6.11 (PREA and the Maine Statutes) General

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

Policy 20.1 Resident Discipline

Resident Handbook

Individuals interviewed/ observations made.

Interview with an Investigative Officer

Interview with Residents

Interview with Warden

Interview with PREA Coordinator

Summary Determination

Indicator (a) Residents 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 Resident Discipline page 6 to 15 defines the disciplinary hearing process and the levels of sanctions. Resident-on-resident sexual abuse is a class A offense and resident aggressors can receive a period of restricted housing, loss of good time and privileges. Residents are also educated about sanctions upon admission and have continued access to information in the resident handbook. The Auditor reviewed the handbook to confirm the information was clear. Residents spoken to understand that any sexual contact with another resident could result in formal disciplinary proceedings.

Indicator (b) Two policies of the Maine Department of Corrections address this indicator, Policy 6.11.4 states on page 4, "Disciplinary sanctions for a violation of a departmental sexual misconduct policy by a resident shall be commensurate with the nature and circumstances of the resident's act, the resident's disciplinary history, and the sanctions imposed for comparable violations by other residents with similar histories, in accordance with the applicable Department disciplinary policy." Agency

policy also states residents 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 resident records to determine if prior disciplinary history, cognitive abilities or other mental health issues should be considered in the process. Residents with frequent discipline can receive additional sanctions. "If facility staff observes, receives a report of, or otherwise discovers prisoner conduct that is considered a Class A rule violation, the staff shall complete and submit a disciplinary report in accordance with the formal resolution process." The Auditor was provided documentation to support discipline for contact between inmates when one grabbed others in the groin. The detainee was referred for criminal prosecution and the case was accepted.

Indicator (c) In policy 20.1 Resident Discipline, Residents are allowed assistance in the form of translation services, or other aids to prepare their own defense. The Hearing Officer can assign a staff person to assist individuals with cognitive challenges. If the Hearing Officer finds guilt in the case it is forwarded to the Warden who takes into consideration the resident's mental health. The policy states, "After consultation with appropriate medical or mental health staff, the Chief Administrative Officer, or designee, may at any time suspend some or all disciplinary segregation time or disciplinary restriction time that a prisoner has accumulated to the extent necessary to address medical or mental health needs. After consultation with appropriate medical or mental health staff, the suspension may be revoked in whole or in part by the Chief Administrative Officer, or designee, if the prisoner's medical or mental health condition allows." Discussions with the Warden and Mental Health confirm that this is the actual process.

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

Indicator (e) The investigative staff and facility PREA Compliance Monitor confirmed that residents who engage in sexual misconduct with staff will not be disciplined unless it is proven the staff did not consent. The agency PREA policy states, "A resident may not be disciplined for sexual activity with a staff person, volunteer, or student intern, except upon a finding that the other person did not consent to such activity."

Indicator (f) Page four of Policy 6.11.4 states that a resident 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 resident 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. The policy supports a requirement of proof of intentional deceit. "A resident may be disciplined for knowingly making or soliciting a false report of sexual misconduct, sexual harassment, or another violation of a departmental sexual misconduct policy or otherwise knowingly making or soliciting a false statement related to a report of sexual misconduct, sexual harassment, or another violation of a departmental sexual misconduct policy. A statement made or solicited in good faith shall not constitute making a false statement, even if an investigation does not establish evidence sufficient to substantiate the statement." Some residents did state that they wished the facility would discipline individuals who make up lies about staff or other residents.

Indicator (g) Residents 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.

