

PREA Facility Audit Report: Final

Name of Facility: Bolduc Correctional Facility

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 09/24/2022

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" 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 checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Jack Fitzgerald | Date of Signature: 09/24/2022 |

| AUDITOR INFORMATION | |
|-------------------------------------|-----------------------|
| Auditor name: | Fitzgerald, Jack |
| Email: | jffitzgerald@snet.net |
| Start Date of On-Site Audit: | 07/18/2022 |
| End Date of On-Site Audit: | 07/19/2022 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | Bolduc Correctional Facility |
| Facility physical address: | 516 Cushing Road, Warren, Maine - 04864 |
| Facility mailing address: | |

| Primary Contact | |
|--------------------------|-----------------------------|
| Name: | Russell Worcester |
| Email Address: | Russell.Worcester@maine.gov |
| Telephone Number: | 207-273-5125 |

| Facility Director | |
|--------------------------|-----------------------------|
| Name: | Russell Worcester |
| Email Address: | Russell.Worcester@maine.gov |
| Telephone Number: | 207-273-5125 |

| Facility PREA Compliance Manager | |
|---|----------------------------|
| Name: | Michael Manders |
| Email Address: | Michael.Manders@maine.gov |
| Telephone Number: | |
| Name: | Vicki Burbank |
| Email Address: | vicki.burbank@maine.gov |
| Telephone Number: | |
| Name: | Shane Blakely |
| Email Address: | shane.blakely@maine.gov |
| Telephone Number: | |
| Name: | Noah Boucher |
| Email Address: | noah.boucher@maine.gov |
| Telephone Number: | |
| Name: | Jennifer Jenkins |
| Email Address: | jennifer.jenkins@maine.gov |
| Telephone Number: | |

| Facility Health Service Administrator On-Site | |
|--|---------------------|
| Name: | Daniel Ritter |
| Email Address: | dritter@wellpath.us |
| Telephone Number: | 207-273-5481 |

| Facility Characteristics | |
|---|-------------------|
| Designed facility capacity: | 222 |
| Current population of facility: | 167 |
| Average daily population for the past 12 months: | 174 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Males |
| Age range of population: | 18-78 |
| Facility security levels/resident custody levels: | Community/Minimum |
| Number of staff currently employed at the facility who may have contact with residents: | 46 |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 10 |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 20 |

| AGENCY INFORMATION | |
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| 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: | Conner Mcfarland | Email Address: | conner.mcfarland@maine.gov |

SUMMARY OF AUDIT FINDINGS

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

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

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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| 1. Start date of the onsite portion of the audit: | 2022-07-18 |
| 2. End date of the onsite portion of the audit: | 2022-07-19 |

Outreach

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| 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 spoke with Rape Crisis agencies, the local hospitals with SANE trained nursing and the local sheriff office that serves as an outside reporting entity. |

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 222 |
| 15. Average daily population for the past 12 months: | 174 |
| 16. Number of inmate/resident/detainee housing units: | 2 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 175 |
| 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: | 2 |
| 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: | 0 |
| 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: | 0 |

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| 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: | 0 |
| 42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit: | 0 |
| 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: | 0 |
| 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: | 0 |
| 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: | 1 |
| 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): | As a community confinement facility most residents admitted are expected to work on grounds or in the community as the program is designed to help the residents make the transition back to the community. |
| 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: | 46 |
| 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: | 29 |
| 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: | 10 |
| 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 | |

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| 53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 19 |
| 54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply) | <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None |
| 55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse? | The Auditor took resident from each housing units. The random sample population was increased since the number of targeted residents was below the number for this population. |
| 56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 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): | No text provided. |
| Targeted Inmate/Resident/Detainee Interviews | |
| 58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: | 3 |
| <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: | 2 |
| 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: | 0 |

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| <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>BCF is a community Correctional facility residents cannot have significant impairments as the staffing allotment is different in both custody and treatment assignments.</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 confirmed with the PREA Monitor who oversees inmate education to determine if there were any LEP individuals not previously identified in CORIS.</p> |
| <p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>There was no individual identified by medical staff with a hearing impairment.</p> |
| <p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |

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| <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>there were no residents who could not comprehend English. The Auditor did attempt to identify individual who may be first or second generation in the US to ensure appropriate questions were asked to ensure materials are provided in their native language about PREA.</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>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 staff and residents to determine how LGBTI individuals are treated. I was told that most residents would care less about another individuals sexuality as their first concern is getting prepared to go home.</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>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 staff and residents to determine how LGBTI individuals are treated. I was told that most residents would care less about another individuals sexuality as their first concern is getting prepared to go home.</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>0</p> |

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| <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>One individual with a victim history occurred in another correctional environment, not at BCF.</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>1</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 is no segregation in the community confinement setting.</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>Because of the type of facility and the classification process of the DOC at the time of the Audit there were a limited number of target population members at BCF.</p> |
| <p>Staff, Volunteer, and Contractor Interviews</p> | |
| <p>Random Staff Interviews</p> | |
| <p>71. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>12</p> |

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| <p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p> | <p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>The Auditor interviewed individuals of both shift as well as supervisory staff and vocational/ trade instructors.</p> |
| <p>Specialized Staff, Volunteers, and Contractor Interviews</p> | |
| <p>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.</p> | |
| <p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p> | <p>12</p> |
| <p>76. Were you able to interview the Agency Head?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>78. Were you able to interview the PREA Coordinator?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>79. Were you able to interview the PREA Compliance Manager?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><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)</p> |

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| <p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p> | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other |
| <p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
| <p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>a. Enter the total number of CONTRACTORS who were interviewed:</p> | <p>2</p> |

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| <p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p> | <p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p> |
| <p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p> | <p>No text provided.</p> |

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.

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| <p>84. Did you have access to all areas of the facility?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
|---|---|

Was the site review an active, inquiring process that included the following:

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| <p>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)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>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)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>88. Informal conversations with staff during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |

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| <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 was able to visit all areas of the facility including the MSP warehouse and Showroom which are overseen by MSP assigned staff but resident workers are from Bolduc Correctional Facility. The Auditor toured this space as part of the Bolduc Tour. The Auditor was able to observe all area and walk independently in the units which allowed me to speak with staff random residents on the floor as well as those in their rooms. The Auditor also tested phone systems with the help of the residents and observed posting about PREA and how to report a concern. The Auditor also spoke with outside reporting options.</p> |
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Documentation Sampling

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.

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| <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> |
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| <p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> | <p>No text provided.</p> |
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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 | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 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 | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 0 | 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 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 |

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

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 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 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: | 0 |
| a. Explain why you were unable to review any sexual abuse investigation files: | There were no allegations. |
| 99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) |

Inmate-on-inmate sexual abuse investigation files

| | |
|---|--|
| 100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
| 101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE 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 inmate-on-inmate sexual abuse investigation files) |
| 102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |

| Staff-on-inmate sexual abuse investigation files | |
|---|---|
| 103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
| 104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE 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 abuse investigation files) |
| 105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |
| Sexual Harassment Investigation Files Selected for Review | |
| 106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |
| a. Explain why you were unable to review any sexual harassment investigation files: | There were no allegations. |
| 107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) |
| Inmate-on-inmate sexual harassment investigation files | |
| 108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |
| 109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT 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 inmate-on-inmate sexual harassment investigation files) |
| 110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
| Staff-on-inmate sexual harassment investigation files | |

| | |
|--|--|
| 111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |
| 112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. | There were no allegations. |

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. | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|---|--|

AUDITING ARRANGEMENTS AND COMPENSATION

| | |
|--|--|
| 121. Who paid you to conduct this audit? | <input checked="" type="radio"/> The audited facility or its parent agency <input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) <input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="radio"/> Other |
|--|--|

Standards

Auditor Overall Determination Definitions

- 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

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.

115.211 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

Maine State Prison Pre-Audit Questionnaire

Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)

Documentation that Supports who is PREA Coordinator (b)

Documentation that Supports PC role/authority within the agency

Documentation that Supports who is the PREA Monitor (c)

Documentation that Supports PM role/Authority in the facility

Posters and resident handbooks

Individuals interviewed/ observations made.

Interview with PREA Coordinator (PC)

Interview with PREA Manager (PM)

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 47 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 of agency administrators and facility administrators to ensure PREA compliance. The policy states there is no consensual contact between residents and staff or between residents. It further identifies screening, education and monitoring, along with other elements that supports prevention, allows for detection, and ensures a full legal and medical response to any complaint. The facility staff showed knowledge consistent with training materials about their role in preventing, detecting, and responding to sexual assault claims. Staff also are provided with reminder cards at training about the importance of a Zero Tolerance environment. The 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 State Prison is a PREA-safe environment and has a Zero Tolerance Culture.

Indicator (b). Maine State Prison 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 includes 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 has been involved in agency planning including how new facilities’ physical plant structure effects PREA safety measures. The PREA Coordinator has been in the role for the past three years. Documentation provided to show contact with agency commissioners and supported his training and community outreach to the advocate community.

Indicator (c): The Maine Department of Corrections does operate multiple facilities. In each facility, the Warden/Director names an individual to oversee the on-going efforts. Agency policy also addresses their role, including,

- 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.

Conclusions: 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 state PREA Coordinator and the facility PREA Monitor. Interviews with the Agency PREA Coordinator, Maine State Prison and 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 Criminal Investigators. The PREA Coordinator and PREA Monitor believe they have the capacity in their jobs to advocate for policy or procedural changes needed to support resident safety. This was confirmed with the Director and the Manager of Correctional Operations for Maine DOC.

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 PC and PM roles. The Policy also addresses prohibited behaviors and sanctions for any forms of sexual misconduct. Residents, in formal interviews and spoken to during the tour, confirmed that sexual misconduct is addressed, and they had knowledge of resources available if a concern arises. The facility has been able to maintain a safe environment where residents support violent sexual assault is not a concern.

| | |
|---------|---|
| 115.212 | Contracting with other entities for the confinement of residents |
| | <p data-bbox="242 145 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 327 485 356">Pre-Audit Questionnaire</p> <p data-bbox="242 383 831 412">Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p data-bbox="242 439 940 468">MOU with Waldo County showing requirement to be PREA Compliant</p> <p data-bbox="242 495 810 524">Documentation of the ongoing monitoring by Maine DOC</p> <p data-bbox="242 551 515 580">Waldo County Jail Website</p> <p data-bbox="242 607 852 636">Annual PREA report of Waldo County for calendar year 2020</p> <p data-bbox="242 725 679 754">Individuals interviewed/ observations made.</p> <p data-bbox="242 781 746 810">Interview with Manager of Correctional Operations</p> <p data-bbox="242 900 488 929">Summary Determination</p> <p data-bbox="242 956 1490 1120">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 of 2021 and a final report issued this past February.</p> <p data-bbox="242 1205 1490 1467">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 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 he works with the Manager of Correctional Operations, he would be made aware immediately of any concerns with ongoing compliance at the Waldo facility.</p> <p data-bbox="242 1552 1490 1850">Conclusions: The Manager of Correctional Operations was interviewed as the agency's Contract Manager. The interview supports that before considering the subcontracting of beds the DOC would require specific compliance requirements including obtaining and maintaining PREA compliance. Policy 6.11 Sexual Misconduct (PREA and Maine Statutes) page 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 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 in determining compliance that Maine DOC has previously canceled contracts with facilities that did not achieve PREA Compliance.</p> |

115.213 Supervision and monitoring

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)

Policy 3.11 Staffing Requirements

BCF Staffing Plan modified 12/18

Logbook entry's supporting unannounced rounds

Video Surveillance supporting Management Unannounced rounds

Individuals interviewed/ observations made.

Interview with BCF Director

Interview with Director of Operations

Interview with PREA Coordinator

Interview with PREA Monitor

Interview with Staff

Observation on tour of logbooks and Supervisory movement

Interview with housing officers

Interview with Residents

Summary Determination

Indicator (a) Maine DOC PREA Policy 6.11 sets forth the requirements of what should be considered in the assessment of needs in determining a staffing plan that considers PREA. Page 7 of the policy describes the various things that should be considered in development of a plan including generally accepted correctional practice, frequency of sexual assaults/complaints, population make-up of the units and how video monitoring can support safety. The Director is to develop a staffing plan; "at least once a year with the PREA Coordinator, to protect prisoners or residents against sexual misconduct. When developing the facility's plan, the following shall be considered:

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

8) the prevalence of substantiated and unsubstantiated incidents of sexual misconduct; and any other relevant factors". Interviews with the BCF Director describe the development process used in completion of the annual assessment of staffing. The staffing plan is based on the capacity of 225 residents. In the past three years the average population was reduced to 183. On the first day of the Audit the population was 175. The Director reports there were no judicial, federal or oversight bodies findings of inadequacies. He also confirmed the facility has not operated under the minimal staffing level. The population of the Bolduc Correctional facility has been screened through the Maine DOC's classification process. As a result,

individuals with histories of recent sexual misconduct in an institution are unlikely to be placed at BCF or would be identified to ensure higher monitoring of their behavior.

Indicator (b). The Director reports has not had an incident in the last 12 months when minimal staffing was not maintained. The staffing plan for the Bolduc Correctional Facility, allows the management to adjust the deployment of staff as needed and in response to critical positions. When staff call out there is an ability to mandate staff to ensure overall safety of inmates. The Bolduc Correctional Facility has fixed posts and pull posts that allow supervisory staff to adjust staffing to manage critical incidents such as a PREA incident or a medical emergency. Bolduc has several Correctional Trade Supervisors who are also trained as correctional officers who could assist in an emergency or the facility can ask for assistance from the neighboring Maine State Prison. The Duty Sergeant notifies the Director or Assistant Director of all critical events which are documented in the shift report. The Director reviews the overtime and staffing levels to ensure minimums have been maintained. A report is generated every day and sent to the Director, Assistant Director and the Maine Department of Corrections Central Office. Inmates support staff are always available to them and did not voice a concern about a lack of staffing at any time.