Compliance Determination:

Maine Department of Corrections policies 20.1 Prisoner Discipline, 6.11 Sexual Misconduct (general), and 6.11.4 Sexual Misconduct (administrative sanctions) address the requirements of this standard. Policy 20.1 a 32-page policy addresses the requirements of indicators (a)- (d) relating to the disciplinary hearing, the consideration of the resident's mental health in determining consequences, the requirement of ongoing treatment, and that sanctions in the facility will be proportional to the offense. The Maine Department of Corrections prohibits consensual relationships between residents and between residents and staff, which is also stated in the resident handbook. Residents who engage in sexual misconduct with staff can be disciplined unless it is determined the staff consented to the act. Residents can be disciplined for making an intentionally false report related to PREA. Compliance was based on policy, interviews, and documentation provided, which support systems in place can provide for discipline of sexual abuse, harassment, or retaliation for cooperating in an investigation.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed.
	Maine Correctional Center Pre-Audit Questionnaire

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

Policy 18.3 Access to Health Care Services

Policy 18.4 Health Screening and Assessment

Policy 18.5 Healthcare

Policy 18.6 Mental Health Services

Wellpath Memo on Record system protections for confidential information

Wellpath confidentiality notice residents sign

Resident intakes showing referral to Mental health

Resident records/investigation

Confidential communication on past abuse reported by inmates

Individuals interviewed/ observations made.

Interviews with Medical Staff

Interviews with Mental Health Staff

Interview with Residents

Interview with PREA Coordinator

Observation of the medical unit

Summary Determination

Indicator (a) Residents who are identified through the screening process or who admit a history of sexual trauma can be referred to either Wellpath Mental Health Services or to the local rape crisis agency. The Auditor confirmed this practice through the review of documented cases in client files and through interviews with residents and Mental health and case management staff. The Auditor confirmed this practice through the review of documented cases in client files and through interviews with residents and Mental health and case management staff. DOC Policy 18.04 Health Screening and Assessment (pages 3-4) sets forth the requirement to refer all individuals who are admitted with past histories of sexual assault or sexual victimization to mental health who will follow up within 14 days. Sample cases reviewed supported follow-up occurring as fast as within 24 hours. Interviews with residents who disclosed prior victimization histories and individuals who reported abuse situations in the facility confirmed they were offered or participated in

counseling services.

Indicator (b) Residents who engage in sexual assault or have a history of sexual offenses are automatically referred to Mental Health for an assessment. Some individuals may be placed in specific programming for sexual offenders. The Maine Department of Corrections has various therapeutic communities from which to offer individuals with such need support and treatment. The treatment program for sexual offenders is no longer at MCC for males but the clinical staff and unit management team staff have sufficient experience to provide assessment and treatment planning for any male or female resident with past history of sexual aggression. Male residents who are new may eventually be moved to the facility with a specific treatment program if indicated.

Indicator (c) Maine DOC PREA policy 6.11.2 page 4 requires that residents with prior victimization history are to be seen by the appropriate medical/ mental health provider to ensure the unit team has sufficient information to plan for the client's needs in the first 14 days. The DOC requires the PREA reassessment to be completed by this date. The Auditor's review of client record support mental health does review with the resident information from the assessment. The Auditor made suggestions on providing clarifying information if the resident wanted to pursue the issue in treatment or if the clinician reminded him about services and the outside support of the local rape crisis agency.

Indicator (d) The Auditor confirmed through interviews with intake staff, case management staff, medical staff, Mental health Staff, Unit Management, and the PREA Coordinator that sensitive information is protected. Custody staff do not have access to information in the medical or Mental Health records of Wellpath. The Auditor was provided a memo on the various level of security for Wellpath records.

Information obtained and documented in CORIS is also limited in access to those individuals who need to know. Through the unit management process line staff are provided only the specific information about who may be a potential or known victim or perpetrator. Residents interviewed supported that information given to counseling staff is kept confidential.

Indicator (e) All residents sign with Wellpath staff an understanding of the limits of confidentiality as it relates to criminal behaviors. Residents interviewed confirmed both they had signed acknowledgment forms and that they verbally understood the reasons why a medical or mental health staff have to disclose actual sexual abuse or imminent risk situations. The Auditor requested a sample of the signed document to be uploaded to the OAS. Interviews with providers confirmed the residents are notified about limits of confidentiality upon admission and periodically they receive verbal reminders.

	<p>Compliance Determination:</p> <p>The Maine Department of Corrections has several policies that address the screening and treatment of individuals who are victims of sexual abuse as well as the services available for those who have histories of sexual aggression. All residents are screened when they arrive at the Maine Correctional Center intake staff. Residents are also seen by medical for an initial screening process where past may also be disclosed. Residents with sexual assault histories and sexual victimization histories are offered treatment. Residents who are admitted to MCC are seen by Wellpath Medical staff. Wellpath staff have several intake questions that are PREA-related, this allows residents who did not disclose concerns at admission a second opportunity to disclose in a medical environment. Resident Medical and Mental Health records are not accessible to the custody staff. CORIS, the DOC electronic case management system, has access controls and similarly, the Wellpath Electronic Medical Records (EMR) limits access to the most vulnerable information protecting the residents from having information exploited. Medical staff report if the individual provides information that would change the PREA screening that information is shared. Supporting documentation provided to the Auditor showed how Medical informs Mental Health who follows up on any disclosure of sexual abuse. Compliance was based on policy, the documentation provided showing referrals for treatment follow-up and when the resident discloses past histories at intake, the security of records, interviews with healthcare staff, and information provided on tours by the Medical and Mental Health staff.</p>
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115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Maine Correctional Center Pre-Audit Questionnaire</p> <p>Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding</p> <p>Policy 18.4 Health Screening and Assessment</p> <p>Policy 18.5 Healthcare</p> <p>Policy 18.6 Mental Health Services</p> <p>Website of the Maine Attorney General</p> <p>Website of Wellpath</p>

Memo from HSA

Resident records

Resident screenings

Individuals interviewed/ observations made.

Interviews with Medical Staff

Interviews with Mental Health Staff

Interview with Residents

Interview with PREA Coordinator

Observation of the medical unit

Summary Determination

Indicator (a) The Maine Correctional Center has a full-service medical clinic that operates around the clock. The state works with a contracted medical and mental health provider, Wellpath of Nashville Tennessee. Wellpath's website reports they work in various state and federal prisons and some 300 jails and community institutional settings. The contract provides Registered Nurses are always available and there is after-hours availability of on-call medical and mental health practitioners. The services are diverse and consistent with community health clinics. Residents report access to these services if they are in crisis. Medical staff report having medical autonomy if the resident has to go out of the building for emergency services to facilitate that trip. The Wellpath medical staff state the facility administration is supportive of the work they do, and they work to resolve issues when they arise. SANE Services are available approximately 15 miles away from the facility in the City of Portland. There are two options with SANE Services in the city; both Mercy Hospital and The Maine Medical Center provided trained staff in the completion of forensic exams. Residents were able to describe the process to request to be seen by medical or mental health staff. They support the requests are met in a timely fashion.

Indicator (b) Medical services are available 24 hours per day at the Maine Correctional Center. Random staff knew as part of their first responder duties, that immediate notification to medical was required. This is also stated in the facility's Sexual Assault Response plan. The Auditor confirmed with the Health Service Administrator that in addition to the RN staff on site 24 hours per day that there are on-call resources of both medical and mental health practitioners available. Resident report they can tell staff that they need to see medical or mental health without disclosing specifics through the mailbox system or by telling staff who will call for them to be seen.

Indicator (c) Discussions with hospital staff and facility medical staff confirms that

sexual assault victims would be offered prophylaxis medications. The Auditor confirmed the same medications would be offered to the resident again upon return from a forensic exam even if they initially denied it.

Medical staff confirmed they would educate the resident on the importance of such medications for continued health. As a facility with both male and female residents, pregnancy testing for victims of sexual assault would be provided. Agency policy and the Attorney General's Protocol both support that victims of sexual abuse be offered prophylaxis medication to protect against sexually transmitted diseases. The Policy states, "If pregnancy testing or other pregnancy-related services or testing or treatment for sexually transmitted diseases are deemed medically appropriate by the facility medical provider, medical staff shall ensure that they are offered."