Indicator (c) In December 2021, the staffing plan was redone with the assistance of the DOC PREA Coordinator. The Director of BCF signs the document annually to show the plan's annual review. The plan is descriptive of the population housed at Bolduc Correctional Facility. Staffing requires Housing Officers in each of the two housing units, a rover/transport officer and a control officer. Each housing unit has an office for case management or mental health staff on the unit who provide additional eyes and ears to inmate interactions. As an open environment, BCF uses monitoring technology to assist in watching inmates throughout the complex. The facility. Staff interviewed know the importance of active monitoring of inmates including random staggered rounds of the housing units and responding when individuals are out of place or in areas that are blind to the camera system. All staff wear body cameras to allow documentation of any critical incidents

Conclusions: Maine Department of Corrections has two policies that address the requirements of the four indicators in this standard. Policy 3.11 Staffing Requirements and 6.11 Sexual Misconduct – (General) sets forth requirements of the Director to develop a staffing plan. The DOC policy has a requirement of unannounced supervisory rounds for all it's facilities even though it is not a standard requirement for Community Confinement Facilities. The Auditor confirmed with the control officer in the administration building that Supervisors move about the facility to all work and living spaces. Some inmates work under supervision of MSP staff at the Prison warehouse which is outside the secure perimeter of the prison and tat the showroom. The Showroom is a retail space in Thomaston where wood products made by resident at MSP can be sold. Bolduc Correctional Facility has developed a plan, in a narrative format, that addresses the various considerations in indicator (a). The facility is not under any current judgement for inadequacy. The plan is reviewed annually with in-house administration and then a request would go to Maine DOC Central Office for staffing needs or technology upgrades. The DOC has also invested in technology to support supervision and limit related PREA complaints through outfitting all staff with body cameras.. Custody staff interviewed as well as vocational supervisors, supported the importance of active monitoring of the inmates during the day. Staff support that minimums are maintained, and that staff work together to ensure both the inmates and staff safety. The standard is determined to be compliant based on policy, interviews, observations made throughout the onsite audit and documentation provided consistent with the standard.

115.215 Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

Policy 14.14 Search Procedures

PREA policy 6.11.2 Sexual Misconduct (Prevention Planning)

Policy 23.8 Management of Transgender and Intersex Prisoners and Residents

Memos of cross gender searches.

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with BCF Director

Interview with random Staff

Interview with random inmates

Interview with Transgender resident

Observation on tour

Summary Determination

Indicator (a) The Maine Department of Correction policy 14.14 Search Procedures (page 6) prohibits cross gender strip searches of 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

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.

BCF has not had an exigent circumstance incident requiring a cross gender visual or body cavity search. If a body cavity search was required that would be preformed by medical staff.

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

Indicator (c) As noted in indicator (b) both policies require documentation of cross gender strip searches of both male and female inmates including the emergent reason for the search. The facility does not house females, so the second portion of this indicator does not apply. BCF Assistant Director confirmed that no cross-gender searches of male inmates had occurred in the past three years. Interviews with random inmates and with staff who knew policy required these only to occur in emergent circumstances and must be documented. Male residents confirmed they are not unclothed in front of female staff.

Indicator (d) Policy 6.11.2 Sexual Misconduct (Prevention Planning) page 7 states "The Chief Administrative Officer, or designee, shall implement practices that enable prisoners or residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in an emergency or when such viewing is incidental

to routine cell or room checks.". The Auditor was able to see announcements being made on the tour by the male staff when a female staff person came in. Inmate interviews support that they are never required to be unclothed in front of opposite gender staff including for strip searches or while taking care of personal hygiene. At BCF toilets are in each of the four hallways of the 2 living units. All showers on the housing units are single shower stalls. When an individual is in the shower the curtain is opaque in the middle giving the staff the ability to only see the tops of heads and the feet of individuals utilizing the shower. Staff also confirm that the inmates are not observed in any form of undress by female staff except during incidental views that may occur during rounds.

Indicator (e) Maine DOC Policy 6.11.2 (page 7) set forth the requirement that transgendered individuals are not searched for the purpose of determining genital status. As a sentenced facility the Bolduc Correctional Facility does not receive individuals who were not previously housed in other DOC facilities or county jails. As such, individuals identifying at intake as transgender for the first time would be rare. These same inmates would also have had a full medical assessment prior to transfer so genital status would be known. Intake staff know that strip searches for this purpose are inappropriate and that they would find out information through interviewer or through referral to the medical staff with whom the inmate may be more

comfortable in having the conversation. Medical staff confirm that they see all new admissions to the facility and would be able to have these conversations with the individual. There have been no transgender inmate housed at Bolduc in the last three years. The facility has a handicapped room available that could be used if transgender individual was needed the accommodation. These spaces have a bathroom inside the room.

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

Conclusion: The Maine Department of Corrections has policies to address the various elements in this standard including 6.11.2 Sexual Misconduct Prevention, and 23.8 Management of Transgender and Intersex Prisoners and Residents. In 6.11.2 Sexual Misconduct Prevention elements in indicators B,C,D and E are addressed on pages 6 ,7 and 8. These policy elements direct staff consistent with the standards on pat search, strip searches, inmates right not to be naked in front of staff of opposite gender and procedures for working with Transgender and intersex residents.

Supporting documentation provided to the Auditor by Bolduc Correctional Facility included the Training outlines/PowerPoints for completing searches and for working with LGBTQI populations. The file included information confirming no exigent circumstance of cross gender searches has occurred at BCF in the past three years. The BCF Facility has not housed any transgender individuals in the past three years. Interviews with staff and inmates were consistent with standard and policy expectations. There have been no cross-gender strip searches and inmates confirmed they can change and perform hygiene without opposite gender observation. Inmates and staff reported, and the Auditor observed during the tour, the announcement of when a females entering the housing unit.

115.216 Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)

Policy 18.12 Accommodations for Prisoners with Disabilities or Other Special Needs

Policy 19.2 Program and Services - Resident Rights

Policy 1.10 Staff Communication with persons of Limited English Proficiency

Language link contract for interpretive services

ALS contract

Resident Handbooks- in English and Spanish and in large Print

Intake notices in English and Spanish

Agency PREA Video in English Spanish, Somali, and ASL

Individuals interviewed/ observations made.

Interview with Director of Operations for the agency head

Interview with random Residents who are LEP or have Disabilities

Interview with Random Staff

Interview with Intake Staff

Interview with Facility PREA Coordinator

PREA Signage in English and Spanish

Summary Determination

Indicator (a) The Maine Department of Corrections has taken 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 Community Confinement Facility there is a limited number of individuals with significant medical or mental health needs. BCF can provide support to those individuals with visual or hearing impairments and informative supports to those individuals with significant developmental delays or significant mental illness that might make them a target for abuse. The Auditor was told there were no individuals in the population with whom the Auditor would have needed to use interpretive services or who were Limited English Proficient. Residents supported that there were staff they or others 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. Policy 19.02 Defines further the rights of individuals with disabilities. "In accordance with the Americans with Disabilities Act no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or denied the benefits of the services, programs, or activities of the Department of Corrections. Services, programs and activities include, but are not limited to:

- a. academic and vocational education
- b. exercise and recreational activities
- c. work programs
- d. mail, telephone, and visiting
- e. library

- f. religious services and programs
- g. reception and orientation
- h. classification
- i. food service
- j. sanitation and hygiene
- k. health care
- l. social services
- m. release preparation and discharge
- n. disciplinary and grievance procedures
- o. access to media, courts, counsel and law library
- p. commissary/canteen
- q. volunteer programs
- r. mental health services.”

Indicator (b) The Maine Department of Correction has limited population of individuals with whom English is not the primary language. The DOC has contracted with agencies to provide interpretive services, can produce the resident handbook in multiple languages, and has the PREA video available in four languages. The Auditor did not need to use interpretive services at Bolduc Correctional Facility to interview residents, The Auditor was able to see signage up in a secondary language in the facility, though there were no LEP residents in the facility.

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.”

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

BCF 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 language comprehension, physical and mental health barriers, and other critical information to be identified so the transferring facility can plan accordingly. Staff were aware that it was not appropriate to use 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 an residents and administration, as well as the hard materials (posters, handbooks, video) and policies that support equal access to all services. The educational materials seen repeatedly on the tour support ongoing access to information exists.

115.217 Hiring and promotion decisions

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

Bolduc Correctional Facility Pre-Audit Questionnaire

Policy 3.24 Pre-Employment Background Checks

Policy 3.3 Personnel Selection and Retention

Policy 3.05 Code of Conduct

Department of Administrative and Financial Service -Protocol

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

HR documentation for 27 DOC staff, 3 Wellpath, 3 volunteers

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with BCF Director

Interview with HR staff

Summary Determination

Indicator (a). The Maine DOC policy 3.24 Pre-Employment Background Checks page 2 addresses the requirements of this indicator. The Policy prohibits employing or contracting services of individuals who have engaged in or have 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 supports the process of screening all applicants for employment at Maine State Prison or the Bolduc Correctional Facility, including employees of the Health Care provider Wellpath. The HR staff at MSP also oversees the process for BCF. 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 it's medical and Mental health services through Wellpath. Both Wellpath and the DOC policy prohibit the employment of individuals who may have engaged in behaviors described in indicator (a). The Auditor confirmed with the HR staff that the Maine DOC performs criminal background checks on these individuals.

Indicator (c). The Maine Department of Corrections completes criminal background checks on all employees. File reviews completed by the Auditor confirmed that the process is in place and is consistently done for all new employees and at the

required 5-year intervals in indicator (e). The Check includes a criminal background check and prior institutional checks. Of the random employee's information requested 1 had prior institutional employment. Random sampling allowed for confirmation of the practice.

Indicator (d). BCF 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). BCF provided the Auditor with information about 9 random employees who were employed for 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. The Auditor reviewed 26 files of staff contractors and volunteers between MSP and BCF for consistency of practice. The HR staff described the process she has in place to track individuals who are coming up for their 5-year reviews.

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 MSP 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 an 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. The policy states, " Interviews with Human Resources staff confirm they make requests of both internal and outside employers when hiring, but they report they do not frequently receive similar requests for prior employees who go outside the DOC system. There was no request of former MSP staff in the past year.

Compliance: The Maine Department of Corrections has a policy in place to address the requirements of the standard, including the completion of background checks, and pre-employment screening that supports the agency's efforts to screen out predatory candidates from employment. The auditor interviewed the Human Resources staff at the MSP who are employed by the Maine Department of Administrative and Financial Services and are assigned to DOC to oversee the hiring at both MSP and BCF. The agency has all staff and contractors undergo multi-state criminal background checks, FBI fingerprint checks and driver's license checks. The Human Resource Manager reports she works closely with facility management to maintain a line of communication. For example, she reports that she would bring criminal background checks with prior convictions directly to the Director's attention.

The agency has several policies, including Human Resource and Personnel Policies (3.3, 3.24) and union contracts supporting 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 State Prison and

Bolduc Correctional Facility undergo prior institutional employer checks, pre-employment criminal background checks and subsequent checks every five years. Compliance for this standard is based on policies, the several levels of documentation provided in advance and confirmed during the onsite visit, and the interviews with the Human Resource Manager and the Director.

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| 115.218 | Upgrades to facilities and technology |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 327 762 356">Bolduc Correctional Facility Pre Audit Questionnaire</p> <p data-bbox="242 383 679 412">Individuals interviewed/ observations made.</p> <p data-bbox="242 439 906 468">Interview with the DOC Deputy Director of Correctional Operations</p> <p data-bbox="242 495 504 524">Interview with the Director</p> <p data-bbox="242 551 564 580">Interview with Assistant Director</p> <p data-bbox="242 607 611 636">Interview with the PREA Coordinator</p> <p data-bbox="242 663 443 692">Observation on tour</p> <p data-bbox="242 719 595 748">Random Staff spoken with on tours</p> <p data-bbox="242 842 488 871">Summary Determination</p> <p data-bbox="242 898 1481 1160">Indicator (a) Indicator (a) is Not Applicable as the facility has not undergone any major construction that would impact safety concerns of residents. During the tour, the Director and Assistant Director pointed out how staff employ supervision expectations in the multiple work environments and housing locations at BCF. 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 protection of residents from sexual misconduct and harassment.” Though there has been no changes at BCF the Deputy Director of Correctional Operations reported that the PREA Coordinator has been involved in other agency construction projects.</p> <p data-bbox="242 1245 1477 1375">Indicator (b) The Bolduc Correctional Facility has not added any fixed camera locations since the last audit. All custody staff now wear body cameras which is a significant addition in the past three years. Discussion with the facility and the central office administration support the processes are in place to continually reassess technology needs. The PREA Coordinator also confirms how his role could further support this process.</p> <p data-bbox="242 1460 1485 1724">Conclusion: The Bolduc Correctional Facility is an open environment covering some 1200 acres. The facility has many outbuildings and must rely on active staff moving throughout the day to watch residents in multiple work stations. The facility, as noted in indicator (a) has not undergone any major construction. The Department reportedly has a practice of involving PREA in the discussions when designing new facilities. The Director realizes the limitations of the camera system and must rely on residents being actively supervised in open settings. The Auditor did get a sense from residents and in observations that both the Director and Assistant Director are approachable and routinely meet with residents about concerns. The facility does not have a lot of individuals with recent aggression but they do take serious in the unit management ensuring work and housing takes into consideration screenings.</p> <p data-bbox="242 1751 1485 1848">Compliance is based on formal and informal interviews that support a consistent understanding of the use active supervision skills. The interviews also support Maine DOC’s commitment to regular review of its physical plant needs and electronic surveillance to enhance resident safety.</p> |

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| 115.221 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 799 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 327 488 353">Pre-Audit Questionnaire</p> <p data-bbox="240 383 788 409">Policy 7.1 Investigations by a Correctional Investigator</p> <p data-bbox="240 439 1139 465">Policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Reporting and Investigating.</p> <p data-bbox="240 495 612 521">Policy 14.6 Preservation of Evidence</p> <p data-bbox="240 551 692 577">Policy 18.8 Forensic Information or Evidence</p> <p data-bbox="240 607 668 633">Policy 18.3 Access to Healthcare Services</p> <p data-bbox="240 663 633 689">Maine Statutes 34A Chapter 3 Article 1</p> <p data-bbox="240 719 967 745">Sexual Assault Forensic Exams and the Care of Sexual Assault Patients</p> |

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| 115.222 | Policies to ensure referrals of allegations for investigations |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 882 358">Maine Statutes related to Correctional Law enforcement Powers</p> <p data-bbox="242 387 571 416">Policy 6.11.3 Sexual Misconduct</p> <p data-bbox="242 445 600 474">Policy 07.01 Criminal Investigations</p> <p data-bbox="242 557 679 586">Individuals interviewed/ observations made.</p> <p data-bbox="242 616 655 645">Interview with Agency PREA Coordinator</p> <p data-bbox="242 674 517 703">Interview with BCF Director</p> <p data-bbox="242 732 561 761">Interview with Investigative staff</p> <p data-bbox="242 844 488 873">Summary Determination</p> <p data-bbox="242 902 1469 1061">Indicator (a) The Maine Department of Correction has systems in place to ensure criminal and administrative investigations occur in a timely fashion. The Maine DOC employs individuals in a law enforcement role within each of its facilities. The Maine State Prison and the Bolduc Correctional Facility share a Criminal Investigator and a Special Investigation and Intelligence (SII) unit staff. A review of investigative files supports that all investigations occur immediately upon an incident report.</p> <p data-bbox="242 1149 1431 1211">Indicator (b) The Maine Department of Corrections has two policies that address the requirements of this standard. The Policy also complies with Maine State Statutes which govern law enforcement duties.</p> <p data-bbox="242 1299 1393 1328">Indicator (c) This indicator does not apply as the Department of Correction is responsible for criminal investigations.</p> <p data-bbox="242 1415 815 1444">Indicator (d) Auditor is not required to audit this provision.</p> <p data-bbox="242 1473 815 1503">Indicator (e) Auditor is not required to audit this provision.</p> <p data-bbox="242 1585 1485 1747">Conclusion: The Maine Department of Correction has a policy and trained investigative staff in place to ensure all allegations of sexual assault and sexual harassment are investigated. The DOC has trained law enforcement staff persons who will ensure all crimes, including sexual assaults, are investigated. According to the Deputy Director of Correctional Operations, incidents involving staff members are investigated by a centralized unit; the Office of Professional Review or the state's EEO unit. Using a different investigator than the facility's Criminal Investigator ensures an impartial investigation.</p> <p data-bbox="242 1776 1485 2105">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. This process has yielded actual criminal charges after residents are separated and interviewed again about the incident. Compliance was determined based on the published policy, the investigative information provided by the SII unit member and interviews with the Department of Corrections Director of Operations and a representative of the Office of Professional Review. Compliance is determined utilizing the above-stated information, which meets the requirements of Indicators (a) and (b). Since there have been no cases of sexual misconduct at BCF the Auditor did consider the information supporting timeliness of investigations at MSP since the investigative team is the same. Indicator (c) for standard 115.222 is not applicable because Maine DOC is the criminal investigative body. Interviews further supported compliance in that the agency takes all allegations seriously and ensures impartiality of staff involved through the Office of Professional Review.</p> |

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| 115.231 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention</p> <p>BCFstaff training records</p> <p>State-approved training materials, lesson plans, power points program outline</p> <p>Maine Justice Academy/ Maine Coalition Against Sexual Assault videos</p> <p>PREA education cards</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with BCF PREA Monitor</p> <p>Interviews with random staff</p> <p>Summary Determination</p> <p>Indicator (a) The Bolduc Correctional Facility ensures all staff are trained in the agency’s Zero Tolerance for Sexual Misconduct. All Employees, no matter what role in the institution, are aware of their role in the prevention, detecting and responding to sexual assault and sexual harassment of residents. Random staff were able to describe in the interviews how their day-to-day job keeps residents PREA safe. The staff members knew signs and symptoms of someone who may be victimized, the rights of residents related to PREA and were able to give examples of why sexual assaults may occur. Staff persons confirmed they get training on avoiding 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. They were aware that a multidisciplinary committee reviews the transgender resident’s case individually to determine housing and canteen items they can access search procedures, 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 are 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</p> <p>supervision of the Department in the community receive initial training with respect to:</p> <ol style="list-style-type: none"> a. the Department’s zero-tolerance policy for sexual misconduct and sexual harassment; b. the right of prisoners, residents, and persons under supervision of the Department in the community to be free from sexual misconduct and sexual harassment; c. the right of prisoners, residents, persons under supervision in the community, families, staff, volunteers, student interns, and others to be free from retaliation for reporting sexual misconduct and sexual harassment; d. how staff, volunteers, and interns are to fulfill their responsibilities with respect to sexual misconduct and sexual harassment prevention, detection, reporting, and response; e. how to comply with relevant laws related to mandatory reporting of sexual misconduct to outside authorities; f. how to avoid inappropriate relationships with prisoners, residents, and persons under supervision in the community; g. how to detect and respond to signs of threatened and actual sexual misconduct; h. how to distinguish between consensual sexual acts, contact, and touching and nonconsensual sexual acts, contact, and touching between prisoners or between residents, including the relevant laws regarding the applicable age of consent; i. how to communicate effectively and professionally with prisoners, residents, and persons under supervision in the community, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming persons; |

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

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

Indicator (b) The Bolduc Correctional Facility is an all-male facility. All staff are trained through the Maine Justice Academy in working with both male and female residents. New staff complete an onboarding training program at the facility after the academy before they can work independently at BCF. No staff at BCF transferred from the women’s facility to BCF, requiring a refresher on working with males.

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 Power DMS platform. Staff records and their knowledge of the training information indicators support they receive training frequently. Staff reports they get a full PREA-specific training annually and will get an update to policies regularly. The staff also remarked that they have additional training updates/ discussions with a supervisor at shift briefings that aid in understanding policy and how it is put into practice daily.

Indicator (d) Employees sign for their training acknowledging their understanding of the content. Online training would include an electronic signature and a quiz used to confirm content knowledge. The Auditor was provided with a report showing the training dates for 53 staff/contractors who received PREA training in 2021.

Conclusion: All staff are trained in Maine DOC’s Zero Tolerance policies toward sexual assault and sexual harassment. The employees, contractors and volunteers sign off, confirming they have been trained on PREA and understand policy 6.11 Sexual Misconduct. Staff files reviewed as part of standard 115.17 showed this documentation. Ongoing training is documented through signatures for classroom activities and electronically for individualized learning through online education 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 or online training via learning management system and understand the facility’s Sexual Assault Response plan.

This Auditor reviewed a copy of the PowerPoint portion of the general PREA training. All staff interviewed formally and as part of the tour confirmed regular training on PREA. Random staff member interviews confirmed they were aware of the different aspects of the training presentations and were able to give examples of the information provided. Staff also reported the ability to refresh PREA issues through online information that comes out through Power DMS. Training records and staff interviews support that PREA-related education of staff happens regularly and electronic signature supports they understood the training. The Auditor confirmed the training dates of 8 staff including initial PREA training and most recent PREA education. Compliance determination was based on training records, the material used in presentations and random staff ability to share examples of the content they had learned as part of PREA training consistent with standard requirements.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention

Volunteer List

Contracted Staff List

Training materials for volunteers and sign-off on trainings

Wellpath training materials

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

PREA Education cards

Individuals interviewed/ observations made.

Interview with BCF PREA Monitor

Interview with Contractor

Interview with Volunteer

Observation on tour

Summary Determination

Indicator (a) All Contractors providing direct service to residents at the Bolduc Correctional Facility are employed by Wellpath, a Medical/ Mental Health treatment provider. As such they receive full PREA training that all DOC employees receive in addition to the required specialized training in 115.35. The supporting documentation shows 35 Wellpath staff, though the vast majority are primarily assigned to work at the neighboring MSP. All other contractors or 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 on how to support a zero-tolerance culture and know when and how to report concerns. At BCF, the PREA Monitor trains all volunteers who are approved for regular access. One-time visitors are provided a PREA brochure that outlines aspects of the overall training and informs the individual on how to report. The Auditor was offered this information when I arrived on day one and I signed into the facility on a log that again acknowledges that I was aware of PREA and the resident's rights.

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 provided by the BCF PREA Monitor. The state PREA Coordinator has developed a workflow diagram to help Volunteer Coordinators determine the level of training to provide. An interview with both Wellpath staff and a volunteer at BCF supports an understanding of the importance of making a PREA notification and to whom to speak if they become aware of actual or threatened sexual misconduct.

Indicator (c) PREA policy 6.11.2 Sexual Misconduct (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. Those one-time volunteers sign in and receive a PREA brochure upon entrance to the BCF facility. The Auditor was able to see documentation on-site showing this process in use. The Auditor was also given documentation to show the individuals who receive more formal training are required to sign PREA acknowledgment forms similar to the ones signed by DOC employees at hire. A sampling of volunteer files in Human Resources confirmed they had signed off on the form. The Auditor was not able to speak with a volunteer at

BCF but did speak to an individual at MSP who is part of a group that provides services at both MSP and BCF.

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

Maine DOC Website (PREA Education Videos)

6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention

BCF Resident handbook

Resident files showing they have received PREA educational materials

Individuals interviewed/ observations made.

Interview with Intake Staff Person

Interview with Unit case managers

Interview with residents

Observation on tour of PREA Signage in two languages

Summary Determination

Indicator (a) All residents are provided information about PREA upon admission to BCF. As a Community Confinement Facility, residents entering BCF have been educated on PREA at other Maine DOC facilities. 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. There were no intakes on the day of the Audit for the Auditor to observe so the Duty Sergeant described the admission process and how residents are educated on PREA, including a review of the resident handbook and the watching of the Maine DOC PREA video. All residents are provided information immediately upon arrival and also get a review with their caseworker in the first meeting. Agency policy addresses the standard requirement. "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."

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

Indicator (c) All residents at the BCF have received an education in PREA and how to report any concerns. Resident education is documented in CORIS (Maine DOC electronic case management system) and random residents confirmed that PREA was addressed immediately upon transfer from their prior prison or jail. 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 agency policy sets forth the requirement to ensure materials for education are appropriate to address any disability or LEP concern. "This 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."

Indicator (d) Records were reviewed for a random sampling of 16 clients. This supports they have received PREA education

and is consistent with statements by residents about the education process at BCF and that they sign a form after orientation. As it is a step-down environment, some residents remarked about the times they have previously been educated about PREA in state and county jails.

Indicator (e) Observations throughout the tour support there are materials available to residents continuously. The information viewed included handbooks, posters and other signage about PREA or resources such as the local rape crisis agency. The Maine DOC has begun to use Tablets which will enhance the access to educational materials at BCF.

Conclusion: The Maine Department of Corrections Policy 6.11.2 PREA-Prevention sets forth on page 3 the expectation of the timeliness of resident education, the manners in which education is delivered and the requirement for materials for LEP and disabled resident education. Residents at BCF confirm they are educated on PREA and the zero-tolerance expectations as soon as they get to the facility. PREA information is reviewed with the resident by the Intake Officer and they are provided a resident handbook that contains PREA information. The education session is signed by the resident and placed in their case record. The facility has PREA educational materials available to residents in the form of brochures and posters in addition to the handbook. The orientation process also includes 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 as needed. Resident handbooks inform residents about consequences for negative behavior including sexual misconduct. The handbook tells residents about PREA and the importance of reporting and seeking help. Information also includes phone numbers to state PREA Coordinator and the local rape crisis agency.

On the tour the Auditor saw posters informing residents how to report PREA events or how to access advocate services. Residents report they are given facility specific PREA information within one day of admission. 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 witness 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 BCF. They also reported they believed any complaint would be taken seriously and investigated.

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.

115.234 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

Pre-Audit Questionnaire

6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention

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

NIC training for Investigation Sexual Assault in a Correctional environment

CI and SII training attendance

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 MSP are all law enforcement officers in the state of Maine. As such, they have received a training in completing investigations consistent with the Maine statutes and DOC policy. The Maine Department of Corrections was able to have a cadre of staff members trained by the Moss Group “How to complete sexual assault investigations of the correctional setting.” Newer SII staff have also taken the NIC course on the same topic. Currently, there are ten trained investigators to cover both the Maine State Prison and Bolduc Correctional Facility.

Indicator (b) Both the material from the Moss Group training and the Auditors review of the NIC course on investigating sexual assaults support the required topics were addressed. The training materials and the interview with a trained investigator confirmed the trainings covered, how to communicate with a victim of sexual assault, the use of Miranda and Garrity Warnings, proper steps in the collection and preservation of evidence and the factors in making a determination of substantiation for administrative action or prosecutorial referral. The Auditor also has reviewed the NIC PREA Investigator’s course which addresses the content required in the standard. Agency Policy also cover the indicator’s requirements. “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.” The Auditor was also informed by the PREA Coordinator that the agency received funds that in part will be used to refresh investigative staff.

Indicator (c) Training records were provided for 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.

Conclusion: 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. 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.