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 which states, "The Chief Administrative Officer, or designee, shall ensure that medical and mental health services are provided to alleged victims of sexual misconduct without financial cost and regardless of whether an alleged victim names the perpetrator or cooperates with any investigation arising out of the incident." The Auditor also confirmed that victims of sexual assault are provided initial and follow-up services at a local hospital through funding from the state. The Maine Attorney General's website confirms that the state covers the cost of sexual assault exams no matter if the victim wants to pursue a criminal case. This is done to encourage all victims to come forward for help. The clinic at MCC would function in the same way by providing follow-up care. Documentation support that individuals were followed up with the Wellpath Mental Health staff.

Compliance Determination:

MCC 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 on-site medical nursing staff 24 hours per day. The facility also has on-call providers that can help to facilitate the referral to an outside medical provider.

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 residents at MCC would be referred to 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 resident 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 STDs and emergency contraception. Compliance determination took into consideration the access to services, Wellpath, policies of the DOC, information from the State of Maine on Forensic exam requirements and interviews completed,

	and client file information.
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Maine Correctional Center Pre-Audit Questionnaire</p> <p>Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding</p> <p>Policy 18.4 Health Screening and Assessment</p> <p>Policy 18.5 Healthcare</p> <p>Policy 18.6 Mental Health Services</p> <p>Maine Attorney General’s website</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Medical Staff</p> <p>Interview with Resident</p> <p>Interview with SARSSM</p> <p>Interview with PREA Coordinator</p> <p>Interviews with Hospital Staff</p> <p>Observation of the medical unit</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Corrections ensures that all residents are provided with the appropriate level of medical and mental health services for any issues of sexual abuse. Wellpath staff will provide the appropriate level of care depending on how long ago the abuse occurred. If the incident has occurred recently the resident will be offered a forensic exam at a local hospital. If the incident is a prior</p>

life event that occurred in another institution or community, the medical and mental health teams will complete a health assessment and mental health referral for services. If the resident is more comfortable discussing the abuse with a rape crisis agency staff person a mental health referral can be made to SARSSM to provide the appropriate level of counseling. Policy 6.11.5 states, "The Chief Administrative Officer, or designee, shall ensure that the alleged victim of sexual misconduct is referred to the facility mental health care staff for assessment, counseling, and/or treatment, as appropriate. Facility mental health care staff shall ensure that a prisoner or resident is informed of the option of referral to a community sexual assault response services agency and shall ensure that a prisoner or resident who requests it is referred to a community sexual assault response services agency for the provision of services in the facility or after release."

Indicator (b) Residents who are victims of sexual assault in a Maine correctional institution are immediately referred to mental health services as well as Medical services. If the assault occurred in the community or county Jail, the resident is referred to Wellpath for follow-up services once identified. If the resident prefers, they can be referred to SARSSM for support services post an incident of sexual misconduct. The Wellpath Medical and Mental Health staff spoken to confirmed, as did the SARSSM representative, that they would make referrals to ensure continuity of care if the resident was released home or transferred to another facility. As noted in indicator (a) there is an expectation of ensuring continuity of care when residents are discharged. Agency Policy 18.05 Healthcare and Policy 27.1 Release and Reentry Planning, each speaks to healthcare staff and unit case managers, ensuring continuity of care upon release or when being transferred between facilities.

Indicator (c) As noted in indicator (a) the medical clinic at the Maine Correctional Center is equivalent to an urban community Medical clinic. The facility offers a full array of medical and mental health services, including dental and vision. The infirmary addresses the needs of illnesses associated with the wide age range at MCC. The facility provides Hospice care and residents volunteer to work as health support aides. Mental Health services include counseling, medication management, and the extra support of the mental health unit or direct observation room in the clinic space when needed. Specialty care can also be arranged for residents with health needs.