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| 115.235 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Pre-Audit Questionnaire</p> <p>6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention</p> <p>CCS (Wellpath) PREA training materials</p> <p>Documentation of staff training</p> <p>Individuals interviewed/ observations made.</p> <p>Interviews with Medical and Mental Health staff</p> <p>Summary Determination</p> <p>Indicator (a) the Bolduc Correctional Facility employs the services of Wellpath, a private Correctional Medical, and Mental Health Services Provider. The agency, formally known in Maine as Correct Care Solutions, trains staff on PREA-specific considerations from the medical and mental health provided perspective. Included in the training materials and the staff interviewed was information that the training addressed signs and symptoms of abuse, communication with a victim, how to report an allegation and how to preserve evidence. Nursing staff 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.</p> <p>Indicator (b) The staff does not complete a forensic exam.</p> <p>Indicator (c) Documentation was provided to the Auditor for the Wellpath staff confirming the completed specialized training. The Auditor reviewed the training records for the 41 medical and mental health professionals currently servicing the residents of the Maine State Prison and the Bolduc Correctional Facility. The record shows that all medical staff have been refreshed on the topic in the past 18 months in addition to the normal DOC training on PREA.</p> <p>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> <p>Conclusion: Medical and Mental Health Staff at Maine DOC facilities are employed by Wellpath. Wellpath provides PREA training with a medical and mental health focus for their employees and provides the PREA Monitor with the documentation. The PowerPoint reviewed by this Auditor addressed how to detect, assess signs and preserve evidence of a sexual assault. The training materials and interviewed staff support that they were trained in responding appropriately to sexual assault victims. The Auditor met formally with Wellpath staff and was able to ask questions of other Wellpath staff on tour. Medical and Mental Health staff knew to whom to report allegations and suspicions of sexual abuse or sexual harassment. They were able to explain the reporting would be up their agency chain of command while also notifying the chain of command of the prison. Medical and Mental Health Staff knew to also report any concerns to the Criminal Investigator, the SII Corporal or PREA Monitor. The contracted staff reported they attended PREA classes from Maine DOC with the state employees. Wellpath staff will not do forensic medical examinations but are aware of how to protect evidence and what facilities they would refer 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 State Prison and the Bolduc Correctional Facility.</p> |

115.241 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

Bolduc Correctional Facility Pre-Audit Questionnaire

Policy 6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention

Policy 18.4 Health Screening and Assessment

Population report for BCF

BCF Stoplight Coris Report

Initial and follow up assessments for residents

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interviews with Wellpath staff.

Interview with Director

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 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. It states, "The PREA monitor's duties with respect to screening and assessing prisoners or residents for risk of sexual vulnerability or sexual violence shall include, but are not limited to, the following:

a. ensuring the PREA screening of all prisoners admitted to a reception facility by a case manager or other staff trained to administer the screening or all residents admitted to a juvenile facility by the unit Social Worker, unit Juvenile Program Worker, or other staff trained to administer the screening, to assess the risk of sexual vulnerability or sexual violence, within twenty-four hours of intake;

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

“

This information was verified through file reviews at BCF of current residents and in the interviews of random residents.

Indicator (b) The Policy stated in indicator (a) sets forth an obligation for the screening to be completed sooner than the standard requirement. The Maine DOC requires the screening to be completed in the first 24 hours. The review of the screening reports at Bolduc Correctional Facility supports this practice standard is met. The Department of Correction has established a report from it CORIS system that logs compliance with screening / reassessment timeliness, A review of a report show consistent compliance with the policy. The client record reviewed confirmed the report and showed dates consistent to the CORIS report. The PREA Coordinator showed the Auditor how the staff actions feed the report, allowing facility and agency administration to monitor the completion timelines.

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 another correctional setting, and the resident's

self-reported information. The Auditor was provided with the materials on administering and scoring the tool to ensure that the application is objective. The tool takes into consideration all the elements required in indicator (d) with the staff checking yes or no for each item. Scoring for the likelihood of victimization or perpetrating behaviors depends on how each question is scored.

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

Indicator (e) The tool does consider the resident's history of violence or sexual abusiveness in the community and in prior institutional settings. There are several factors, including prior sexual and physical aggression in an institution and prior criminal charges for sexual misconduct.

Indicator (f) Maine DOC Policy 6.11.2 sets forth the requirement that all residents are reassessed for PREA within 14 days of admission. This agency standard is more stringent than the PREA standard indicator. The policy 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 PREA Monitor at BCF completes all initial and rescreening of residents within 14 days. As a result, this measure has been consistently maintained as documented in the agency report and the files reviewed by the Auditor. The Auditor also used the CORIS report to view overall compliance with the requirements of the standard.

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.

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 confirmed with residents that they felt residents would not be disciplined for failing to answer PREA-related questions at intake. The Auditor confirmed that no discipline has occurred for a resident refusing to answer a question related to a PREA-sensitive topic like the individual's sexuality, victimization history or perception of safety. Agency policy addresses this concern, "ensuring that prisoners or residents are not disciplined for refusing to answer or for not disclosing complete information in response to any questions asked as part of screening or assessment for risk of sexual vulnerability or sexual violence."

Indicator (i) The Maine Department of Corrections completes the screening information in its electronic case management system. The system limits who may have access to the screening information, especially the client's more sensitive information. Disclosures made in the Medical or Mental health record are completely siloed from the custody staff. Policy language also speaks to this concern, "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; and ensuring that information from the risk screening and risk assessments is otherwise kept confidential."

Conclusion: The Bolduc Correctional Facility 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 Agency also requires periodic rescreening by using the PREA assessment instrument in CORIS. This is also done 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 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 the residents are asked about sexuality, victimization history and perceived safety after the initial screening. It is confirmed through interviews that only case management, Medical and Mental Health and administrators know the specific reasons for PREA scoring results in CORIS. 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. Compliance was determined based on the PREA screenings provided consistent with time requirements in the standard. Further supporting compliance is the use of CORIS to ensure residents with contradicting scores are prevented from being housed together. Maine DOC has given a reporting tool on the timeliness of initial screening and reassessment that is available through CORIS to the PREA Coordinator and PREA Monitors, this tool is a credible example of ensuring timely screening of residents.

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| 115.242 | Use of screening information |
| | <p data-bbox="244 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="244 327 764 356">Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p data-bbox="244 383 766 412">Policy 6.11.2 Sexual Misconduct – Prevention) DOC</p> <p data-bbox="244 439 759 468">Policy 23.8 Management of Transgender Residents</p> <p data-bbox="244 495 679 524">Individuals interviewed/ observations made.</p> <p data-bbox="244 551 608 580">Interview with Facility PREA Monitor</p> <p data-bbox="244 607 526 636">Interview with Random Staff</p> <p data-bbox="244 663 563 692">Interview with random residents</p> <p data-bbox="244 719 419 748">Population report</p> <p data-bbox="244 775 443 804">Observation on tour</p> <p data-bbox="244 898 488 927">Summary Determination</p> <p data-bbox="244 954 1474 1218">Indicator (a) The PREA screen used at BCF 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 room 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 victimization history are provided counseling onsite by Wellpath staff or through the rape crisis agency SASSMM. Unit staff determines through a multi-discipline team when a resident is ready to transition to work programming. During these team meetings, potential conflict would be identified between the known individuals on each side. The PREA Coordinator has developed a reference tool to ensure the unit teams are documenting housing, bed, work, and programming.</p> <p data-bbox="244 1301 1474 1464">Indicator (b) Safety of the residents is considered throughout the resident's stay. Each resident is met by the PREA Monitor, the education coordinator. The management team has the ability to use all the information of the resident's prior stays at other Maine DOC facilities to develop an individualized plan for each resident. These plans draw on clinical, medical and behavioral concerns in the resident's history. As a minimum-security facility, residents with recent aggressions or certain criminal histories in the community or in a correctional setting would unlikely be placed at BCF.</p> <p data-bbox="244 1547 1490 1711">Indicator (c) There are currently no transgender individuals at BCF. The Maine correctional system attempts to place transgender individuals in the facility in which they identify. Residents who identify after intake are allowed medications to support their transition. The team will then consider when it is appropriate for the individual to be transferred to the facility they identify as while considering safety and security. Transgender males would be eligible for placement at BCF. The DOC central office, the sending facility and the BCF staff would all be engaged in a plan to support the residents smooth transition.</p> <p data-bbox="244 1794 1490 2092">Indicator (d) Since there is no current transgender individuals at BCF, the Auditor considered the policy which requires all transgender individuals' own preference and perception of safety to be part of the considerations in determining housing. Transgender Policy 23.08 states, “If there is a possibility that the prisoner might be recommended for transfer to another facility, the Chief Administrative Officer, or designee, of the facility where the prisoner is currently housed shall contact the Chief Administrative Officer, or designee, of the other facility for inclusion of that facility’s staff on the team. The Department’s Director of Classification, or designee, shall also be included on the team. This team shall make recommendations about the following: a. whether male or female housing is appropriate for the prisoner; b. whether male or female staff will conduct searches; c. property items to be allowed; d. shower and toilet arrangements; e. any safety or security precautions required; and f. any other relevant decisions.”</p> |

Indicator (E) There are no gang showers in BCF. The housing units have 2 individual showers on each tier of the housing pod in the bathrooms. The showers have solid doors providing a level of privacy from staff completing tours who can only see feet and heads. There is also a handicapped bathroom that could serve as an option for transgender individuals at BCF. The discussion confirmed that the handicapped space might offer the most privacy since residents are never locked into their rooms in a community confinement setting.

Indicator (f) The Bolduc Correctional facility 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 residents.

Conclusion: Maine DOC Policy 6.11.2 Sexual Misconduct – Victim Services described the use of the PREA Screening tool (Pg.3-4) in Indicators (a) and (b). The remaining indicators are covered in 23.8 Management of Transgender and Intersex 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 BCF are asked how they feel about their safety which helps guide the placement process for housing and eventually programming. BCF has no transgender residents. Documentation supports that LGBTI residents are not all housed together or denied programming or work. There is no legal judgement requiring such condition to exist.

Through the Unit Management process other areas of the resident's life are given enough information to ensure potential victims and potential perpetrators are monitored closely. Correctional Trade Instructors and Correctional Industries Supervisors were aware of who in their program is at risk for victimization. The Auditor discussed with several of these staff members during the tour, how they take steps to manage residents on the job site. 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.

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 to protect the population from abuse and there is good communication about those at risk.

115.251

Resident reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

Bolduc Correctional Facility Pre-Audit Questionnaire

Policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes)– Reporting and Investigations

Sexual Assault Brochure

Resident handbook

PREA Posters

Knox County Jail MOU

Individuals interviewed/ observations made.

Interview with Random Staff

Interview with Contracted staff

Interview with residents

Observation on tour

Summary Determination

Indicator (a) The Maine DOC has policy language to address the requirements of the standard. Policy 6.11.3 Sexual Misconduct – Reporting and Investigations states, “The Chief Administrative Officer, or designee, shall provide multiple internal means for prisoners or residents to report sexual misconduct or sexual harassment; attempts to deter them from reporting sexual misconduct or sexual harassment; retaliation for reporting sexual misconduct or sexual harassment; and staff, volunteer or student intern neglect or violation of responsibilities that may have contributed to such incidents. These multiple internal means shall include verbally, in writing, anonymously, and by way of third parties.” 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 Director or by calling the DOC PREA ‘hotline’ (agency PREA Coordinator). The Auditor observed the postings on the walls and discussed with residents their access to supervisory staff and their ability to write individuals internally and externally through the mail system. Residents confirm access to materials to make a report and that mail going to outside agencies such as Knox County Jail would be considered protected communication. The Knox County Jail serves as an outside reporting option for residents. A representative of Knox 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.

Indicator (b) The Maine Department of Corrections has set up two ways in which residents can report a PREA concern to an outside agency. The Phone numbers for the local rape crisis agency are posted prominently in each housing unit. The Poster also has the address of the PREA Coordinator of the Knox County Jail if they do not feel comfortable reporting to DOC staff. The posted and handbook also provide phone and mailing address of the state PREA Coordinator Residents were aware of these options and stated they could call attorneys or family members to report a concern. 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 Auditor also tried to call the local rape crisis agency SASSMM 24-hour manned line for emotional support. Each agency would notify the DOC of concerns while allowing the individual to remain anonymous. The Maine State Prison does not house residents for immigration violations. The Auditor confirmed the access to the PREA Hotline. Most prisoners were unsure about who on the other end but felt it was an option for them to report a concern. The Auditor called the Hotline and the state PREA

Coordinator confirmed he received a voicemail in minutes. The Auditor also spoke with a Knox County Sheriff's office representative.

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 they were required to file a written report on the claim after giving notice to a supervisor. Finally, the staff also confirmed they had to report on a fellow employee's actions or failure to act that lead 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 resident, they report to another supervisor or to a higher ranking individual, they can make a report using either the posted phone numbers to SASSMM or The Maine DOC PREA Coordinator. Staff interviews confirmed they were aware of multiple avenues to report a concern. The staff knew they could report out of the chain of command without consequences. One resident with prior abuse history was aware of SASSMM's ability to provide support to residents with victim histories.

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 responsibility to accept all forms of resident-reported Sexual Abuse and Harassment claims. The facility Sexual Assault Brochure, the Resident Handbook and posters throughout the facility all give direction on the importance and methods of reporting sexual assault and sexual harassment. Interviews with staff were consistent in understanding 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 to report, including telling staff, calling the hotline to one of two numbers, mail administration or the local county jail, completing a grievance form, or calling or writing the local rape crisis agency. 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 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, the interview findings of random staff and residents, and interview information from the PREA Monitor and PREA Coordinator.

115.252 Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

Bolduc Correctional Facility Pre-Audit Questionnaire

Policy 6.11.4 Sexual Misconduct – Administrative Sanctions and Grievances

BCF PREA Grievance Log

Individuals interviewed/ observations made.

Interview with facility PREA Monitor

Interview with BCF Director

Interview with the Assistant Director of BCF

Interview with Random Residents

Observation on tour

Summary Determination

Indicator (a) The Bolduc Correctional Facility 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. There were no reported grievances at BCF related to PREA in the past three years. Of the 14 grievances filed in the 8 months prior to the visit, zero were related to PREA and the Auditor could review the nature of the complaints. The agency policy supports they are not exempt 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 resident handbooks support the resident can file a grievance to a person who is not the subject of the grievance, and there is not a requirement to resolve the situation through an informal process. Agency Policy 6.11.4 (page 5) set forth these conditions. 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) All PREA-related grievances are forward to the PREA Monitor. Residents are allowed to send sealed mail to the grievance officer. By policy, if the grievance officer is the subject of the complaint, the residents are allowed to send the grievance directly to the facility administrator.

Indicator (d) Maine DOC 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.

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 also knew they needed to accept all complaints or grievances from third-party individuals.

Indicator (f) The policy describes the provisions for an emergency grievance. "If the grievance contains a claim that the resident is at a 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 a 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.

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."

Conclusion: Bolduc Correctional Facility is not exempt from the exhaustion of administrative remedies. The Maine Department of Corrections has policy 6.11.4 Sexual Misconduct – Administrative Sanctions and Grievances as an option for residents to file a PREA complaint. It is reported by the Director and the PREA Monitor there has been no instances in the past year that a resident used the grievance process for a sexual assault case. There were no instances in which an emergency grievance was filed. 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 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; if they felt it wasn't addressed, they would send a request to the Director or a meeting to discuss concerns. With no PREA Grievances to review, compliance determination relied on the policy and interviews with the PREA Monitor, the Director and the residents, who were all aware the grievance process was a possible avenue to report a Sexual Misconduct concern.

115.253

Resident access to outside confidential support services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

Bolduc Correctional Facility Pre-Audit Questionnaire

Policy 6.11.2 Sexual Misconduct – Prevention) DOC

Policy 21.04 Prisoner Visitation

Policy 21.03 Prisoner Telephone

SASSMM MOU

PREA Posters

Prisoner Safety memo

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Director

Interview with PREA Monitor

Observation on tour

Summary Determination

Indicator (a) Bolduc Correctional Facility provides access to the local rape crisis agency, the Sexual Assault Support Services of Mid-Coast Maine (SASSMM). The agency’s employees are considered to have professional visitor status, allowing for confidential communication. The Maine DOC has adjusted policy 21.03 to specifically address the professional status of the state’s rape crisis network. BCF is a community confinement facility and does not house individuals for civil immigration violations. The Auditor was able to see how mail is processed for internal or external distribution.. The Auditor also was able to observe and with the assistance of residents, test phone systems

Indicator (b) All residents are informed at the inception of services that confidentiality is limited when an individual has been victimized in the institution. All MSP and BCF 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 Maine DOC has begun to introduce tablets, allowing residents to have more private communication in there rooms than using the unit phones with others around. SASSMM staff were onsite during the neighboring Maine State Prison audit. The Auditor tested the ability to speak with an advocate through the phone system with a resident’s assistance.

Indicator (c) The Department of Correction has a Memorandum of Understanding with SASSMM, which covers both the Maine State Prison and the Bolduc Correctional Facility. The agreement is renewable for two-year periods. The DOC also agreement was last signed in October of 2021. The representative of SASSMM confirmed the MOU and the relationship with the DOC PREA Office. The Auditor spoke with the facility leadership and the SASSMM representative on expanding relationships and communication.

Conclusion: Resident victims at MSP and BCF can access victim advocates for emotional support. The agency has entered into a Memorandum of Understanding with the Sexual Assault Support Services of Mid-Coast Maine (SASSMM) to provide support to victims (Indicator (c)). Sexual Assault Support Services of Mid-Coast Maine is part of Maine Coalition Against Sexual Assault (MECASA). The Deputy Commissioner has signed the MOU SASSMM, which has a renewal clause. As part of the audit process the Auditor spoke by phone to an SASSMM representative who confirms their ability to provide service at DOC facilities. The PREA Brochure and signage at both facilities had a toll-free number for residents to access from the pay phone in the facility or with their case manager. The handbook tells residents they can call or write SASSMM who could come to the facility to provide services as a professional visit. Requirements for compliance with this standard are covered by agency policy 6.11.4 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 Mental Health services or through SASSMM. 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 SASSMM. All three indicators of this standard were covered in policy which supported compliance along with the documentation visible on the tour and through resident interviews and conversations with the representative of SASSMM. State PREA Coordinator has met with SASSMM staff to try to strengthen and expand the relationship between the facilities. Finally, the Auditor considered the interview with SASSMM representative, who confirmed that they have been providing services to clients at MSP, including hospital escorts, and could do the same for BCF residents.

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| 115.254 | Third party reporting |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 327 764 356">Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p data-bbox="242 383 855 412">Policy 6.11.2 Sexual Misconduct – PREA and Maine Statutes</p> <p data-bbox="242 439 571 468">Policy 21.03 Prisoner Telephone</p> <p data-bbox="242 495 451 524">Maine DOC Website</p> <p data-bbox="242 551 563 580">PREA Posters on Housing units</p> <p data-bbox="242 607 564 636">Logs of the PREA report Hotline</p> <p data-bbox="242 663 759 692">Information from Knox County Jail on reports made.</p> <p data-bbox="242 786 679 815">Individuals interviewed/ observations made.</p> <p data-bbox="242 842 655 871">Interview with Agency PREA Coordinator</p> <p data-bbox="242 898 443 927">Observation on tour</p> <p data-bbox="242 1014 488 1043">Summary Determination</p> <p data-bbox="242 1070 1485 1704">Indicator (a) Maine Department of Correction has developed a mechanism for individuals who want to report PREA concerns as a third-party be they fellow residents, family or friends. Information can be given in person, by phone, by e-mail, by US mail or by contacting the agency PREA Coordinator through the agency website Maine.Gov. There is information directing residents in the PREA brochure, PREA poster, resident handbook, and the website noted above. The residents are provided information on how to send complaints to the local county jail. Staff knew 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 Department’s website information on how to report sexual misconduct or sexual harassment on behalf of a prisoner or resident.” The Auditor was provided with documentation from agency logs, and emails to and from the local county jail, with whom they share a reciprocal role as an outside reporting mechanism. The Auditor was able to see how these elements resulted in investigations. There were zero allegations investigated that were initiated by a BCF contacting the agency hotline or through Knox county Jail. No family member or other interested parties have used this process to report sexual misconduct at BCF in the past year.</p> <p data-bbox="242 1789 1485 2018">Conclusion: Maine Department of Corrections has put in place multiple resources of residents and families to report a 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 interviews with the PREA Coordinator and discussions with Knox County Jail staff.</p> |

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| 115.261 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 327 679 353">Individuals interviewed/ observations made.</p> <p data-bbox="240 383 655 409">Interview with Agency PREA Coordinator</p> <p data-bbox="240 439 512 465">Interview with random staff</p> <p data-bbox="240 495 572 521">Interview with facility Investigator</p> <p data-bbox="240 551 715 577">Interviews with Medical and Mental Health staff</p> <p data-bbox="240 669 488 696">Summary Determination</p> <p data-bbox="240 725 1485 954">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. They also were aware that all allegations are reported no matter the source or their personal belief as to the validity of the allegation.</p> <p data-bbox="240 1046 1481 1337">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 a staff person, volunteer or student intern observes, receives a report of, or otherwise discovers what appears to be sexual misconduct or sexual harassment between prisoners or between residents or sexual misconduct or sexual harassment by a staff person, volunteer or student intern against a prisoner or resident, that person shall immediately verbally report the incident to the facility Chief Administrative Officer, or designee, and as soon as possible, to the facility PREA Monitor, who shall then immediately report it to the Department's PREA Coordinator." Staff spoken with understood that unnecessary disclosure was a violation of the victim's rights and could negatively impact an ongoing investigation.</p> <p data-bbox="240 1429 1485 1554">Indicator (c) As noted in previous standards the Wellpath Medical and Mental Health Staff ensure client confidentiality unless there is a risk that another could impact the safety of individuals. Staff report residents sign that they understand the limits of confidentiality with medical and mental health upon initiation of services. The Auditor confirmed with residents on their understanding of the medical and mental health staff's limits of confidentiality if they are aware of any abuse in the facility.</p> <p data-bbox="240 1646 1038 1673">Indicator (d) Indicator (d) does not apply as the facility does not house juveniles.</p> <p data-bbox="240 1765 1469 1850">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 POWER DMS support that staff refer all information on potential sexual offenses in a timely fashion and that the investigative teams are put into action immediately.</p> <p data-bbox="240 1942 1490 2134">Conclusion: There are policies that direct the staff of Bolduc Correctional Facility 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 the need to provide confidentiality about information. Staff were</p> |

aware that exceptions are when reporting to supervisory staff, investigative staff or information needed to secure treatment or provide for the safety/security of others.

The facility's Medical and Mental Health clinicians were aware of the timely reporting concerns to Wellpath and the BCF Administration. Medical and Mental Health staff have all residents sign a form understanding the limit of their confidentiality prior to service. All staff, including the contractors, were aware of mandated reporting and their legal responsibility to report. The above-stated facts support compliance, and that the Bolduc Correctional Facility staff clearly understands their responsibility to report a concern related to PREA.

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| 115.262 | Agency protection duties |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 327 764 356">Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p data-bbox="242 383 850 412">Policy 6.11.2 Sexual Misconduct (PREA and Maine Statutes)</p> <p data-bbox="242 557 679 586">Individuals interviewed/ observations made.</p> <p data-bbox="242 613 850 642">Interview with the Deputy Director of Correctional Operations</p> <p data-bbox="242 669 655 698">Interview with Agency PREA Coordinator</p> <p data-bbox="242 725 542 754">Interview with Director of BCF</p> <p data-bbox="242 781 572 810">Interviews with random residents</p> <p data-bbox="242 902 488 931">Summary Determination</p> <p data-bbox="242 958 1485 1391">Indicator (a) The Bolduc Correctional Facility has not had to protect a resident at imminent risk of sexual abuse in the past year. The Deputy Director of Correctional Operations for Maine’s Department of Correction and BCF’s Director acknowledged the agency’s response would be immediate. Efforts would include housing changes, investigation, and other facility-based if needed, movement of residents to increase safety. The agency PREA Coordinator, who works for the Deputy 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 time for the facility investigators to determine the validity of and level of risk to the resident. The facility provided an example of the steps taken to protect two different residents who reported unwanted advances of another resident. Because BCF is a community confinement environment, aggression is rare. The Director confirmed that the aggressor(s) would be removed if any validity to the reported concern is determined. Agency policy 6.11.2 addresses the concerns of this standard when it states, “If any staff learns that a prisoner or resident is at a substantial risk of being a victim of imminent sexual misconduct, the staff shall take immediate action to protect the prisoner or resident. This may include immediately separating potential victim and potential perpetrator and any other steps deemed necessary to prevent an incident of sexual misconduct.</p> <p data-bbox="242 1417 1417 1480">3. The staff shall also immediately notify the facility Chief Administrative Officer, or designee, for a determination as to whether the prisoner or resident is subject to a substantial risk of being a victim of imminent sexual misconduct.</p> <p data-bbox="242 1507 1485 1637">4. 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.”</p> <p data-bbox="242 1727 1485 2018">Conclusions: The BCF is committed to resident safety. The administration supports that they have options to protect residents from potential abuse rather than placing them involuntarily in administrative segregation, which does not exist at BCF. In extreme cases, one of the residents could be moved to another institution. 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 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.</p> |

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| 115.263 | Reporting to other confinement facilities |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>6.11.3 Sexual Misconduct- PREA Reporting and Investigations</p> <p>Documentation supporting notification to other facilities</p> <p>Documentation of Information received about former MSP client.</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Warden</p> <p>Summary Determination</p> <p>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 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 was no sexual abuse allegation that required notification to another facility. The facility also reports there was no notification from another site of a past abuse at BCF.</p> <p>Indicator (b) The PREA Monitor and the Director 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.</p> <p>Indicator (c) The Director is aware of the need to follow up any telephone notification with a written email.</p> <p>Indicator (d). The Director and Assistant Director of BCF both confirmed that the SII investigator or the Criminal investigator would be immediately notified of any allegation of abuse, including any allegations of past misconduct. As noted above there were no such incidents at BCF in the past year.</p> <p>Conclusion: Maine Department of Corrections Policy 6.11.3 Sexual Misconduct- PREA Reporting and Investigations pages 3 and 4; addresses the requirements of reporting to other confinement facilities of incidents of sexual assault that had occurred in those facilities. The Policy requires that at all DOC facilities, notification is done in writing and within 72 hours. The interview with the BCF Director confirmed he is was aware of his responsibilities, including the documentation of notifications. The Director discussed the expected response if another site notices, including ordering an investigation and notification to the facility PREA Monitor. Compliance absent an allegation is based on policy, and interviews.</p> |