Indicator (d), and Indicator (e) Interviews with health services staff and local hospital staff both confirm the victims of sexual abuse would be offered pregnancy testing. Statewide protocol confirms that all female victims would be offered pregnancy prophylaxis. "The availability of pregnancy prophylaxis should be discussed with each patient of childbearing capacity and, unless the patient is currently using a reliable method of birth control, treatment should be offered. Pregnancy testing is not medically required for the purpose of pregnancy prophylaxis, but is advised to assess for possible pregnancy predating the assault." Medical staff at the hospital confirmed pregnancy testing is able to be offered. Nursing staff also confirmed the ability to provide pregnancy testing requirements, education on emergency contraception, and

access to prophylactic medications. Residents who become pregnant as a result of abuse would be educated about their options under state law.

Indicator (f) The Auditor confirmed with both the medical staff at MCC 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. Policy 6.11.5 addresses the expectation of this indicator. "If the prisoner or resident has not been offered testing for sexually transmitted diseases at the hospital or has not been transported to the hospital, the facility medical staff shall offer it as soon as possible and shall offer antibiotic and/or anti-viral treatment, as deemed medically appropriate by the facility medical provider."

Indicator (g) Treatment services are provided without cost to the resident, including if the resident must go out for a forensic exam. PREA policy 6.11.5 states, "The Chief Administrative Officer, or designee, shall ensure that medical and mental health services are provided to alleged victims of sexual is conducted without financial cost and regardless of whether an alleged victim name the perpetrator or cooperates with any investigation arising out of the incident." The Attorney General's website also confirmed that all sexual abuse victims in the state can have forensic exams covered by state funding.

Indicator (h) All individuals involved in a sexual assault, both the victim and perpetrator, are referred for mental health assessments. The facility provided documentation to support follow-up for individuals involved in a case of sexual abuse. The victim and perpetrator would be seen in the first 60 days after disclosure. Long-term treatment needs would be determined by the resident and the clinical staff. Documents provided supported residents were offered evaluation within 60 days of the facility being made aware of the potential sexual misconduct.

Compliance Determination:

The Maine Department of Corrections ensures residents have ongoing access to services. The DOC has several policies that address residents' healthcare needs, 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 Mercy Hospital or Maine Medical Center in Portland for a forensic exam. Medical staff confirmed that they could educate residents about the importance of testing and prophylactic treatment if they initially refused these treatments at the hospital. Compliance is based on the resources available on-site and community-based services, the interviews with

	medical and mental health staff, and interviews with representatives of SARSSM.
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Maine Correctional Center Pre-Audit Questionnaire</p> <p>Policy 6.11.1 Sexual Misconduct (PREA and the Maine Statutes)</p> <p>Incident review forms</p> <p>MCC Investigation files</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with an Investigative Officer</p> <p>Interview with Residents</p> <p>Interview with Warden</p> <p>Interview with PREA Coordinator</p> <p>Interview with the PREA Monitor and PREA Manager</p> <p>Summary Determination</p> <p>Indicator (a) Policy 6.11.1 (page 2) sets forth the requirement of an incident review 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.</p> <p>“The facility PREA Monitor, or designee, shall ensure that a sexual misconduct incident review is conducted at the conclusion of every sexual misconduct investigation, including when the allegation has been determined to be unsubstantiated unless the allegation has been determined to be unfounded.</p> <p>a. Such review shall ordinarily occur within thirty (30) days of the conclusion of the investigation. b. The review team shall include upper-level management officials, with input from line supervisors, investigators, the PREA Monitor, and medical or mental health care staff. The Department’s PREA Coordinator shall also be invited to be a</p>

member of the review team.”

The Auditor was provided with examples of the review team's findings on the DOC Sexual Misconduct Review form. In the cases reviewed, the hearings were completed with all indicators taken into consideration. The OAS pre-audit questionnaire stated there were four cases reviewed.

Indicator (b) The policy states the review should occur within 30 days of the investigation conclusion. The sample provided in the electronic file supports this time frame. Policy 6.11.1 sets forth the requirement as noted in indicator (a). The investigation files support the critical review steps that were taken in these cases but two of the four cases were completed long after the 30 days. The Auditor has asked for a corrective action plan that will ensure timely reviews of cases. The PREA Monitor has provided documentation of a plan to the Auditor on the facilities efforts to ensure that these reviews all happen in a timely manner. If for any reason the review is outside the window the facility will document the reason.