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| 115.264 | Staff first responder duties |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 327 764 356">Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p data-bbox="242 383 935 412">Policy 6.11.5 Sexual Misconduct- PREA Reporting and Investigations</p> <p data-bbox="242 499 679 528">Individuals interviewed/ observations made.</p> <p data-bbox="242 555 655 584">Interview with Agency PREA Coordinator</p> <p data-bbox="242 611 561 640">Interview with investigative staff</p> <p data-bbox="242 728 488 757">Summary Determination</p> <p data-bbox="242 784 1477 913">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.</p> <p data-bbox="242 940 1485 1005">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</p> <p data-bbox="242 1093 1490 1223">Indicator (b) The Department of Corrections has trained staff 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 relied on consistent answers about the steps staff would take to protect evidence.</p> <p data-bbox="242 1310 1490 1538">Conclusion: The Maine DOC trains all employees in the duties of a first responder. Maine DOC has developed a coordinated response plan that gives first responders directions and information to support them through the crisis. Compliance determination relied on the interviews with staff who could identify steps 1-4 in (Indicator A) and that they were to tell the alleged victim and perpetrator not to do anything that could affect the evidence collection. Medical staff and vocational staff were also aware of the steps to preserve evidence. (Indicator B). Staff at BCF are prepared to respond as evident in their answers that support compliance. The staff have separated individuals while investigative teams complete investigations. Absent any staff at BCF acting as a first responder, compliance is based on policies, and interviews.</p> |

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| 115.265 | Coordinated response |
| | <p data-bbox="240 143 740 172">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 268 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 327 764 356">Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p data-bbox="240 385 932 414">Policy 6.11. Sexual Misconduct- (PREA and Maine Statutes) General</p> <p data-bbox="240 443 984 472">Policy 6.11.5 Sexual Misconduct- (PREA and Maine Statutes) Responding</p> <p data-bbox="240 501 604 530">BCF Sexual Assault Response Plan</p> <p data-bbox="240 560 550 589">Documentation of staff training</p> <p data-bbox="240 672 679 701">Individuals interviewed/ observations made.</p> <p data-bbox="240 730 655 759">Interview with Agency PREA Coordinator</p> <p data-bbox="240 788 542 817">Interview with Director of BCF</p> <p data-bbox="240 846 515 875">Interview with Investigators</p> <p data-bbox="240 904 520 934">Interview with Medical Staff</p> <p data-bbox="240 963 523 992">Interview with Unit Manager</p> <p data-bbox="240 1021 697 1050">Interview with Hospital with SAFE/SANE staff</p> <p data-bbox="240 1079 655 1108">Interview with local Rape Crisis Agencies</p> <p data-bbox="240 1191 488 1220">Summary Determination</p> <p data-bbox="240 1249 1477 1541">Indicator (a) The Maine Department of Correction updated its facility preparedness plan in 2019 for sexual assault incidents. The revised plan directs staff in their duties, so a coordinated response is 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), in the described duties of the PREA Monitor sets forth the responsibility of the development of an institutional response plan to address how individuals in different roles in the facility will ensure the appropriate tasks are taken in the event of a Sexual Assault or Sexual Harassment case. Policy 6.11.5 ensures understanding by requiring the BCF Director (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."</p> <p data-bbox="240 1630 1485 1890">Conclusion: Maine State Prison is compliant because of has developed a coordinated response plan that directs staff in their duties. Policy 6.11.5 (page 2) Sexual Misconduct responding addresses the steps to coordinate efforts in response to a sexual assault. The facility plan describes the duties of first responders, supervisory staff, investigative staff and medical and mental health staff duties. The document includes information about how to contact the local hospital to ensure a SANE staff is available in addition to information on the local rape crisis agency. The Auditor confirmed with these agencies their ability to provide the services described in the plan. Interviews with the Director, Assistant Director, Sergeants, PREA Monitor, and Medical staff all confirm knowledge of their roles in the plan. Compliance is based on the policies, the plan that was provided, the available community resources and staff knowledge of the plan.</p> |

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| 115.266 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>The Department of Correction has a policy that (Policy 6.11.5 Sexual Misconduct</p> <p>AFSCME and MSCA Union Contracts</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Director</p> <p>Interview with an Investigative Staff</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.</p> <p>Indicator (b) The Auditor is not required to review this indicator</p> <p>Conclusion: The Department of Corrections has contracts with multiple bargaining units. A review of the contracts by the Auditor, did not find any language which would limit the Department of Corrections from removing an alleged Staff Sexual Abuser from having contact with the reported victim. Each of the contracts has a subsection on the Prison Rape Elimination Act. In this section the unions and the Department of Corrections acknowledge they must comply with the Prison Rape Elimination Act. Director of Operations for Maine DOC and the Director reported the ability to remove staff if needed from contact with residents. The Office of Professional Review confirmed the use of administrative leave during investigations to protect residents from encountering accused abusers. The agency has used administrative suspensions to separate staff from residents during an investigation. This standard is compliant based on the information provided that supports the practice is used.</p> |

115.267 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

Bolduc Correctional Facility Pre-Audit Questionnaire

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

Retaliation monitoring form

Individuals interviewed/ observations made.

Interview with Deputy Director of Correctional Operations

Interview with Interview with PREA Monitor

Interview with BCF Director

Interview with an Investigative Staff

Summary Determination

Indicator (a) Maine Department of Corrections has information on the expectation to monitor individuals after any PREA claims. The information is contained in Policy 6.11.3 on pages 3 and 4. Agency PREA Coordinator has promoted the adoption of a tracking form to ensure more consistent documentation. The PREA Coordinator also provided a workflow diagram to aid the facilities in the process. The PREA Monitor is aware of the form if an incident was to occur.

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

Indicator (c) As noted in Indicator (a) the Department of Corrections policy supports all individuals (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 occur or are requested, programmatic or job performance changes as well as document if face to face communication has occurred or if a mental health follow up was requested from any of the monitoring concerns.

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

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

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

Conclusion: The Department of Corrections has policy in place to address the elements of this standard. Documentation supports the facility has been compliant with monitoring expectations for 8 months. The facility did not have a staff person who needed to be monitored this year. The Human resources staff are aware of the standard and the Director would also utilize his administrative staff to further monitor staff.

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

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| 115.271 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.3 Sexual Misconduct (PREA and the MAINE Statutes) Reporting and Investigating</p> <p>Policy 7.1 Investigations</p> <p>Policy 7.3 Investigations</p> <p>Sexual Assault Response Plan (SAR</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Interview with PREA Monitor</p> <p>Interview with BCF Director</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 Maine Department of Corrections completes criminal investigations at it's facilities including into sexual assault and sexual harassment allegations. The policy language includes." 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 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. 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." The Policies and the Sexual Assault Response Plan define duties and agency policy requires investigation of all allegations including those from third party or anonymous sources. Random staff interviewed supported they must report all claims no matter the source or if they believe the incident to have occurred. To further support objective and transparent process the Maine DOC has an Office of Professional Review which is tasked with completing all criminal and administrative investigations of DOC staff persons.</p> <p>Indicator (b) As noted in 115.34 the Maine DOC has several staff who have completed a course through the Moss group on Investigations of Sexual Assaults in a correctional Institution. The training included three members of the current MSP/BCF investigative team. As noted in indicator (a) the agency has policy and state statues for law enforcement officers that guide the process of completing sexual assault investigations.</p> <p>Indicator (c) Investigative staff interviewed, residents who were part of an investigation confirmed and investigative files reviewed supported the requirements of this indicator. The Investigators for MSP/BCF know how to collect evidence from a crime scene to ensure the preservation of evidence including DNA. As noted in 115.21 forensic exam of the victim would not occur at the MSP or BCF but at a local hospital with SANE trained nurses. The Criminal Investigator and the SII Supervisors are certified law enforcement individuals with training on the completion of evidence collection at a potential crime scene.</p> |

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 7.1 describes the expected interactions with the prosecutorial authorities (page 3). "After the Department's Director of Security, or designee, has approved the investigation, the Correctional Investigative Officer may consult with the Maine Attorney General's Office, or appropriate prosecutor's office, to plan how the case will be handled going forward." The Investigator interviewed supported that they work with local prosecutorial authorities routinely on criminal cases at MSP/BCF.

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 Investigating Officer will assess the credibility of each individual involved in the case without biasness toward their position as a staff or resident.

Indicator (f) All criminal investigations potentially can include a referral to office of professional practice if the evidence supports that a staff persons actions or inactions led to an 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. Neither the Maine State Prison nor the Bolduc Correctional Facility disciplined an employee in the past year reportedly for failing to report information. All administrative investigations that are completed are required to have a related investigation file which includes written or oral statements, video or other physical evidence, and the reasoning behind the conclusions reached.

Indicator (g). All criminal investigations completed by the MSP/BCF investigative teams will result in a written report as required in the agency's related policies. The investigative files reviewed by the Auditor from MSP included documentation of interviews, physical evidence and videos or other documents reviewed as part of the investigatory process. All files also have an investigation checklist to allow tracking of information obtained.

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

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

Indicator (j) Agency policy and the Investigators interviewed confirmed individuals departure from the institution would not result in the case being closed. The Criminal Investigator for MSP/BCF is a trained law enforcement officer as defined by the Maine Justice Academy with full police authority to go outside the institution to continue to pursue information related to the case. Agency policy confirms this in statement on when a investigation can not be terminated. "An investigation shall not be terminated due to the release from custody of the alleged victim. If the alleged perpetrator is a prisoner or resident, an investigation shall not be terminated due to that person's release from custody. If the alleged perpetrator is a staff person, volunteer, or student intern, an investigation shall not be terminated due to that person's leaving his or her position. An investigation shall not be terminated due to the release from custody of the alleged victim. If the alleged perpetrator is a prisoner or resident, an investigation shall not be terminated due to that person's release from custody."

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

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

Conclusion: The Maine Department of Corrections, in accordance with policy 6.11.3 Sexual Misconduct- Reporting and Investigation, requires all incidents are investigated promptly upon notification to staff. This Policy along with 7.1 Criminal Investigations allows for prompt investigations of Sexual Misconduct and Sexual Harassment in Maine's DOC facilities. In determining compliance, the Auditor took into consideration many factors. The MSP/BCF facilities have sufficient and appropriately trained individuals who can complete sexual assault investigations. Maine DOC investigates all potential sexual related incidents as possible PREA events even if the residents report the actions were consensual. In doing so they ensure all incidents are investigated and evidence is collected providing an opportunity for a reluctant victim to come forward at a later date. To ensure issues are handled impartially, if the incident involved a staff member, the DOC central office's Office of Professional Review would lead the investigation.

In the Auditor's interview, the investigative staff was able to identify the steps taken to gather evidence, how credibility of the various persons involved is determined on an individual basis, and that polygraph exams would not be required for the initiation of an investigation. Consistent with policy, it was stated investigative reports will be completed on all administrative and criminal investigations. The agency has implemented some forms that direct a consistent formation of a report including the content. As part of the audit process the Auditor reviewed 6 correctional investigative files from MSP since there were no cases at BCF since 2019 The Auditor found consistent reports with physical, testimonial and documentation of evidence used in determining outcome. In determining compliance, the Auditor, considered the stated information found in policy as well as interviews with the investigative staff. As noted, the Auditor considered the investigative files from MSP since the same investigative team would conduct investigations at BCF.

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| 115.272 | <p>Evidentiary standard for administrative investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.4 Sexual Misconduct</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 an allegation concerning sexual misconduct, sexual harassment, or another violation of a departmental sexual misconduct policy by a Department employee is preponderance of the evidence.”</p> <p>Conclusion: The Department of Corrections has several staff trained as PREA investigative staff for the Maine State Prison and the Bolduc Correctional Facility as noted in 115.34. The investigative staff throughout the Maine Correctional system consistently report no greater standard than preponderance of evidence in making determination on cases. One of the trained Investigators reviewed PREA case files from MSP with the Auditor which supported this standard was used. Compliance was based on the policy and the interview with the Investigative Officer and his explanation of case files. The Auditor spoke also with the Investigator from the DOC Office of Professional Review on a staff involved case. This investigator also supported the standard of preponderance of evidence.</p> |
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

Bolduc Correctional Facility Pre-Audit Questionnaire

Policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Investigations

Individuals interviewed/ observations made.

Interview with an Investigative Staff

Interview with BCF Director

Interview with PREA Monitor

Summary Determination

Indicator (a) Maine DOC provides notification to all residents on the outcome of their investigations into Sexual misconduct. The agency policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Investigations page 7 requires the notification to residents if the allegation was substantiated, unsubstantiated or determined to be unfounded. In a section of the policy Follow-up with Prisoner or Resident it states,

“1. Following an investigation into a prisoner’s or resident’s allegation that he or she suffered sexual misconduct or sexual harassment in a Department facility, the Chief Administrative Officer, or designee shall inform the prisoner or resident in writing as to whether the allegation has been determined to be sustained, not sustained, unfounded, or exonerated, if the alleged perpetrator is a prisoner, resident, volunteer, student intern or staff person who is not a state employee.

2. 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.

3. 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 (b) The first portion of the indicator does not apply as Maine DOC completes criminal and administrative investigations at all DOC facilities. BCF has one fulltime ISS team member who works under the direction of the ISS Supervisor at MSP. There were no allegations of sexual abuse or sexual harassment at BCF in the past year.

Indicator (c) The policy (6.11.3 – page 7) also requires notification if the accused perpetrator is a staff person, contractor or volunteer, if the individual has been removed from areas where they would come in contact or if they have been removed from access to the facility. The policy also requires notifications be made to any resident regarding any indictment or conviction of a perpetrator as long as the victim is still in custody. There have been no such required notifications in the past year. It states the following on notification requirements.

“ 1. Following an investigation into a prisoner’s or resident’s allegation that he or she suffered sexual misconduct or sexual harassment in a Department facility, the Chief Administrative Officer, or designee shall inform the prisoner or resident in writing as to whether the allegation has been determined to be sustained, not sustained, unfounded, or exonerated, if the alleged perpetrator is a prisoner, resident, volunteer, student intern or staff person who is not a state employee.

2. 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.