Indicator (c) As noted in indicator (a) the policy language addresses the multi-discipline nature of the team. In a review of the documentation provided and various staff interviewed, the multi-disciplinary nature of the team was confirmed. Different member support participation amongst custody staff, unit management, facility management, health services, and the state PREA Coordinator. The Auditor is suggesting that the form be modified to collect the individuals at each hearing's names and positions and improve the ability to document this indicator. The Auditor confirmed with medical and mental health staff that a representative of the departments or the HAS participate in such reviews.

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

- 1) Consider whether the allegation or investigation indicates a need to change policy, procedure, or practice to prevent, detect, or respond to sexual misconduct;
- 2) Consider whether the incident or allegation was motivated by race; ethnicity; gender; gender identity; lesbian, gay, bisexual, transgender, or intersex identification status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- 3) Examine the area in the facility where the incident allegedly occurred to determine whether physical layout or barriers in the area might enable misconduct;
- 4) Assess the adequacy of staffing levels in that area during different shifts;
- 5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

6) Prepare a report of its findings, including but not necessarily limited to, determinations required to be made as set out above, and any recommendations for improvement, and submit such report to the Chief

Administrative Officer and the Department’s PREA Coordinator.”

The agency form used to document the review panel’s considerations includes the required information. The form asked if the policy needs to be reviewed, it looks at the underlying motivation of the incident including if the victim was targeted due to their perceived member of a particular group. It goes on to look at staffing, physical plant issues, and surveillance needs. The Auditor looked at both the form and the completed investigation reports to understand if there were any possible areas that needed to be discussed.

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 to take place. In the form reviewed, the Auditor was able to see a recommendation on staffing in a particular housing unit. PREA Policy 6.11.1 addresses the requirement of this indicator. “The Chief Administrative Officer shall implement the recommendations for improvement made by the review team or shall document any reasons for not doing so.” An interview with the Warden confirmed that he takes seriously the recommendations of the team in ensuring the overall safety of the environment. The facility and agency has a reported track record of reviewing all major incidents in the facility for potential improvements in their practices.

Compliance Determination:

The Maine DOC PREA 6.11.1 pg. 2 requires the completion of the steps outlined in this standard. The steps to provide for a critical incident review on all PREA sexual assault cases. The policy requires what information needs to be part of the incident review. The language comes directly from the standard. As evidence to support the standard, the facility provided 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. The facility has put in place a plan to ensure that all reviews occur within 30 days after the close of the election or there is a documented reason for the review being delayed.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Maine Correctional Center Pre-Audit Questionnaire

Institutional data tracking

Agency annual report

Survey of Sexual Violence

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. PREA Policy 6.11.1 dedefineshe data collection responsibilities of the PREA Coordinator and the facility PREA Compliance Manager. "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.

a. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

b. The Department's PREA Coordinator shall collect and review data as needed from all available incident-based documents, including reports, investigation files, and sexual misconduct incident reviews.

c. The Department's PREA Coordinator shall maintain the data reported or collected for at least ten (10) years.

d. Upon request, the Department's PREA Coordinator shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

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

The PREA Monitor uses information from the facility's checklist and investigative files to be able to provide information to the agency's PREA Coordinator.

Indicator (b) The agency completes an annual report with aggregate data at the

Maine Correctional Center. The Auditor reviewed both the most recent three Annual PREA Reports on the agency website. The state PREA Coordinator receives information from the adult and juvenile and the contracted facilities. Both agency leadership and facility leadership will review trends from PREA incidents to determine if there is a need to change policy, modify resources in the facility, or change training. The 2022 annual report was not initially available, the agency completed the report during the post-audit period

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. The agency PREA Coordinator confirms that all information is provided to the Central Office. As the PREA Coordinator, reports it is her responsibility to ensure that the materials can meet the requirements of the DOJ reporting forms in SSV. The Auditor also reviews the most recent SSV tool in preparation for questioning and file reviews.

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

Indicator (e) The Department of Correction has provided the Auditor with the Data from the county jail with whom they subcontract. The facility provided documentation on the survey of sexual violence as supporting that the data collected was consistent with the federally required forms.

Indicator (f) The Department of Justice has requested PREA-related information from the Maine DOC in the past year. The former PREA Coordinator had completed the previous year's report for the Department of Justice. The residents at the Maine Correctional Center were also asked to participate in a Bureau of Justice Statistics' National Inmate Survey which includes information about PREA and sexual safety.

Compliance Determination:

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

115.88	Data review for corrective action
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 340 1050 374">Policies and written/electronic documentation reviewed.</p> <p data-bbox="256 412 971 445">Maine Correctional Center Pre-Audit Questionnaire</p> <p data-bbox="256 483 713 517">Policy 6.11.1 Sexual Misconduct</p> <p data-bbox="256 555 488 589">Agency Website</p> <p data-bbox="256 627 464 660">Annual Report</p> <p data-bbox="256 770 884 804">Individuals interviewed/ observations made.</p> <p data-bbox="256 842 831 875">Interview with Agency PREA Coordinator</p> <p data-bbox="256 913 632 947">Interview with the Warden</p> <p data-bbox="256 985 836 1019">Interview with the Director of Operations</p> <p data-bbox="256 1128 608 1162">Summary Determination</p> <p data-bbox="256 1200 1474 1821">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 Warden 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 resident safety. The Warden also confirmed his team looks for trends to further guide policy/ procedural practices or the disbursement of resources. Agency policy supports the expectations of this standard. “The Department’s PREA Coordinator shall review data collected and totaled in order to assess and improve the effectiveness of the Department’s sexual misconduct prevention, detection, and response policies, procedure, practices, and training, including by identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of findings and corrective actions for each facility, as well as the Department as a whole.</p> <p data-bbox="256 1859 1426 1977">a. Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the Department’s progress in addressing sexual misconduct.</p> <p data-bbox="256 2016 1461 2089">b. The report shall be approved by the Commissioner, or designee, and made readily available to the public through the Department’s website.</p>

c. The Commissioner, or designee, shall redact specific material from the report when publication would present a clear and specific threat to the safety or the security of a facility or would violate state or federal confidentiality laws, provided the type of material redacted is specified

Indicator (b) The Maine Department of Corrections completes an annual report that provides a comparison by each facility on the number of sexual assault and sexual harassment claims. Each facility's data compares the current year to the prior year's data. The report shows if the accused was a staff or a resident and provided the outcome determination. The Auditor had to request the 2022 report to be uploaded to the OAS.

Indicator (c) The Director of Correctional Operations confirms the PREA report developed by the agency PREA Coordinator is approved by the Commissioner before being placed on the agency's website. The Auditor requested for the most recent annual report to be added to the agency website. The Agency uses this information and the information from incident review team meetings to identify areas for change; not only at a facility level but where needed policy, practice, or training enhancement is needed.

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

Compliance Determination:

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 and the Warden supported the utilization of data to make informed decisions on programmatic and policy needs. This is consistent with the standard expectation to do a critical review of data to identify problem areas and enact corrective actions. Since the PREA Coordinator works in the Operational oversight unit of the Maine Department of Corrections trends can be reviewed and changes supported either from the facility level; such as supporting the need for additional staff or electronic surveillance equipment; or from a central administrative level such as policy/procedural modifications. The 2022 annual report was not completed in a time period normally associated with the activity by Maine DOC. This was in part due to changes in the roles within the agency and the new PREA Coordinator is aware of the need to generate the report moving forward and ensure it is posted to the agency website.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Maine Correctional Center Pre-Audit Questionnaire

Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)

Policy 5.3 Computer Safety

Maine Statute (Title 5 pg. 65)

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Intake staff persons

Medical and Mental health staff

File Security

Summary Determination

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

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

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

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

Compliance Determination:

	<p>The Standard is compliant, Maine State Statute (Title 5) and Department of Correction policies ensure that records are maintained in a secure manner. Since much of DOC documentation lies within the CORIS information system policy 5.3 dictates security. Aggregate data for DOC and contracted facilities are available annually. The Auditor reviewed the agency website to ensure the report was posted without any identifying information. PREA Policy 6.11 requires “The Department’s PREA Coordinator shall maintain the data reported or collected for at least ten (10) years.” DOC PREA Coordinator confirmed compliance with this standard’s expectations.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Maine Correctional Center Pre-Audit Questionnaire</p> <p>Maine Department of Corrections website</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Corrections website shows all its current and former facilities have been audited for PREA Compliance starting in 2014. The website supports that the audits are ongoing every three years since the initial audits. The State has one current contracted facility for bed which underwent its initial PREA audit in 2018 and has subsequent years of PREA information on their site. The Maine DOC had added two programs that opened in 2021 and had their first PREA audit in late 2022</p> <p>Indicator (b) The Maine DOC has no less than one-third of its facility audited in a year. Four of the facilities were audited in this first year of the current audit cycle.</p> <p>Indicator (h) The Auditor did have open access to all parts of the facility. The Auditor was able to move freely about the housing units on the tour to be able to speak informally with residents to ensure they were aware of the Audit, the</p>

agency's efforts to educate residents, and how to seek assistance if the need arises. The Auditor was able to test critical functions such as phone systems and video surveillance as well as observe the electronic case management systems. The facility had new areas that were previously not audited as they are new construction. The only parts of the facility that the Auditor did not visit was two housing units that have been secured from resident access by internal fencing while construction crews complete major renovations.

Indicator (i) The Maine Department of Correction has used electronic PREA auditing files in the past and has provided the current information in the Online Audit System. The Auditor was also able to get copies of other documentation as requested on-site and worked with facility leadership and agency PREA Coordinator to add additional documentation in the post Audit period.

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

Indicator (n) The Auditor's information was posted and the facility PREA manager was informed the posting should remain up until the final report is issued.

Compliance Determination:

The Maine Department of Corrections has had PREA audits of each of its facilities since 2014. The agency has spread its facility audits over the three-year PREA cycle and have set up strong deadlines when contracting for new beds to be PREA compliant including undergoing formal audits. The Auditor was given full access to the site and was not prohibited from returning to areas of the facility if requested. The Auditor was provided ample space and privacy to conduct confidential interviews with staff and residents. The facility did post the Audit notice, it was visible on the tour and residents were aware of the posting and the audit. The posting resulted in no correspondence. Compliance is based on the above-mentioned facts which supports a culture in which PREA is monitored daily.

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

Policies and written/electronic documentation reviewed.

Maine Correctional Center Pre-Audit Questionnaire

Maine Department of Correction website

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Summary Determination

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

Compliance Determination:

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

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates 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 inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	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 inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	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
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a) Youthful inmates		
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b) Youthful inmates		
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c) Youthful inmates		
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a) Limits to cross-gender viewing and searches		
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b) Limits to cross-gender viewing and searches		
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, 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
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take 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 prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take 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 prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take 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 prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take 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 prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take 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 prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take 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 prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates 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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates 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
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates 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
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	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.)	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
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates 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 inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, 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 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	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 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	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 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious 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.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates 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
115.41 (i)	Screening for risk of victimization and abusiveness	
	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	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate'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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	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 inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates 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 inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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 inmates, does the agency always refrain from placing: transgender inmates 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 inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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 inmates, does the agency always refrain from placing: intersex inmates 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	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate 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	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, 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
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does 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
115.61 (c)	Staff and agency reporting duties	
	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
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate 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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

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

	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?	
	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 inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	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 115.21(a).)	
	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 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	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 inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.73 (c)	Reporting to inmates	
	Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate'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
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, 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?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	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 inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	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	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate 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 inmates 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
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(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 inmates 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
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 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?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

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