3. 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 (d) The Policy language covered in indicator (c) requires notification on all cases and does not differentiate between if the perpetrator is a staff person/ contractor / volunteer or another resident. The policy requires notification on all indictments and convictions.

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

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| 115.276 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="244 208 451 235">Auditor Discussion</p> <p data-bbox="244 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="244 327 485 353">Pre-Audit Questionnaire</p> <p data-bbox="244 383 1294 409">Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances</p> <p data-bbox="244 439 571 465">Policy 3.15 Disciplinary Sanction</p> <p data-bbox="244 495 793 521">Documentation of Counseling (non-sexual abuse case)</p> <p data-bbox="244 613 679 640">Individuals interviewed/ observations made.</p> <p data-bbox="244 669 593 696">Interview with an Investigative staff</p> <p data-bbox="244 725 722 752">Interview with Human Resources representative</p> <p data-bbox="244 781 466 808">Interview with Director</p> <p data-bbox="244 900 488 927">Summary Determination</p> <p data-bbox="244 956 1490 1151">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> <p data-bbox="244 1243 1485 1438">Indicator (b) The Maine Department of Correction has in place 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 and 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 at this facility in the past three years.</p> <p data-bbox="244 1529 1485 1787">Indicator (c) Maine Department of Correction Policy allows for other sanctions to occur beside termination if the incident is of a non-criminal act. Discipline can occur for other behaviors related to PREA such as inappropriate comments/language. In these cases, the DOC would review the individual’s history and make suitable sanctions consistent with laws and their bargaining unit agreement. 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 three years.</p> <p data-bbox="244 1879 1485 2136">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.’ Assistant Director Confirmed no discipline in the past three years.</p> |

Conclusion: The Department policy 6.11. Sexual Misconduct (page 2) and 3.15 Employee discipline states 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.

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| 115.277 | Corrective action for contractors and volunteers |
| | <p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 327 486 356">Pre-Audit Questionnaire</p> <p data-bbox="242 383 1300 412">Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances</p> <p data-bbox="242 439 542 468">Memo from Assistant Director</p> <p data-bbox="242 555 678 584">Individuals interviewed/ observations made.</p> <p data-bbox="242 611 702 640">Interviews with Contracted staff and Volunteer</p> <p data-bbox="242 667 470 696">Interview with Director</p> <p data-bbox="242 723 574 752">Interview with PREA Coordinator</p> <p data-bbox="242 840 486 869">Summary Determination</p> <p data-bbox="242 902 1492 1261">Indicator (a) Maine Department of Corrections provides notification to all contractors and volunteers about the agency's zero tolerance for sexual misconduct with inmates. Any violation of agency policies can lead to an immediate cessation of privileges. If the investigative process reveals the actions were criminal in nature the case would be referred for prosecution and in the case of Wellpath staff the appropriate state licensing body would be informed. All contractors and volunteers, as noted in 115.32, sign an acknowledgement at 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 Assistant Director's memo confirm there have been no instances where contractors or volunteers committed sexual abuse of a resident.</p> <p data-bbox="242 1350 1492 1615">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. Policy 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 Director would use information from the investigation to determine if it was appropriate to allow continued access.</p> <p data-bbox="242 1704 1460 2029">Conclusion: The Bolduc Correctional Facility has contractors sign an acknowledgement form which notifies them that any sexual misconduct can result in termination of privileges and that they may be subjected to civil or criminal prosecution. 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 BCF to bar entry to any contractor or volunteer to prevent contact with potential victims in incidents of sexual abuse or harassment. The policy requires the agency to refer incidents involving these individuals 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 Director 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.</p> |

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| 115.278 | Disciplinary sanctions for residents |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="244 208 451 235">Auditor Discussion</p> <p data-bbox="244 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="244 327 485 353">Pre-Audit Questionnaire</p> <p data-bbox="244 383 895 409">Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes)</p> <p data-bbox="244 439 552 465">Policy 20.1 Resident Discipline</p> <p data-bbox="244 495 592 521">Policy 18.6 Mental Health Services</p> <p data-bbox="244 551 603 577">Policy 23.06 Privileged level system</p> <p data-bbox="244 607 443 633">Resident Handbook</p> <p data-bbox="244 725 679 752">Individuals interviewed/ observations made.</p> <p data-bbox="244 781 616 808">Interview with an Investigative Officer</p> <p data-bbox="244 837 488 864">Interview with Residents</p> <p data-bbox="244 893 467 920">Interview with Warden</p> <p data-bbox="244 949 572 976">Interview with PREA Coordinator</p> <p data-bbox="244 1128 488 1155">Summary Determination</p> <p data-bbox="244 1187 1493 1415">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 understood that any sexual contact with another resident could result in formal disciplinary proceedings.</p> <p data-bbox="244 1447 1493 1841">Indicator (b) Two policy's 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." There was no substantiated cases of resident-on-resident sexual abuse in the past year. Individuals who commit resident on resident sexual abuse will be disciplined in the described process herein, but the individual will likely have been placed back in a secure facility immediately.</p> <p data-bbox="244 1872 1493 2136">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 unless with cognitive challenges. If the Hearing Officer find guilt in the case it is forwarded to the Director who take into consideration the resident's mental health. 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 Director and Mental</p> |

Health confirm that this is the actual process.

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. 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." There were no residents disciplined for false statements related to sexual misconduct.

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. There were no incidents of resident engaging in sexual misconduct resulting in a discipline referral.

Conclusion: Maine DOC policy 20.1 Prisoner Discipline, 6.11 Sexual Misconduct (general) and 6.11.4 Sexual Misconduct (administrative sanctions) addresses the requirements of this standard. The policy 20.1 addresses the requirements of indicators (a)- (d) relating to disciplinary hearing, the consideration of the mental health of the resident in determining consequences, the requirement of ongoing treatment and that sanctions in the facility will be proportional to the offense. The Maine Department of Corrections prohibits consensual relationships between residents and between residents and staff, which is also stated in the resident handbook.

Residents who engage in sexual misconduct with staff can be disciplined unless it is determined the staff consented to the act. Residents can be disciplined for making an intentional false report related to PREA. Compliance was based on policy, interviews and documentation provided.

115.282 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

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

Policy 18.4 Health Screening and Assessment

Policy 18.5 Healthcare

Policy 18.6 Mental Health Services

Website of the Maine Attorney General

Website of Wellpath

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 Bolduc Correctional facility has a part time medical clinic that operates with around the clock support. The state works with a contracted medical and mental health provider, Wellpath of Nashville Tennessee. Wellpath's website reports they work in 135 state and federal prisons and an additional 350 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. Bolduc Correctional Facility has a clinic on site and all emergency of after hours medical emergencies are responded to by the neighboring Maine State Prison medical staff. 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 10 miles away from the facility. 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 State Prison. Random staff knew as part of their first responder duties, that immediate notification to medical was required. This is also stated in the facility Sexual Assault Response plan. The Auditor confirmed with the Health Service Administrator that in addition to the RN staff on site 24 hours per day that there is on call resources of both medical and mental health practitioners available.

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 an all-male facility, pregnancy testing is not applicable.

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 BCF would function in the same way by providing follow-up care.

Conclusion: Bolduc Correctional 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 during the day with 24-hour back-up services from Wellpath staff at the Maine State Prison which adjoins Bolduc property. 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 BCF would be referred to the Waldo County General Hospital in Belfast ME for SANE services. 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 STD 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.

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

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

Policy 18.4 Health Screening and Assessment

Policy 18.5 Healthcare

Policy 18.6 Mental Health Services

Maine Attorney General's website

Individuals interviewed/ observations made.

Interview with Medical Staff

Interview with Resident

Interview with SASSMM

Interview with PREA Coordinator

Observation of the medical unit

Summary Determination

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 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 SASSMM 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 SASSMM for support services post an incident of sexual misconduct. The Wellpath Medical and Mental Health staff spoken to confirmed, as did the SASSMM 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 Bolduc Correctional Facility is equivalent to an urban community Medical clinic. The facility offers a full array of medical and mental health services. Specialty services, including dental and vision, as well as infirmary care can occur at MSP or at the local hospital.

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

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

Indicator (f) The Auditor confirmed with both the medical staff at MSP 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 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 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. There were no such individuals at the Bolduc Correctional Facility in the past year.

Conclusion

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 Waldo County General 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. BCF is an all-male facility, so indicators (d) and (e) do not currently apply. Compliance is based on the resources available on-site and community-based services, the interviews with medical and mental health staff, and interviews with representatives of SASSMM.

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| 115.286 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.1 Sexual Misconduct (PREA and the Maine Statutes)</p> <p>Incident review form</p> <p>MSP Allegation tracker</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with an Investigative Officer</p> <p>Interview with Residents</p> <p>Interview with BCF Director</p> <p>Interview with PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator (a) Maine DOC PREA 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 member of the review team.”</p> <p>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 in a timely fashion with all indicators taken into consideration. The OAS pre-audit questionnaire stated there were zero cases reviewed. The Auditor spoke to the Investigator, Assistant Director, and Director to confirm there were no cases in the past year.</p> <p>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. The review of the reports supported the review panel were held in less than 30 days from the date of the conclusion of the investigations. Policy 6.11.1 sets forth the requirement as noted in indicator (a).</p> <p>Indicator (c) As noted in indicator (a) the policy language addresses the multi-discipline nature of the team. Absent an actual case to review the Auditor spoke with the facility leadership and the PREA Monitor to ensure an understanding on who should be on a review committee, including 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.</p> <p>Indicator (d) The elements described in this indicator are all covered in policy 6.11.1 page 2. It states, “The review team shall:</p> <ol style="list-style-type: none"> 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 panels considerations includes the required information. The form asked if policy needs to be reviewed, it looks at the underlying motivation of the incident including if the victim was targeted due to their perceived member of a particular group. It goes on to look at staffing, physical plant issues and surveillance needs.

Indicator (e) The form documents the finding of the various questions and provides the reader with information if the team has determined any recommended actions take place. 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." The interview with the Director confirmed that he would take seriously any recommendations of the team in ensuring the overall safety of the environment.

Conclusion 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 standard. As evidence to support the standard the facility provided a review form for Incident reviews of PREA allegations. The information supported that the questions in indicator D would be asked and answered. Absent an actual review, compliance was determined based on policy language, documentation provided, and staff understanding of the requirements.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

Bolduc Correctional Facility Pre-Audit Questionnaire

Institutional data tracking

Agency annual report

Individuals interviewed/ observations made.

Interview with Deputy Director of Correctional 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 define the 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."

Indicator (b) The agency completes an annual report with aggregate data at the Bolduc Correctional Facility. The Auditor reviewed both the most recent three Annual PREA Reports on the agency website.

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 Central Office. As the PREA Coordinator, he report it is his responsibility to ensure that the materials can meet the requirement of the DOJ reporting forms in SSV. The Auditor also reviewed 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 the 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. There were no reported incident at the facility in the past year. The Auditor did find information of PREA on the contracted agency's website.

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

Conclusion. The Auditor has found the standard to be in compliant with the PREA standards for 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 2021 Maine Department of Corrections Prevention of Rape in Prison report outlines the efforts including data for each of Maine DOC's adult and juvenile facilities. The agency policy 6.11.1 pg.3 commits the agency to comply with the data collection requirement of the standard. The policy states "Each facility's PREA Monitor shall ensure the collection of incident-based sexual misconduct data and shall report that data to the Department's PREA Coordinator at least annually, who shall aggregate it for all Department facilities." The agency has not been required to complete the Survey of Sexual Violence for this year, but the State PREA Coordinator reports he has all the information available to complete the report and provided the previous year's report to further support their compliance.

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| 115.288 | Data review for corrective action |
| | <p data-bbox="242 145 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 327 571 356">Policy 6.11.1 Sexual Misconduct</p> <p data-bbox="242 501 679 530">Individuals interviewed/ observations made.</p> <p data-bbox="242 557 655 586">Interview with Agency PREA Coordinator</p> <p data-bbox="242 613 555 642">Interview with the BCF Director</p> <p data-bbox="242 669 646 698">Interview with the Director of Operations</p> <p data-bbox="242 786 488 815">Summary Determination</p> <p data-bbox="242 842 1485 1240">Indicator (a)The Maine Department of Corrections utilizes both data related to PREA incidents and data related to other critical safety incidents to determine program improvements. The department’s central office staff and the facility’s administrative teams review critical incidents with an eye toward improving safety. Interview with the BCF Director and the Deputy Director of Correctional 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 BCF Director also confirmed that BCF team looks for trends to determine if resources need to be adjusted or if the policy or practice of the facility needs to be modified. Though there were no PREA Allegations, the management team will consider all security or safety concerns on how sexual safety is enhanced. Agency policy 6.11.1 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="242 1328 1493 1420">Indicator (b) The Maine Department of Corrections annual report has a comparison by each facility on the number of sexual assault and sexual harassment claims. Each facility’s data compares the current year to prior years’ data. The report shows if the accused was a staff or a resident and provides the outcome determination.</p> <p data-bbox="242 1451 1469 1512">Indicator (c) The Director of Operations confirms the PREA report developed by the agency PREA Coordinator is approved by the Commissioner before being placed up on the agency’s website</p> <p data-bbox="242 1543 917 1572">Indicator (d) The DOC removes all identifiers from summary reports</p> <p data-bbox="242 1603 1493 1928">Conclusions: Maine Department of Correction meets the requirements of this standard in Policy 6.11.1 page three. The data elements are required to be reviewed by the agency PREA Coordinator to ensure consistent data. The Director of Operations and the BCF Director supported the utilize data to make informed decisions on programmatic and policy needs. This is consistent with the standard expectation to do critical review of data to identify problem areas and enact corrective actions. The PREA Coordinator works in the Operational oversight unit of the Maine Department of Corrections trends can be reviewed and changes supported either from the facility level; such as supporting the need for additional staff or electronic surveillance equipment; or from a central administrative level such as policy/procedural modifications. The agency also showed compliance with PREA standards through the annual report that combines data, graphs and narrative information on Maine’s efforts since 2011 in the development of PREA safe facilities. The report highlights each facility and tracks trends of incidents without identifying information.</p> |

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| 115.289 | Data storage, publication, and destruction |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Pre-Audit Questionnaire</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p>Policy 5.3 Computer Safety</p> <p>Maine Statute (Title 5 pg. 65)</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Intake staff persons</p> <p>Medical and Mental health staff</p> <p>File security</p> <p>Summary Determination</p> <p>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 layer of controls in place to ensure no unnecessary disclosure. The Auditor also reviewed with facility staff how residents custody and healthcare are protected.</p> <p>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.</p> <p>Indicator (c) The annual report located on the state's website does not include any identifiers</p> <p>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. " 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. 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>b. The report shall be approved by the Commissioner or designee, and made readily available to the public through the Department's website.</p> <p>c. The Commissioner, or designee, shall redact specific material from the report when publication would present a clear and specific threat to safety or the security of a facility or would violate state or federal confidentiality laws, provided the type of material redacted is specified."</p> <p>Maine statutes control record retention (Maine Statute (Title 5). The Agency PREA Coordinator is aware that all PREA-related Data be maintained for a period of no less than 10 years.</p> <p>Conclusion: 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. Policy 6.11.1 requires "The Department's PREA Coordinator shall maintain the data reported or collected for at least ten (10) years." DOC PREA Coordinator confirmed compliance with this standard's expectations.</p> |

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| 115.401 | Frequency and scope of audits |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 327 659 356">Maine Department of Corrections website</p> <p data-bbox="242 443 679 472">Individuals interviewed/ observations made.</p> <p data-bbox="242 499 655 528">Interview with Agency PREA Coordinator</p> <p data-bbox="242 613 488 642">Summary Determination</p> <p data-bbox="242 672 1485 831">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 audit 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 has added two programs in the last year which are scheduled to be audited in the next 6 months.</p> <p data-bbox="242 920 1490 949">Indicator (b) The Maine DOC has no less than one third of its facility audited in a year. This is the third year of the audit cycle.</p> <p data-bbox="242 1037 1490 1164">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 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.</p> <p data-bbox="242 1252 1477 1379">Indicator (i) The Maine Department of Correction has used POWER DMS 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 and agency PREA Coordinator to add additional documentation in the post Audit period.</p> <p data-bbox="242 1467 1458 1529">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.</p> <p data-bbox="242 1617 1490 1680">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.</p> <p data-bbox="242 1767 1490 1993">Conclusions: The Maine Department of Corrections has had PREA audits of each of its facilities since 2014. The DOC has spread its facility audits over the three-year PREA cycle and have set up strong deadlines when contracting for new beds to be PREA compliant including undergoing formal audits. The Auditor was given full access to the site and was not prohibited from returning to areas of the facility if requested. The Auditor was provided ample space and privacy to conduct confidential interviews with staff and residents. The facility did post the Audit notice, it was visible on the tour and residents were aware of the posting and the audit. The posting resulted in no correspondence. Compliance is based on the above-mentioned facts which supports a culture in which PREA is monitored daily.</p> |

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| 115.403 | Audit contents and findings |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 327 647 356">Maine Department of Correction website</p> <p data-bbox="242 443 679 472">Individuals interviewed/ observations made.</p> <p data-bbox="242 499 655 528">Interview with Agency PREA Coordinator</p> <p data-bbox="242 613 488 642">Summary Determination</p> <p data-bbox="242 669 1461 734">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.</p> <p data-bbox="242 761 373 790">Conclusions:</p> <p data-bbox="242 817 1484 947">The Maine Department of Correction website has all previous facility PREA Audits posted under it PREA information link. The Auditors prior experience with the agency allows first-hand knowledge of the prompt uploading of these documents. The Auditor also took into consideration that the Agency PREA Coordinator was also aware of timing requirement for the posting of the audit</p> |

| Appendix: Provision Findings | | |
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| 115.211 (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 |
| 115.211 (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 community confinement facilities? | yes |
| 115.212 (a) | Contracting with other entities for the confinement of residents | |
| | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | yes |
| 115.212 (b) | Contracting with other entities for the confinement of residents | |
| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | yes |
| 115.212 (c) | Contracting with other entities for the confinement of residents | |
| | If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) | yes |
| | In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) | yes |
| 115.213 (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 residents against sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? | yes |
| | 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 |

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| 115.213 (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? (NA if no deviations from staffing plan.) | na |
| 115.213 (c) | Supervision and monitoring | |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? | yes |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? | yes |
| 115.215 (a) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| 115.215 (b) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.) | na |
| | Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) | na |
| 115.215 (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 residents? | yes |
| 115.215 (d) | Limits to cross-gender viewing and searches | |
| | Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical 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 enable residents to shower, perform bodily functions, and change clothing without non-medical 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 area where residents are likely to be showering, performing bodily functions, or changing clothing? | yes |

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| 115.215 (e) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? | yes |
| | If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |
| 115.215 (f) | Limits to cross-gender viewing and searches | |
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |

| 115.216 (a) | Residents with disabilities and residents who are limited English proficient | |
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| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision? | yes |
| 115.216 (b) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |

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| 115.216 (c) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? | yes |
| 115.217 (a) | Hiring and promotion decisions | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ? | yes |
| | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ? | yes |
| 115.217 (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 residents? | yes |
| | Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents? | yes |
| 115.217 (c) | Hiring and promotion decisions | |
| | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with residents, does the agency, 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 |
| 115.217 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? | yes |
| 115.217 (e) | Hiring and promotion decisions | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? | yes |

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| 115.217 (f) | Hiring and promotion decisions | |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.217 (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 |
| 115.217 (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 |
| 115.218 (a) | Upgrades to facilities and technology | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.) | no |
| 115.218 (b) | Upgrades to facilities and technology | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.) | no |
| 115.221 (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 |
| 115.221 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | yes |

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| 115.221 (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 |
| 115.221 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| 115.221 (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 |
| 115.221 (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 |
| 115.221 (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 attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above). | yes |
| 115.222 (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 |

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| 115.222 (b) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| 115.222 (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 conducting criminal investigations. See 115.221(a).) | na |
| 115.231 (a) | Employee training | |
| | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? | yes |
| | Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? | yes |
| | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? | yes |
| | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| 115.231 (b) | Employee training | |
| | Is such training tailored to the gender of the residents at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? | yes |

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| 115.231 (c) | Employee training | |
| | Have all current employees who may have contact with residents received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |
| 115.231 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.232 (a) | Volunteer and contractor training | |
| | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| 115.232 (b) | Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| 115.232 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| 115.233 (a) | Resident education | |
| | During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| | During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? | yes |
| | During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? | yes |
| 115.233 (b) | Resident education | |
| | Does the agency provide refresher information whenever a resident is transferred to a different facility? | yes |

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| 115.233 (c) | Resident education | |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? | yes |
| 115.233 (d) | Resident education | |
| | Does the agency maintain documentation of resident participation in these education sessions? | yes |
| 115.233 (e) | Resident education | |
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? | yes |
| 115.234 (a) | Specialized training: Investigations | |
| | In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | yes |
| 115.234 (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 criminal or administrative sexual abuse investigations. See 115.221(a)). | yes |
| | Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | yes |
| | Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(a)). | yes |
| 115.234 (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 criminal or administrative sexual abuse investigations. See 115.221(a).) | yes |

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| 115.235 (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 suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.235 (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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.) | yes |
| 115.235 (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 |
| 115.235 (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 §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.) | yes |
| | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.) | yes |
| 115.241 (a) | Screening for risk of victimization and abusiveness | |
| | Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? | yes |
| | Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? | yes |
| 115.241 (b) | Screening for risk of victimization and abusiveness | |
| | Do intake screenings ordinarily take place within 72 hours of arrival at the facility? | yes |
| 115.241 (c) | Screening for risk of victimization and abusiveness | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |

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| 115.241 (d) | Screening for risk of victimization and abusiveness | |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? | yes |
| 115.241 (e) | Screening for risk of victimization and abusiveness | |
| | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? | yes |
| | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? | yes |
| | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? | yes |
| 115.241 (f) | Screening for risk of victimization and abusiveness | |
| | Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |
| 115.241 (g) | Screening for risk of victimization and abusiveness | |
| | Does the facility reassess a resident's risk level when warranted due to a: Referral? | yes |
| | Does the facility reassess a resident's risk level when warranted due to a: Request? | yes |
| | Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? | yes |
| | Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? | yes |

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| 115.241 (h) | Screening for risk of victimization and abusiveness | |
| | Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? | yes |
| 115.241 (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 information is not exploited to the resident's detriment by staff or other residents? | yes |
| 115.242 (a) | Use of screening information | |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? | yes |
| 115.242 (b) | Use of screening information | |
| | Does the agency make individualized determinations about how to ensure the safety of each resident? | yes |
| 115.242 (c) | Use of screening information | |
| | When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? | yes |
| 115.242 (d) | Use of screening information | |
| | Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |
| 115.242 (e) | Use of screening information | |
| | Are transgender and intersex residents given the opportunity to shower separately from other residents? | yes |

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| 115.242 (f) | 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 residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| 115.251 (a) | Resident reporting | |
| | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |
| 115.251 (b) | Resident reporting | |
| | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the resident to remain anonymous upon request? | yes |
| 115.251 (c) | Resident reporting | |
| | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.251 (d) | Resident reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? | yes |

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| 115.252 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | yes |
| 115.252 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | yes |
| | Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| 115.252 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| 115.252 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | yes |
| | If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | yes |
| | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | yes |
| 115.252 (e) | Exhaustion of administrative remedies | |
| | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
| | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) | yes |

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| 115.252 (f) | Exhaustion of administrative remedies | |
| | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| 115.252 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | yes |
| 115.253 (a) | Resident access to outside confidential support services | |
| | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible? | yes |
| 115.253 (b) | Resident access to outside confidential support services | |
| | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.253 (c) | Resident 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 residents with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| 115.254 (a) | Third party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? | yes |

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| 115.261 (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 residents or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |
| 115.261 (b) | Staff and agency reporting duties | |
| | Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| 115.261 (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 residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? | yes |
| 115.261 (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 |
| 115.261 (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 |
| 115.262 (a) | Agency protection duties | |
| | When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? | yes |
| 115.263 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| 115.263 (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 |
| 115.263 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.263 (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 |

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| 115.264 (a) | Staff first responder duties | |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| 115.264 (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 |
| 115.265 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |
| 115.266 (a) | Preservation of ability to protect residents from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |
| 115.267 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.267 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |

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| 115.267 (c) | Agency protection against retaliation | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | 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 any resident disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| 115.267 (d) | Agency protection against retaliation | |
| | In the case of residents, does such monitoring also include periodic status checks? | yes |
| 115.267 (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 |
| 115.271 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) | yes |
| 115.271 (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 115.234? | yes |

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| 115.271 (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 |
| 115.271 (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 |
| 115.271 (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 resident or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 115.271 (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 |
| 115.271 (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 |
| 115.271 (h) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.271 (i) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? | yes |
| 115.271 (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 facility or agency does not provide a basis for terminating an investigation? | yes |
| 115.271 (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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).) | yes |
| 115.272 (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 |

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| 115.273 (a) | Reporting to residents | |
| | Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |
| 115.273 (b) | Reporting to residents | |
| | If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | na |
| 115.273 (c) | Reporting to residents | |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency 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 a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.273 (d) | Reporting to residents | |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.273 (e) | Reporting to residents | |
| | Does the agency document all such notifications or attempted notifications? | yes |
| 115.276 (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 |
| 115.276 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |

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| 115.276 (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 |
| 115.276 (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 |
| 115.277 (a) | Corrective action for contractors and volunteers | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.277 (b) | Corrective action for contractors and volunteers | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? | yes |
| 115.278 (a) | Disciplinary sanctions for residents | |
| | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? | yes |
| 115.278 (b) | Disciplinary sanctions for residents | |
| | Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? | yes |
| 115.278 (c) | Disciplinary sanctions for residents | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? | yes |
| 115.278 (d) | Disciplinary sanctions for residents | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? | yes |
| 115.278 (e) | Disciplinary sanctions for residents | |
| | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |

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| 115.278 (f) | Disciplinary sanctions for residents | |
| | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| 115.278 (g) | Disciplinary sanctions for residents | |
| | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) | yes |
| 115.282 (a) | Access to emergency medical and mental health services | |
| | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| 115.282 (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 § 115.262? | yes |
| | Do security staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| 115.282 (c) | Access to emergency medical and mental health services | |
| | Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |
| 115.282 (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 |
| 115.283 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| 115.283 (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 |
| 115.283 (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 |
| 115.283 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | na |

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| 115.283 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | na |
| 115.283 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.283 (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 |
| 115.283 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? | yes |
| 115.286 (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 |
| 115.286 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.286 (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 |
| 115.286 (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 §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.286 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |

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| 115.287 (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 |
| 115.287 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| 115.287 (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 |
| 115.287 (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 |
| 115.287 (e) | Data collection | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) | yes |
| 115.287 (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 |
| 115.288 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| 115.288 (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 |
| 115.288 (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 |
| 115.288 (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 |
| 115.289 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.287 are securely retained? | yes |

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| 115.289 (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 |
| 115.289 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.289 (d) | Data storage, publication, and destruction | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |
| 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.) | no |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | no |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | yes |
| 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 residents? | yes |
| 115.401 (n) | Frequency and scope of audits | |
| | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |
| 115.403 (f) | Audit contents and findings | |
| | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes |