

PREA Facility Audit Report: Final

Name of Facility: Downeast Correctional Facility

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 01/14/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Jack Fitzgerald	Date of Signature: 01/14/2023

AUDITOR INFORMATION	
Auditor name:	Fitzgerald, Jack
Email:	jffitzgerald@snet.net
Start Date of On-Site Audit:	11/07/2022
End Date of On-Site Audit:	11/08/2022

FACILITY INFORMATION	
Facility name:	Downeast Correctional Facility
Facility physical address:	64 Base Road , Machiasport , Maine - 04655
Facility mailing address:	

Primary Contact	
Name:	David Garrison
Email Address:	david.garrison@maine.gov
Telephone Number:	2072551101

Facility Director	
Name:	Jeff Morin
Email Address:	jeff.morin@maine.gov
Telephone Number:	207 285 0816

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	48
Current population of facility:	26
Average daily population for the past 12 months:	32
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:	23-71
Facility security levels/resident custody levels:	Minimum/Community
Number of staff currently employed at the facility who may have contact with residents:	15
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	4
Number of volunteers who have contact with residents, currently authorized to enter the facility:	3

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

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

Agency-Wide PREA Coordinator Information			
Name:	Conner Mcfarland	Email Address:	conner.mcfarland@maine.gov

SUMMARY OF AUDIT FINDINGS	
<p>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.</p> <p>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.</p>	
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

1. Start date of the onsite portion of the audit:	2022-11-07
2. End date of the onsite portion of the audit:	2022-11-08

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Auditor reached out to local and state Rape Crisis Agencies as well as local hospitals and the county jail which serves as an outside reporting option.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	48
15. Average daily population for the past 12 months:	32
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input 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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	35
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:	0
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
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

<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>2</p>
<p>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:</p>	<p>0</p>
<p>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):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>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:</p>	<p>35</p>

<p>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:</p>	<p>3</p>
<p>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:</p>	<p>4</p>
<p>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:</p>	<p>No text provided.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>13</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<ul style="list-style-type: none"> <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 checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The Auditor reviewed the target population then used a random number to generate individual out of each of the sleeping pods</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>2</p>
<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>	
<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>None in the population confirmed with Unit Manager and State PREA Coordinator.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>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>None in the population confirmed with Unit Manager and State PREA Coordinator.</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>None in the population confirmed with Unit Manager and State PREA Coordinator.</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>None in the population confirmed with Unit Manager and State PREA Coordinator.</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>None in the population confirmed with Unit Manager and State PREA Coordinator.</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>None in the population confirmed with Unit Manager and State PREA Coordinator.</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>None in the population confirmed with Unit Manager and State PREA Coordinator.</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>
<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>None in the population confirmed with Unit Manager and State PREA Coordinator.</p>

<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There is no segregation unit at DCF. There is one temporary holding room that is only used if there is a resident needing to be moved to higher custody while awaiting transportation to be arranged.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>6</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input 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 type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</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 all staff present at the facility on the two days of the site visit</p>

Specialized Staff, Volunteers, and Contractor Interviews

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

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	10
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

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

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?

Yes

No

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

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

<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>
<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 test reporting mechanisms while on site and was able to return to areas after the initial tour for further review and informal interactions with both staff and residents</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>The Facility was able to pull record for the Auditor using a random list of residents admitted this year. The records were reviewed for education and screenings materials in the files. The Auditor confirmed the various process described by the staff for resident education and screening was in fact the experience of the residents.</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	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 at this facility in the past year

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
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Inmate-on-inmate sexual abuse investigation files

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

<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
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<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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Sexual Harassment Investigation Files Selected for Review

<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no allegations at this facility in the past year</p>
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<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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Inmate-on-inmate sexual harassment investigation files

<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
- No

Non-certified Support Staff

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

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

Standards

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
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p>Documentation that Supports PC role/authority within the agency</p> <p>Posters and resident handbooks</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with PREA Coordinator (PC)</p> <p>Interview with PREA Manager (PM)</p> <p>Interview with Director of Operations confirming PC authority/duties</p> <p>Interview with Staff</p> <p>Interview with Residents</p> <p>Tour Observations</p> <p>Summary determination.</p> <p>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.</p> <p>“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</p>

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 support prevention, allow for detection, and ensure a full legal and medical response to any complaint. The facility staff showed knowledge consistent with training materials about their role in preventing, detecting, and responding to sexual assault claims. Random Residents reported to the Auditor that the Downeast Correctional Facility is a PREA-safe environment and has a zero-tolerance culture.

Indicator (b). Downeast Correctional Facility is one of several adult and Juvenile facilities run by the Maine Department of Corrections. The facility is a satellite unit of the Mountain View Correctional Facility. 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 Auditor had interviewed the outgoing PREA Coordinator earlier this year. The Auditor also met the incoming PREA Auditor for the Maine DOC who first week on the job was the week of the site visit. Though the Downeast Correctional Facility is a Community Confinement Facility the agency assigns a PREA Manager for each facility. The PREA Monitor from Mountain View will support DCF. The outgoing and incoming PREA Monitors for Mountain View Correctional Center also attended the Auditors site visit. Interviews with the Mountain View Correctional Center Warden and the Downeast Correctional Unit support communication on PREA would flow quickly between the two sites and the Maine DOC Central Office. The Director of Operations for Maine DOC supports the authority of the agency's PREA Coordinator to manage ongoing compliance, several examples were given.

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. Discussions with the Agency PREA Coordinator, PREA Monitor for Mountain View 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 Unit Manager who previously was a PREA Monitor at the former Downeast Correctional Facility. The PREA Coordinator has the capacity to advocate for policy or procedural changes needed to support resident safety. This was confirmed with the Director of Operations for Maine DOC.

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 would be 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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Pre-Audit Questionnaire</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p>MOU with Waldo County showing requirement to be PREA Compliant</p> <p>Documentation of the ongoing monitoring by Maine DOC</p> <p>Waldo County Jail Website</p> <p>Annual PREA report of Waldo County for calendar year 2021</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Manager of Correctional Operations</p> <p>Summary Determination</p> <p>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 a second audit in December of 2021.</p> <p>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 earlier this year confirmed 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>Conclusions: The Manager of Correctional Operations was interviewed as the</p>

	<p>agency's Contract Manager during the summer of 2022. 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.</p>
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115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p>Policy 3.11 Staffing Requirements</p> <p>Maine Statutes requiring accreditation</p> <p>DCF Staffing Plan</p> <p>Logbook entry's supporting unannounced rounds</p> <p>Video Surveillance supporting Management Unannounced rounds</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Mountain View Correctional Facility Warden</p> <p>Interview with DCF Unit Manager</p> <p>Interview with Director of Operations</p> <p>Interview with PREA Coordinator</p> <p>Interview with PREA Monitor</p> <p>Interview with Staff</p> <p>Observation on tour of logbooks and Supervisory movement</p> <p>Interview with officers</p> <p>Interview with Residents</p> <p>Summary Determination</p> <p>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 the development of a plan, including generally accepted correctional</p>

practice, frequency of sexual assaults/complaints, the population make-up of the units and how video monitoring can support safety. The Superintendent/Warden 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 DCF Unit Manager describe the development process used in completion of the annual assessment of staffing. The staffing plan is based on the capacity of 48 minimum security residents. Since opening the average population was 36. On the first day of the Audit the population was 35.

The Warden 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 Downeast Correctional Unit 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 DCF or would be identified to ensure higher monitoring of their behavior. The Auditor was provided a document supporting the staffing plan is also reviewed as part of its national accreditation process which is required under state law

Indicator (b). The Unit Manager and Warden both reports they have not had an incident in the last 12 months when minimal staffing was not maintained. The Duty Sergeant notifies the Unit Manager of all critical events which are documented in the shift report. Residents' support staff are always available to them and did not voice a concern about a lack of staffing at any time.

Indicator (c) In November 2021, the staffing plan was completed the assistance of the DOC PREA Coordinator. The plan is descriptive of the population housed at

Downeast Correctional Facility. Staffing requires two Officers on each shift and the facility has two Sergeants who cover 7 days per week and shift that float between the day and evening shifts. The facility has 22 cameras that aid staff in the observation of resident inside and in approved outside area. The Unit Manager and Sergeants are aware of blind spots and discussed with the Auditor the steps taken to monitor inmates who go into blind spots. Staff interviewed knew the importance of active monitoring of residents, 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. The Auditor requested a copy of the first annual review to be added to the files

Conclusions: Maine Department of Corrections has two policies addressing the requirements of this standard's three indicators. Policy 3.11 Staffing Requirements and 6.11 Sexual Misconduct - (General) sets forth the requirements of the Director to develop a staffing plan. The DOC policy has requirement of unannounced supervisory rounds for all its facilities, even though it is not a standard requirement for Community Confinement Facilities. Downeast 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 judgment 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 by outfitting staff with body cameras. Custody staff interviewed as well as vocational supervisors, supported the importance of active monitoring of the residents during the day. Staff support that minimums are maintained and that staff work together to ensure both the resident's 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
	<p>Policies and written/electronic documentation reviewed.</p> <p>DCF Pre Audit Questionnaire</p> <p>Policy 14.14 Search Procedures</p> <p>PREA policy 6.11.2 Sexual Misconduct (Prevention Planning)</p> <p>Policy 23.8 Transgender Gender Nonbinary and Intersex Adult Residents</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with DCF Unit Manager</p> <p>Interview with random Staff</p> <p>Interview with random residents</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Correction policy 14.14 Search Procedures (page 6) prohibits cross-gender strip searches of residents except in emergency situations. It sets forth a practice that searches in general should be conducted with two staff present but only one performing direct observation who should be the same gender as the resident. The Policy also goes on to ensure documentation and description of the emergent situation requiring such search. The DOC PREA policy 6.11.2 Sexual Misconduct (page 6) also sets forth the same requirements for cross-gender strip searches, including documentation of the emergent situation that caused such search to occur. "Searches of Prisoners and Residents and Protection of Privacy</p> <ol style="list-style-type: none"> 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.

DCF 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. The Downeast facility is a all male institution with very limited female employees.

Indicator (b) Downeast Correctional Facility does not house female residents. 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 residents 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 residents including the emergent reason for the search. The facility does not house females, so the second portion of this indicator does not apply. DCF Unit Manager confirmed that no cross-gender searches of male residents had occurred since opening of the program. Interviews with random residents 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 and announcement are made if they enter the building.

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 a nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in an emergency or when such viewing is incidental to routine cell or room checks.". Resident 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 DCF toilets and showers are in a central bathroom off the main common area outside the four housing pods. All showers are single shower stalls with two shower curtains to provide privacy while showering and getting dressed. When an individual is in the shower the curtain is opaque in the middle giving the staff the ability to only see the tops of heads and the feet of individuals utilizing the shower. Staff also confirm that the residents are

not observed in any form of undress by female staff as there is not female custody staff presently assigned to the unit.

Indicator (e) Maine DOC Policy 6.11.2 (page 7) set forth the requirement that transgendered individuals are not searched for the purpose of determining genital status. As a sentenced facility the Downeast 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 residents 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 resident 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 were no transgender residents housed at Downeast during the time of the Audit to interview. The review of one past transgender resident supports discussion on search preference occurred when she was at Mountain View and prior to her transfer to DCF. The Unit manager participated in a transition meeting before the resident was placed at DCF and then met with her upon admission to ensure comfort in all areas of the stay including search preferences. The resident was made aware the staffing is almost all male at DCF prior to the transfer.

Indicator (f) The Maine Department of Corrections trains all staff in the respectful, professional, and in the least intrusive practice possible in searching residents. All DOC staff are trained to routinely use the back of their hand instead of the front when completing pat searches. The Maine Criminal Justice Academy provides training specific to working with LGBT residents. The training talks about communication that is professional and supportive of the resident. The training addresses the frequency of trauma in this population, how the facility has a process to determine housing and search preferences through a multi-disciplinary process including the resident'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 Transgender Gender Nonbinary and Intersex Adult Residents. In 6.11.2 Sexual Misconduct Prevention elements in indicators B,C,D and E are addressed on pages 6 ,7 and 8. These policy elements direct staff consistent with the standards on pat search, strip searches, residents right not to be naked in front of staff of opposite gender and procedures for working with Transgender and intersex residents.

Supporting documentation provided to the Auditor by Downeast Correctional Facility included the Training outlines/PowerPoints for completing searches and for working with LGBTQI populations. The file included information confirming no exigent

	<p>circumstance of cross-gender searches has occurred at DCF since opening. The DCF facility has not housed any transgender individuals to date. Interviews with staff and residents were consistent with standard and policy expectations. There have been no cross-gender strip searches and residents confirmed they can change and perform hygiene without opposite gender observation. Residents and staff reported, and the Auditor observed during the tour, the announcement of when a female enters the building. The Auditor also took into consideration the information provided on the transition of a transgender individual to DCF to ensure comfort with the search procedures and the shower set up.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>DCF Pre Audit Questionnaire</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p>Policy 18.12 Accommodations for Prisoners with Disabilities or Other Special Needs</p> <p>Policy 19.2 Program and Services - Resident Rights</p> <p>Policy 1.10 Staff Communication with persons of Limited English Proficiency</p> <p>Language link contract renewal (good to Jan 2024)</p> <p>Resident Handbooks- in English and Spanish</p> <p>Intake notices in English and Spanish</p> <p>Agency PREA Video in English Spanish, Somali, and ASL</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Director of Operations for the agency head</p> <p>Interview with random Residents</p> <p>Interview with Random Staff</p> <p>Interview with Intake Staff</p> <p>Interview with Facility PREA Coordinator</p> <p>PREA Signage in English and Spanish</p> <p>Summary Determination</p> <p>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</p>

significant medical or mental health needs. DCF can provide support to those individuals with visual or hearing impairments and informative support to those individuals with cognitive challenges 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 further defines 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 Downeast 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. The Auditor was able to review the current contract which will be in force until the end of 2023.

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. 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." Line staff knew to contact a supervisor if they needed to access an outside interpreter.

Conclusion: The Downeast Correctional Facility is yet to receive an individual who needs extra support to understand their right related to PREA. PREA policy 6.11.2 Prevention and two other Maine DOC policies have language addressing equal access of services for those residents who have a disability or who have limited English proficiency. The Auditor spoke with custody staff, the case manager, and the Unit Manager to confirm that resources and staff training match policy statements. There were no residents that required translation services. The Auditor confirmed this through conversations with residents on tours, and random interviews with residents and staff. The residents reported knowing their rights, how to report PREA concerns and if they had difficulty in understanding information, how to get help. Most residents stated comfort in speaking with the case manager or the Unit Manager if they had any questions on PREA.

DCF 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

	<p>needed to access an outside interpreter. Compliance was based on interviews with staff, residents and administration, as well as the hard materials (posters, handbooks, video, interpretive service contract) and policies that support equal access to all services.</p>
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115.217	Hiring and promotion decisions
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1051 452">Downeast Correctional Facility Pre-Audit Questionnaire</p> <p data-bbox="280 488 820 524">Policy 3.24 Background Investigations</p> <p data-bbox="280 560 908 595">Policy 3.3 Personnel Selection and Retention</p> <p data-bbox="280 631 679 667">Policy 3.05 Code of Conduct</p> <p data-bbox="280 703 1142 739">Department of Administrative and Financial Service -Protocol</p> <p data-bbox="280 775 1414 810">Wellpath (contracted Medical MH service provider) policy on background checks</p> <p data-bbox="280 846 895 882">HR documentation for staff and contractors</p> <p data-bbox="280 985 903 1021">Individuals interviewed/ observations made.</p> <p data-bbox="280 1057 852 1093">Interview with Agency PREA Coordinator</p> <p data-bbox="280 1128 748 1164">Interview with DCF Unit Manager</p> <p data-bbox="280 1200 815 1236">Interview with Mountain View Warden</p> <p data-bbox="280 1272 604 1308">Interview with HR staff</p> <p data-bbox="280 1420 632 1456">Summary Determination</p> <p data-bbox="280 1491 1461 1818">Indicator (a). The Maine DOC policy 3.3 Personnel Selection and Retention 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:</p> <ul style="list-style-type: none"> <li data-bbox="280 1854 1469 1930">a. engaged in sexual abuse in a prison, jail, lockup, community confinement facility, adult or juvenile facility, or other institution; <li data-bbox="280 1966 1430 2087">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 Downeast Correctional Facility, including employees of the Health Care provider Wellpath. The HR staff at Mountain View Correctional Facility also oversees the process for DCF. 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 agency policy 3.3 describes in detail the expectations when the facility is looking to hire or promote an employee. The language also includes the same expectation for contracted individuals. The Policy explains that all individuals will be asked the questions described in indicator (a).

“6. 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;

b. 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.

7. 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.”

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. The Auditor also reviewed the Wellpath PREA policy which also supports their hiring policy expectations are the same as the Maine DOC with very similar language to meet federal PREA guidelines.

Indicator (c). The Maine Department of Corrections completes criminal background checks on all employees. The Auditor was provided information on all employees at the Downeast Correctional Facility. The information included the appropriate

documentation on both the criminal background checks and where appropriate the prior institutional check. Staff members confirmed they had undergone criminal background checks.

Indicator (d). DCF 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. As noted in indicator (b) Wellpath PREA policy has statements consistent with Maine DOC policy and the federal requirement described in this standard.

Indicator (e). DCF provided the Auditor with information on all employees who were employed for over 5 years who had criminal background checks completed in the last 5 years. All employees were run at the point they were hired or transferred to DCF when it opened. The Auditor reviewed all DCF files of staff contractors and 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 DOC 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 3.24 Background Checks states, “As allowed by law, efforts shall be made to contact any prior institutional employers for information on substantiated allegations of sexual abuse or sexual harassment, or any resignation during a pending investigation of an allegation of sexual abuse or sexual harassment.” It also goes on to address the requirement to provide similar information to other institutions. “ The Department’s Director of Human Resources, or designee, shall 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.” Interviews with Human Resources staff confirm they make requests of both internal and outside employers when hiring and will provide similar information with a release. There was no request of former DCF staff in the past year.

Compliance: The Maine Department of Corrections has a policies in place to address the requirements of the standard, including the completion of background checks, and pre-employment screening that supports the agency’s efforts to screen out predatory candidates from employment. The Auditor discussions with Human Resources staff confirmed all staff and contractors undergo multi-state criminal background checks, FBI fingerprint checks and driver's license checks. The Human Resource Manager reports works closely with facility management to maintain a line of communication. It is reported that any concerns that come from a criminal background check or an internal review of an existing employee would be brought to the Warden before and job offer would be made.

Record reviews support that all employees and contractors at the Downeast 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 staff and the Warden. The Auditor also reviewed the Wellpath PREA policy for consistent language on hiring expectations.

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115.218	Upgrades to facilities and technology
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1051 452">Downeast Correctional Facility Pre Audit Questionnaire</p> <p data-bbox="280 560 906 595">Individuals interviewed/ observations made.</p> <p data-bbox="280 636 1222 672">Interview with the DOC Deputy Director of Correctional Operations</p> <p data-bbox="280 712 655 748">Interview with the Warden</p> <p data-bbox="280 788 683 824">Interview with Unit Manager</p> <p data-bbox="280 864 798 900">Interview with the PREA Coordinator</p> <p data-bbox="280 940 564 976">Observation on tour</p> <p data-bbox="280 1016 759 1052">Random Staff spoke with on tours</p> <p data-bbox="280 1151 632 1187">Summary Determination</p> <p data-bbox="280 1227 1485 1778">Indicator (a) Maine DOC Policy 6.11 requires the agency PREA Coordinator to collaborate “with the Department’s Director of Operations to ensure that when a new facility is designed or an existing facility is expanded or modified or facility monitoring technology is installed or updated, consideration is given to ways of enhancing the protection of residents from sexual misconduct and harassment.” The Downeast Correctional Facility is a newly constructed facility on the grounds of the former Downeast Correctional Facility, which closed in 2018. The facility is much smaller than the previous facility. The Physical plant is based on a one-corridor design which limits blind spots. On one end kitchen and dining space while the other has small pods with half walls with barracks living set up. Out of the Pod area is a large common living room space. The bathroom has 4 showers and 6 toiles/urinals for a maximum of 48 residents. Interviews and Documents provided support the PREA Coordinator’s attendance at construction meetings with the agency and Mountain View Correctional Facility leadership.</p> <p data-bbox="280 1899 1474 2092">Indicator (b) As a new facility, Downeast Correctional Facility has 22 cameras. The Unit Manager confirmed areas of a blind spot and discussed where he has made request for additional monitoring technology or changes to the camera angles. The Unit Manager discussed the expectation of staff monitoring and responding to areas considered blind spots. All custody staff wear body cameras which provides</p>

additional support to the investigator 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.

Conclusion: The Downeast Correctional Facility is an open environment. The facility has a few outbuildings and must rely on active staff moving throughout the day to watch residents. The Department reportedly has a practice of involving PREA in the discussions when designing new facilities. The Unit Manager discussed how monitoring technology and the physical plant allows for staff to provide direct monitoring to residents on site. The Auditor did get a sense from residents and in observations that the Unit Manager and the Correctional Case Manager 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 it seriously. In the unit management, they ensure work and housing takes into consideration screenings.

Compliance is based on formal and informal interviews that support a consistent understanding of the use of 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.

115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 7.1 Investigations by a Correctional Investigator</p> <p>Policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Reporting and Investigating.</p> <p>Policy 14.6 Preservation of Evidence</p> <p>Policy 18.8 Forensic Information or Evidence</p> <p>Policy 18.3 Access to Healthcare Services</p> <p>Maine Statutes 34A Chapter 3 Article 1</p> <p>Sexual Assault Forensic Examiner Program Guidelines for the Care of the Sexual Assault Patient</p> <p>DCF Sexual Assault Response plan</p> <p>Information for Residents</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Wellpath Medical Staff</p> <p>Interview with Sexual Assault trained Investigator</p> <p>Interview with AMHC representative</p> <p>Interview with Hospital staff about SAFE/SANE access and services</p> <p>Department of Health and Human Services website on SAFE training</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Corrections is responsible for completing investigations, including sexual assaults. The facility employs criminal investigators who are trained law enforcement staff with full powers of a police officer. The state of Maine has a protocol that was developed through the Attorney General's office with the assistance of medical, legal, and sexual assault advocates. The protocol</p>

and the Maine DOC investigative policies ensure uniform steps are taken in obtaining physical evidence. Neither DOC or Wellpath staff would not complete the forensic exam. The resident victim instead would be sent to the local hospital with SANE-trained individuals. There are at least two hospitals in the region with SANE-trained individuals. In addition to the facility-based investigative staff criminal investigation of alleged staff misconduct can be completed by the Maine DOC Office of Professional Review or by an Investigator from the Maine Equal Employment Opportunity Office.

Indicator (b) The protocol does cover the procedure for youth, but the Downeast Correctional Facility does not serve that population so the first portion of the indicator does not apply. The Maine DOC has a policy to address youth under 18. The agency has a separate facility to house individuals charged with serious crimes as juveniles. The state Protocol has a committee that reviews current practices and makes adjustments consistent with national trends for best practices. The Auditor has spoken previously with an individual in Maine who works to keep their training and protocol consistent with national trends. The Auditor reviewed the protocol, compared it to the U.S. DOJ document, and found the topics similar.

Indicator (c) DOC policy 6.11.5 Sexual Misconduct (PREA and Maine Statutes) (page 3 states “sexual misconduct is alleged to have occurred within the prior 72 hours, the prisoner or resident is immediately transported to a hospital for examination by medical personnel skilled in the collection of sexual forensic evidence and is offered by the hospital the option of being supported by a victim advocate during the examination.” The Auditor confirmed with the local hospitals on the availability of Sexual Assault Nurse Examiners and that services to victims were provided without charge.

The Downeast Correctional Facility will offer victims of sexual assault the ability to have a forensic exam without cost, regardless if they cooperate in the investigation. This is confirmed in DOC policy, interviews with investigators, and local hospital staff. Agency policy addresses this in policy 11.6.5. “The Chief Administrative Officer, or designee, shall ensure that medical and mental health services are provided to alleged victims of sexual misconduct without financial cost and regardless of whether an alleged victim names the perpetrator or cooperates with any investigation arising out of the incident.” It is also addressed in the Attorney General’s Protocol on page 14 where it explains that medical cost for treatment are covered by the state’s Victims Compensations funds. The Residents are also provided information in the handbook notifying them that forensic exam will be done in a hospital by a medical professional for free.

Indicator (d) DCF has an agreement with the local rape crisis agency to provide support services to victims of sexual assault. The Aroostook Mental Health Services

(AMHC) is part of the state coalition against sexual assault (MECASA). Discussions with the AMHC representative supports an ability to provide support victims during forensic exams and police interviews. There have been no instances where AMHC has been needed to provide accompaniment services for forensic exams or police interviews for an allegation at DCF.

Indicator (e) Both hospital and agency staff confirm that a rape crisis staff would be available to help a victim through a forensic exam and criminal justice interview and provide ongoing support and referral to the victim. A MOU was provided to the Auditor that was signed in October of 2021 and is good for a two year period. The PREA Coordinator and Unit Manager are both encouraged to continue building on the relationship with the AMHC staff. The Auditor also reviewed the facility's Coordinated response plan, which requires the medical staff to contact AMHC to request an advocate to meet the victim at the hospital to support them through an exam.

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

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

Indicator (h) NA- The Department of Corrections has entered into an agreement to provide rape crisis support staff through AMHC if needed. If a support advocate was unavailable for any reason, the DOC has a trained individual on staff.

Conclusion: The Maine Department of Corrections has two policies that address concerns in this standard 7.1 Investigations by a Correctional Investigator and 6.11.3 PREA- Reporting and Investigating. Criminal investigative procedures are in place to ensure evidence is preserved. The criminal investigation would be done by the Criminal Investigator or the Special Investigations and Intelligence Unit (SII), who investigates crimes at both Mountain View and DCF. The SII team Lieutenant is a trained as law enforcement officer in the State of Maine with full arrest powers. This individual also is trained in the investigation of Sexual Assaults in a correctional setting. Residents who are victims of sexual assault can be taken to Northern Lights Hospital for a forensic exam with a Sexual Assault Nurse Examiner (SANE). Sexual Assault Nurse Examiners in Maine are trained on protocols developed in the state of Maine Attorney General's office in conjunction with a SANE advisory team and consistent with the National Protocol for Sexual Assault Forensic Exams. The Maine Attorney General's Office has produced a guideline for Sexual Assault Forensic Exams and the Care of Sexual Assault Patients. This 185-page

<p>document provided specific steps for forensic exams and was developed in conjunction with medical and legal experts from Maine, including nine SAFE or SANEs. The Auditor spoke with hospital staff who confirmed the availability of SANEs. Hospital staff confirmed this service would be done free of charge and if a SANE is not on duty one could be called in. It is also reported that the hospital would call a Rape Crisis Agency in addition to the protocol set up by DOC to offer supportive services. Aroostook Mental Health Services (AMHC) is the regional rape crisis agency who the Auditor confirmed would send a victim advocate to support the resident through the forensic exam and any investigative process. Compliance is determined based on the availability of resources to effectively investigate, secure and process evidence. Also taken into consideration in this determination was the overall staff knowledge displayed in the random staff interviews of how to preserve evidence, including instructions to the residents involved.</p>

115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Maine Statutes related to Correctional Law enforcement Powers</p> <p>Policy 6.11.3 Sexual Misconduct</p> <p>Policy 07.01 Criminal Investigations</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with DCF Unit Manager</p> <p>Interview with Investigative staff</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Correction has systems in place to ensure criminal and administrative investigations occur in a timely fashion. The Maine DOC employs individuals in a law enforcement role within each of its facilities. The Mountain View Correctional Facility which Downeast Correctional Facility is a part of, have Special Investigation and Intelligence (SII) unit staff trained in completing criminal investigations of sexual abuse. There have been no allegations of sexual abuse or sexual harassment since the facility has opened.</p> <p>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>Indicator (c) This indicator does not apply as the Department of Correction is responsible for criminal investigations.</p> <p>Indicator (d) Auditor is not required to audit this provision.</p> <p>Indicator (e) Auditor is not required to audit this provision.</p>

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 Director of 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.

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. Compliance is determined utilizing the above-stated information, which meets the requirements of Indicators (a) and (b). Absent any investigations the Auditor relied on interviews and policy in determining compliance.

115.231	Employee training
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1070 374">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 414 1214 448">6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention</p> <p data-bbox="280 488 644 521">DCF staff training records</p> <p data-bbox="280 562 1453 629">State-approved training materials, lesson plans, power points program outlines for PREA</p> <p data-bbox="280 672 679 705">And gender responsiveness.</p> <p data-bbox="280 745 1273 779">Maine Justice Academy/ Maine Coalition Against Sexual Assault videos</p> <p data-bbox="280 956 906 990">Individuals interviewed/ observations made.</p> <p data-bbox="280 1030 748 1064">Interview with DCF PREA Monitor</p> <p data-bbox="280 1104 687 1137">Interviews with random staff</p> <p data-bbox="280 1245 632 1279">Summary Determination</p> <p data-bbox="280 1319 1477 2063">Indicator (a) The Downeast 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. Curriculum outline also supports the aspects of this standard 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</p>

with a prisoner, resident, or person under supervision of the Department in the community receive initial training with respect to:

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

Indicator (b) The Downeast 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 DCF. No staff at DCF transferred from the women's facility at the Maine Correctional Center to DCF, requiring a refresher on working with males. Maine Correctional Center also houses male residents. As noted previously there is limited number of female employees or contractors at DCF. The Agency has provided trainings on how male and female

residents may respond differently. The facility loaded training materials on gender responsiveness.

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 all staff/contractors who received PREA training in 2021 and 2022.

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.

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. Compliance determination was based on training records, the material used in presentations and random staff ability to share examples of the content they had learned as part of PREA training consistent with standard requirements.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention</p> <p>Volunteer List</p> <p>Contracted Staff List</p> <p>Training materials for volunteers and sign-off on trainings</p> <p>Wellpath training materials</p> <p>Contractor Sign-in - (PREA acknowledgment of Brochure for 1 time or infrequent visitors)</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with DCF PREA Monitor</p> <p>Interview with Contractor</p> <p>Interview with Volunteer</p> <p>Observation on tour</p> <p>PREA Education cards</p> <p>Summary Determination</p> <p>Indicator (a) All Contractors providing direct service to residents at the Downeast 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 in 115.31 shows Wellpath staff. 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 DCF, the Unit Manager 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</p>

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 DCF Unit Manager. An interview with both Wellpath staff at DCF 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. There were no volunteers on site during the 2-day visit to meet with.

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 DCF 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. The Auditor was not able to speak with a volunteer at DCF.

Conclusion: The Downeast Correctional Facility is compliant with the standard expectations. DCF 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.

115.233	Resident education
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 767 452">Downeast Pre-Audit Questionnaire</p> <p data-bbox="280 488 916 524">Maine DOC Website (PREA Education Videos)</p> <p data-bbox="280 560 1214 595">6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention</p> <p data-bbox="280 631 1331 667">1.9 Staff communication with residents and community corrections clients</p> <p data-bbox="280 703 624 739">DCF Resident handbook</p> <p data-bbox="280 775 1273 810">Resident files showing they have received PREA educational materials</p> <p data-bbox="280 846 874 882">Photos of PREA Materials up in the facility.</p> <p data-bbox="280 985 906 1021">Individuals interviewed/ observations made.</p> <p data-bbox="280 1057 576 1093">Interview with CCTW</p> <p data-bbox="280 1128 624 1164">Interview with residents</p> <p data-bbox="280 1200 735 1236">Interview with the Unit Manager</p> <p data-bbox="280 1272 1054 1308">Observation on tour of PREA Signage in two languages</p> <p data-bbox="280 1415 632 1451">Summary Determination</p> <p data-bbox="280 1487 1477 2069">Indicator (a) All residents are provided information about PREA upon admission to DCF. As a Community Confinement Facility, residents entering DCF 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 Correctional Care and Treatment Worker (CCTW) 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 the Unit Manager 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." Resident interviewed</p>

confirmed they went over to the administration building for an education on expectations at DCF including Sexual Misconduct and how to report a concern.

Indicator (b) All residents at DCF are provided with a review of the facility-specific PREA information with the case worker and the Unit Manager in the first few days in the facility. All residents at DCF have been housed in other correctional facilities prior to being placed at DCF. 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. There were no transfers from another community confinement center. Interview support resident understood PREA and how to report internally and externally. Resident support they would go to a staff person or the unit manager with any concerns. Resident knew about the posting and the access to hotlines and mailing outside entities.

Indicator (c) All residents at the DCF 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. The agency can provide the handbook in large print for individuals as needed and headsets for those with hearing impairments. As noted, individuals with significant disabilities would be less likely to be placed at DCF given the nature of the program. 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 the Unit Manager. 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." As noted previously individuals with significant disabilities or language barriers may not be classified as appropriate since most will be working in the community. The Maine DOC has several policies as listed above which ensure residents with speech, hearing, visual or who are Limited English Proficient are provided the appropriate supports to understand all aspects of the environment. DCF has had no individual who was LEP and individuals with any form of significant or temporary disability would be known before the individual was transferred.

Indicator (d) Records were reviewed for a random sampling of 15 clients. This supports they have received PREA education and is consistent with statements by residents about the education process at DCF 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. The Auditor also reviewed the stoplight report for consistency of the information provided in the files reviewed. The Stoplight report tacks timeliness of PREA screening, assessments and the education of their rights at admissions. All residents sign a form related to the education the receive at admission and in the meeting with the Unit Manager.

Indicator (e) Observations throughout the tour and subsequent movement by the Auditor through the facility 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 facility does post the Maine Coalition Against Sexual Abuse (MECASA) poster in the facility which informs them of locations near their homes if they do not want to discuss past abuse while in the custody of DOC. Residents confirmed that PREA is in the handbook, and they can ask for a new copy if it is lost. The residents support they are aware of the other documents posted throughout the facility.

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 DCF 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 staff 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 or the Unit Manager 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 DCF. 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 resident records that showed their education, the materials viewed during the tours and the videos from the state website.

115.234	Specialized training: Investigations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 683 452">DCF Pre-Audit Questionnaire</p> <p data-bbox="280 488 1214 524">6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention</p> <p data-bbox="280 560 1453 595">6.11.3 Sexual Misconduct (PREA and Maine Statutes) - Reporting and Investigating</p> <p data-bbox="280 631 1414 667">Training Material from PRC training on completing a sexual Assault Investigation</p> <p data-bbox="280 703 501 739">Training rosters</p> <p data-bbox="280 846 903 882">Individuals interviewed/ observations made.</p> <p data-bbox="280 918 852 954">Interview with Agency PREA Coordinator</p> <p data-bbox="280 990 783 1025">Interview with trained Investigators</p> <p data-bbox="280 1061 564 1097">Observation on tour</p> <p data-bbox="280 1205 632 1240">Summary Determination</p> <p data-bbox="280 1276 1477 1850">Indicator (a) The Maine Department of Corrections employs its own investigative body. The Department of Corrections Special Investigations and Intelligence (SII) unit and the Criminal Investigator at Mountain View Correctional Facility are law enforcement officers in the state of Maine. As such, they have received training in completing investigations consistent with the Maine statutes and DOC policy. The Maine Department of Corrections was able to have a cadre of staff members trained by utilizing a curriculum developed by the PREA Resource Center. "How to complete sexual assault investigations of the correctional setting." Agency policy (6.11.3) sets forth the requirement of specialized training for investigators of sexual misconduct at DOC facilities. "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."</p> <p data-bbox="280 1962 1430 2074">Indicator (b) The material from the investigator training reviewed by the Auditor supports the required topics that were addressed. The training materials and the interview with a trained investigator confirmed the training covered, how to</p>

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. Discussions with the trained investigator support his use of the information in his interactions with alleged victims and perpetrators of sexual violence. As there were no cases at DCF, the investigator explained his experience using the information from the training in investigations at the Mountain View Correctional setting.

Indicator (c) Training records were provided for the Mountain View Lead investigator. The Maine DOC also has the Office of Professional Review which would complete investigations on staff-involved incidents. Staff in this unit can assign other investigators if there is a belief of any conflict of interest and can assign an individual to complete an administrative investigation in addition to the criminal cases. There are currently three trained individuals assigned to the Mountainview facility who have completed the training.

Conclusion: The Maine Department of Corrections ensures that staff who complete investigations have received appropriate specialized training on investigating sexual assault in a correctional setting. Currently, there are more than a dozen individuals approved by the Maine Department of Corrections to complete criminal investigations in a correctional setting. 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 the 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. Absent any current investigations the auditor relied on the training materials provided and the interview with the trained investigator in determining compliance.

115.235	Specialized training: Medical and mental health care
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 619 452">Pre-Audit Questionnaire</p> <p data-bbox="280 488 1214 524">6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention</p> <p data-bbox="280 560 866 595">18.18 Forensic information and evidence.</p> <p data-bbox="280 631 746 667">Wellpath PREA training materials</p> <p data-bbox="280 703 724 739">Documentation of staff training</p> <p data-bbox="280 846 906 882">Individuals interviewed/ observations made.</p> <p data-bbox="280 918 954 954">Interviews with Medical and Mental Health staff</p> <p data-bbox="280 1061 632 1097">Summary Determination</p> <p data-bbox="280 1133 1477 1626">Indicator (a) the Downeast Correctional Facility employs the services of Wellpath, a private Correctional Medical, and Mental Health Services Provider. The agency trains staff on PREA-specific considerations from the medical and mental health provided perspective. Included in the training materials and the staff interviewed was information that the training addressed signs and symptoms of abuse, communication with a victim, how to report an allegation, and how to preserve evidence. The nursing staff knew that they should not clean any injuries and only treat critical health concerns before transporting them to the hospital for a rape kit. Medical staff confirmed that a lot of support work would be engaged upon the resident's return from the hospital. There are currently 4 medical or mental health staff who work at the facility. Inmates with Mental health issues or concerns are seen via telehealth network by staff at the Mountain View Correctional Facility.</p> <p data-bbox="280 1733 1398 1850">Indicator (b) The staff does not complete a forensic exam. Agency policy 18.18 specifically prohibits nursing staff at Maine DOC facilities to be part of testing inmates as part of proving or disproving sexual misconduct.</p> <p data-bbox="280 1957 1422 2074">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 4 medical professionals currently servicing the residents of the</p>

Downeast 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.

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. Training records provided in 115.32 support these individuals have been trained.

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 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 staff knew to also report any concerns to the Investigator, or the Unit Manager. 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.

115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention</p> <p>Policy 18.4 Health Screening and Assessment</p> <p>DCF Stoplight CORIS Report</p> <p>Copies of Screening and Assessment forms</p> <p>Initial and follow up assessments for residents</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interviews with Wellpath staff.</p> <p>Interview with Unit Manager</p> <p>Interview with the Correctional Care and Treatment Worker</p> <p>Interview with Residents</p> <p>Population report</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>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:</p>

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 DCF of current residents and in the interviews of random residents. Even though DCF is a satellite of the Mountain View Correctional facility all residents are screened upon admission including those from Mountainview Correctional Facility. A review of files and the Agency PREA stoplight report which tracks screening, assessment and education of residents on PREA supports compliance. Since there were no admission during the audit the Correctional Care and Treatment Worker (CCTW) was able to walk me through the process of how questions are asked and if needed followed up on, how she ensures the resident understand the questions being asked and how she uses DOC records to further ensure an accurate score is derived.

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 Downeast Correctional Facility supports this practice standard is met. The Department of Correction has established a report from its CORIS system (stoplight report) that logs compliance with screening / reassessment timeliness. A review of a report show consistent compliance with the policy. 97% of the residents were screened in the first 72 hours who remained in the program. The resident records 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. The DCF's Correctional Care and Treatment Worker reviewed the process for initial screenings that are completed by her or the Unit Manager when resident are transferred to DCF. Residents support they are asked questions required to assess an individual's risk of being a victim of sexual misconduct. The Unit Manager and the PREA Compliance Manager were able to provide information on the individuals who were not screened in time according to the CORIS report. They include individuals who were transferred for medical reasons, an individual who was on ground under an hour and a resident who was transferred to the facility to work food services for the facility grand opening.

Indicator (c) The tool developed by the Maine Department of Correction 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. Given the lower custody level of the facility there would be less individuals who would screen as a high risk. Individuals with aggressive past would not have had any recent institutional problems to be made eligible for DCF.

Indicator (d) A review of the objective tool used in Maine DOC facilities shows that it accounts for all 10 elements required in this indicator. The intake staff person described how interview information, and the information in CORIS will inform the tool. Any concerns would be brought to the attention of the Unit Manager. Medical staff also knew the importance sharing information that may impact the screening.

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. The staff completing the screening and reassessments confirmed they use resident's criminal and institutional histories of violent acts including sexual misconduct confirmed. The Intake staff person confirms they review the criminal record available in CORIS and the clients institutional discipline records from their DOC stays.

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 Correctional Care and Treatment Worker at DCF 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. There have

been no instances that required a reassessment of an individual at DCF. The Unit Manager, CCTW, Nurse and Sergeants interact daily which will allow for information to be shared that might cause a reassessment to be completed.

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." The Unit Manager and the CCTW are the only ones with regular access to the screening information. The resident records screening hard copies are kept locked in the CCTW's locked office in the Administration building. Medical record in paper form outside the Wellpath EMR are locked in cabinets in the clinic office which is also secure when a nurse is not on duty.

Conclusion: The Downeast 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. Finally residents confirmed that questions required to determine an individual's risk of abuse are asked at intake and repeated in the first month of their stay.

115.242	Use of screening information
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1051 452">Downeast Correctional Facility Pre-Audit Questionnaire</p> <p data-bbox="280 488 999 524">Policy 6.11.2 Sexual Misconduct - Prevention) DOC</p> <p data-bbox="280 560 994 595">Policy 23.8 Management of Transgender Residents</p> <p data-bbox="280 631 906 667">Individuals interviewed/ observations made.</p> <p data-bbox="280 703 788 739">Interview with Facility PREA Monitor</p> <p data-bbox="280 775 683 810">Interview with Random Staff</p> <p data-bbox="280 846 738 882">Interview with random residents</p> <p data-bbox="280 918 528 954">Population report</p> <p data-bbox="280 990 564 1025">Observation on tour</p> <p data-bbox="280 1133 632 1169">Summary Determination</p> <p data-bbox="280 1205 1484 2029">Indicator (a) The PREA screen used at DCF 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 AMHC. 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. DCF has separate sleeping areas, but the TV/living space and bathroom is common to all residents. Individuals referred to DCF, even with sexual offence histories, would not have had any recent aggressive behaviors. The facility can determine work locations on grounds or in the community for each individual. Resident programming is minimal as most have undergone prior treatment in custody. The Unit Manager reports individuals who are a high risk to commit sexual abuse would not be placed at DCF. There is no classroom education at DCF, resident pursuing education do individualize online education.</p>

Indicator (b) Safety of the residents is considered throughout the resident's stay. Each resident is met by the CCTW and the Unit Manager. 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 DCF. The facility meets with resident frequently allowing plans to be adjusted if needed. There were no individuals who currently were at risk from another residents PREA classification score.

Indicator (c) There are currently no transgender individuals at DCF. 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 residents are eligible for placement at DCF. The DOC central office, the sending facility and the DCF staff would all be engaged in a plan to support the resident's smooth transition. There was transgender individual who was place at DCF for a short period before being released home. The Unit Manager had a transition meeting with Mountain View prior to the transfer to discuss housing and search set up and to discuss any needs or concerns. The individual was only able to work on grounds as local companies were less willing to hire her because she had a release date closer than most other residents.

Indicator (d) Since there is no current transgender individuals at DCF, 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." The Unit Manager discussed how he handled the transition of the resident including a pretransfer meeting with Mountain View, the steps taken upon her arrival and her overall performance in the program. The Auditor made suggestions on how to improve documentation of these meetings.

Indicator (E) There are no gang showers in DCF. The housing unit has 4 individual

showers in the bathrooms. The showers have two sets of curtains providing a level of privacy from staff completing tours who can only see feet and heads both while they are in the shower or while they are changing. The Unit Manager described steps that could be taken to provide level of safety for transgender individuals who may be referred to DCF. Because the individual worked on grounds, she was able to shower while the majority of the facility was off grounds. The Individual had only recently identified as transgender and was made aware by the Unit Manger with whom she knew from his prior role as a Captain at Mountain View Correctional Facility.

Indicator (f) The Downeast 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 DCF are asked how they feel about their safety which helps guide the placement process for housing and eventually programming. DCF 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.

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. Individuals with High-Risk classifications for committing sexual violence reportedly would not be placed at DCF. 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
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.3 Sexual Misconduct (PREA and Maine Statues)- Reporting and Investigations</p> <p>MeCASA Memo</p> <p>Sexual Assault Brochure</p> <p>Resident handbook</p> <p>PREA Posters</p> <p>Washington County Jail MOU</p> <p>Memo confirming no PREA Incidents</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Random Staff</p> <p>Interview with Contracted staff</p> <p>Interview with residents</p> <p>Observation on tour</p> <p>Outreach to Washington County Sheriff's Office</p> <p>Summary Determination</p> <p>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 at the Downeast Correctional Facility confirmed that they know there are multiple ways to</p>

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 staff, by writing the Warden or by calling the DOC PREA 'hotline' (agency PREA Coordinator). The majority of the inmates spoken with stated they would bring the concern directly to the Unit Manager. 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 Washington County Jail would be considered protected communication. The Washington County Jail serves as an outside reporting option for residents. A representative of Washington County Jail confirms the MOU and supports that residents have not sent any complaints to them about sexual misconduct at DCF.

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 Washington 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 AMHC 24-hour manned line for emotional support. Each agency would notify the DOC of concerns while allowing the individual to remain anonymous. The Downeast Correctional Facility 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 Washington 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. Staff report comfort in speaking to the Unit Manager and stated if he was the person that they had concerns with they could go to the Investigator or the Mountain View Warden. They also stated, they can make a report using either the posted phone numbers to County Jail, AMHC or The Maine DOC PREA Coordinator. Staff interviews confirmed they were aware of multiple avenues to report a concern. The staff knew they could report out of the chain of command without consequences.

Compliance Determination

Maine Department of Corrections Policy 6.11.3 SEXUAL MISCONDUCT - Reporting and Investigation, outlines the requirements of this standard. Page one of the policies addresses the staff 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, speaking with 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 support continued access to information about PREA. The rape crisis information is also in the resident handbook. Residents spoken to reported comfort in speaking with staff, CCTW, Nurse or the Unit manager, 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
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1051 452">Downeast Correctional Facility Pre-Audit Questionnaire</p> <p data-bbox="280 488 1345 524">Policy 6.11.4 Sexual Misconduct - Administrative Sanctions and Grievances</p> <p data-bbox="280 631 903 667">Individuals interviewed/ observations made.</p> <p data-bbox="280 703 783 739">Interview with facility PREA Monitor</p> <p data-bbox="280 775 746 810">Interview with DCF Unit Manager</p> <p data-bbox="280 846 751 882">Interview with Random Residents</p> <p data-bbox="280 990 564 1025">Observation on tour</p> <p data-bbox="280 1061 632 1097">Summary Determination</p> <p data-bbox="280 1133 1474 1832">Indicator (a) The Downeast Correctional Facility is not exempt from the standard; residents can file a grievance on conditions that violate their rights or prison rules. Sexual misconduct is a reason for which a resident can file a grievance. There were no reported grievances at DCF related to PREA since the program opened a little over a year ago. 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." PREA Policy 6.11.4 details on pages 4-7 the various requirements of this standard. Residents spoken with were aware of the grievance process as a potential avenue to report a concern.</p> <p data-bbox="280 2016 1465 2092">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</p>

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 grievance officer for Mountain View CF and to the Unit Manager. 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 who is the Warden of Mountain View Correctional Facility. There were no grievances related to sexual misconduct at DCF.

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 days 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: Downeast 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 Warden, the PREA Monitor, and the Unit Manager there have been no instances in the past year that a resident used the grievance process for a sexual assault case at the DCf. 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, the CCTW,

	<p>or the Unit Manager about concerns. Absent a PREA Grievances to review, compliance determination relied on the policy and interviews with the PREA Monitor, the Unit Manager, and the residents, who were all aware the grievance process was a possible avenue to report a sexual misconduct concern.</p>
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.2 Sexual Misconduct - Prevention) DOC</p> <p>DCF Resident Handbook</p> <p>Posters in the Facility</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Director</p> <p>Interview with PREA Monitor</p> <p>Interview with AMHC representative</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) Downeast Correctional Facility provides access to the local rape crisis agency, the Aroostook Mental Health Services (AMHC). 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. “A phone call between a resident and the toll-free statewide sexual assault response line concerning a complaint of sexual misconduct shall be treated as a privileged phone call.” DCF 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. The DCF handbook confirms and outlines the inmates rights to access to the Rape Crisis Center’s advocates even if the abuse took place before the individual entered into the custody of the Department of Corrections. “ You have the right to request an advocate from the local sexual assault support center to either meet with you in person or talk to you on the phone. Professional staff are available to help you at any time for any sexual assault you may have suffered at any time in your life before your time at this facility. Support is also available via the statewide sexual assault crisis and support line.”</p>

Discussions with the Unit Manager and the AMHC representative confirmed that victims of sexual abuse can receive supportive counseling at the facility. The individual would be able to meet with such individuals in a private space similar to the space used by the auditor.

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 DCF 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. There are several unit phones that can be used or residents may request to speak to the Case Worker or Unit Manager to provide increased privacy of information. The Auditor tested the ability to speak with an advocate through the phone system with a resident's assistance. The residents interviewed understand the limits of privacy on the unit phones.

Indicator (c) The Department of Correction has a Memorandum of Understanding with AMHC, which covers the Downeast Correctional Facility. The agreement is renewable for two-year periods. The DOC also agreement was last signed in October of 2021. The representative of AMHC confirmed the MOU and the relationship with the DOC PREA Office. The Auditor spoke with the facility leadership and the AMHC representative on expanding relationships and communication. The AMHC representative reports he went out to the facility when it first opened and met with the Unit Manager and that he was planning another visit at the time of the interview. The Representative confirmed their ability to support individual on site in addition to the hotline and performing accompaniments to hospital and investigative interviews. The representative also confirmed they have recieved no allegations of sexual misconduct at Downeast from any current or former residents.

Conclusion: Resident victims at DCF can access victim advocates for emotional support. The agency has entered into a Memorandum of Understanding with the Aroostook Mental Health Services (AMHC) to provide support to victims (Indicator (c). Aroostook Mental Health Services is part of Maine Coalition Against Sexual Assault (MECASA). The Deputy Commissioner has signed the MOU AMHC, which has a renewal clause. As part of the audit process the Auditor spoke by phone to an AMHC representative who confirms their ability to provide service at DOC facilities. The PREA Brochure, resident handbook and signage at the facility had a toll-free number for residents to access from the unit phone in the facility or with their case manager. The handbook tells residents they can call or write AMHC who could come to the facility to provide services as a professional visit. Requirements for

<p>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 AMHC. 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 AMHC. 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 AMHC.. Finally, the Auditor communicated with AMHC representative, who confirmed that they have been providing services to clients at DCF, including hospital escorts.</p>
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115.254	Third party reporting
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1051 452">Downeast Correctional Facility Pre-Audit Questionnaire</p> <p data-bbox="280 488 1121 524">Policy 6.11.2 Sexual Misconduct - PREA and Maine Statutes</p> <p data-bbox="280 560 727 595">Policy 21.03 Prisoner Telephone</p> <p data-bbox="280 631 560 667">Maine DOC Website</p> <p data-bbox="280 703 711 739">PREA Posters on Housing units</p> <p data-bbox="280 775 724 810">Logs of the PREA report Hotline</p> <p data-bbox="280 990 903 1025">Individuals interviewed/ observations made.</p> <p data-bbox="280 1061 852 1097">Interview with Agency PREA Coordinator</p> <p data-bbox="280 1133 1035 1169">Interview with Washington County Jail Representative</p> <p data-bbox="280 1205 564 1240">Observation on tour</p> <p data-bbox="280 1348 632 1384">Summary Determination</p> <p data-bbox="280 1420 1477 2074">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</p>

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. There were zero allegations investigated that were initiated by a DCF resident or staff contacting the agency hotline or through Washington County Jail. No family member or other interested parties have used this process to report sexual misconduct at DCF in the past year.

Conclusion: Maine Department of Corrections has put in place multiple resources of residents and families to report a PREA-related concerns. The PREA Coordinator reports he has a 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 logging of information on all calls to the PREA Line. Compliance also included policy interviews with the PREA Coordinator and discussions with Washington County Jail staff.

115.261	Staff and agency reporting duties
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1051 452">Downeast Correctional Facility Pre-Audit Questionnaire</p> <p data-bbox="280 488 922 524">Policy 6.11.5 Sexual Misconduct - responding</p> <p data-bbox="280 560 1155 595">Policy 6.11.3 Sexual Misconduct - Reporting and Investigating</p> <p data-bbox="280 631 628 667">DCF PREA response plan</p> <p data-bbox="280 703 772 739">State PREA Coordinator hotline log</p> <p data-bbox="280 846 903 882">Individuals interviewed/ observations made.</p> <p data-bbox="280 918 852 954">Interview with Agency PREA Coordinator</p> <p data-bbox="280 990 673 1025">Interview with random staff</p> <p data-bbox="280 1061 762 1097">Interview with facility Investigator</p> <p data-bbox="280 1133 954 1169">Interviews with Medical and Mental Health staff</p> <p data-bbox="280 1272 632 1308">Summary Determination</p> <p data-bbox="280 1344 1474 2007">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. In interviews, 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. In policy 6.11.3 (pages2-3) the agency lays out the expectation of staff volunteers or contractors who become aware of an allegation of sexual assault or sexual harassment of a resident. The policy informs the reader of the need to make initial verbal reports followed by written reports. The policy also describes all the individuals in the facility and in the agency who need to be notified 'immediately'.</p>

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 6.11.3. "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.

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.

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

Indicator (e) All staff are clearly aware that the Criminal Investigator from Mountain View Correctional Facility must be called as part of the response plan. There were no allegations at Downeast Correctional Facility and as such the Auditor was unable to review investigative files for materials further supporting this indicator.

Conclusion: There are policies that direct the staff of Downeast 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 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 were aware of the timely reporting concerns to Wellpath and

	<p>the DCF 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 Downeast Correctional Facility staff clearly understands their responsibility to report a concern related to PREA.</p>
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115.262	Agency protection duties
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 906 376">Individuals interviewed/ observations made.</p> <p data-bbox="280 416 1254 452">Interview with the Director of Correctional Operations for Maine DOC</p> <p data-bbox="280 488 1193 524">Interview with the Warden of Mountain View Correctional Facility</p> <p data-bbox="280 560 855 595">Interview with Agency PREA Coordinator</p> <p data-bbox="280 631 756 667">Interviews with random residents</p> <p data-bbox="280 775 632 810">Summary Determination</p> <p data-bbox="280 846 1477 1464">Indicator (a) The Downeast Correctional Facility has not had to protect a resident at imminent risk of sexual abuse in the past year. The Director of Correctional Operations for Maine’s Department of Correction, Warden of Mountain View Correctional Facility 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 Director of Operations, would also be notified of these events. As a community Confinement facility, the situation would be investigated immediately with the parties separated. Once a Unit Manager or investigator to determine the validity of and level of risk to the resident consideration would be made about the movement of one or both parties to alternative correctional environments in the DOC. Because DCF is a community confinement environment, aggression is rare. The Unit Manager 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,</p> <p data-bbox="280 1500 1430 1617">“1. 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.</p> <p data-bbox="280 1653 1477 1769">2. 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="280 1805 1461 1921">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="280 1957 1477 2083">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</p>

a program location; starting an investigation into the situation; and any other steps deemed necessary to prevent an incident of sexual misconduct.”

Random staff interviews support a complete understanding of their responsibilities as first responders. The Auditor was able to confirm information they provided against the training materials of the Maine DOC. There has been no instance since DCF opened that a staff person has had to protect an individual from imminent risk of sexual abuse. All staff knew to immediately notify the supervisor and keep the individual safe and away from others until the situation can be investigated.

Conclusions: The Downeast Correctional Facility is committed to resident safety. The facility and agency administration support they have options to protect residents from potential abuse rather than placing them involuntarily in administrative segregation, which does not exist at DCF. In cases, where it is determined risk may exist 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.

115.263	Reporting to other confinement facilities
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1051 452">Downeast Correctional Facility Pre-Audit Questionnaire</p> <p data-bbox="280 488 1150 524">6.11.3 Sexual Misconduct- PREA Reporting and Investigations</p> <p data-bbox="280 698 906 734">Individuals interviewed/ observations made.</p> <p data-bbox="280 775 852 810">Interview with Agency PREA Coordinator</p> <p data-bbox="280 846 600 882">Interview with Warden</p> <p data-bbox="280 918 737 954">Interview with the Unit Manager</p> <p data-bbox="280 990 737 1025">Interview with the PREA Monitor</p> <p data-bbox="280 1133 632 1169">Summary Determination</p> <p data-bbox="280 1205 1481 1823">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 DCF.</p> <p data-bbox="280 1930 1445 2092">Indicator (b) The PREA Monitor, Unit Manager, and Warden were all aware in their formal interviews that notifications to outside facilities should be made as soon as possible but no later than 72 hours. Though the Warden has not had to do this at DCF he has made and received these notifications in the past at Mountain View</p>

Correctional Center.

Indicator (c) The Warden is aware of the need to follow up any telephone notification with a written email. He also reported that the PREA Coordinator would also be informed of these allegations.

Indicator (d). The Warden and Unit Manager of DCF both confirmed that the MVCF 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 DCF in the past year.

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 Warden confirmed he was aware of his responsibilities, including the documentation of notifications. The Unit Manager 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 with the facility and agency leadership.

115.264	Staff first responder duties
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1051 452">Downeast Correctional Facility Pre-Audit Questionnaire</p> <p data-bbox="280 488 1241 524">Policy 6.11.5 Sexual Misconduct- PREA Reporting and Investigations</p> <p data-bbox="280 631 906 667">Individuals interviewed/ observations made.</p> <p data-bbox="280 703 852 739">Interview with Agency PREA Coordinator</p> <p data-bbox="280 775 746 810">Interview with investigative staff</p> <p data-bbox="280 918 632 954">Summary Determination</p> <p data-bbox="280 990 1485 1191">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="280 1227 1458 1348">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. Policy provides a full description of expectations of the first responding person.</p> <p data-bbox="280 1384 1477 1671">“1. The first staff person discovering an incident of sexual misconduct involving a sexual act alleged to have occurred within the prior 72 hours shall ensure that the prisoner or resident is advised, if appropriate, that he or she should not shower, bathe, brush his or her teeth, clean his or her nails, or otherwise clean himself or herself, should not use the bathroom, should not eat, drink liquids, or smoke, should not change clothes, and should not take any other action that could damage or destroy evidence before it is collected.</p> <p data-bbox="280 1706 1453 1908">2. The first staff person discovering an incident of sexual misconduct involving a sexual act alleged to have occurred within the prior 72 hours shall ensure that all efforts are made to immediately secure the place where the incident occurred and secure any evidence, including, if appropriate, by arranging for the alleged perpetrator’s placement in a dry cell.</p> <p data-bbox="280 1944 1477 2065">3. The first staff person discovering an incident of sexual misconduct involving a sexual act or the Chief Administrative Officer, or designee, to whom the staff person has reported the incident shall ensure that if medical treatment is needed for a</p>

physical injury that it is offered immediately by facility medical staff, or, if there is no medical staff at the facility, shall ensure that the prisoner or resident is immediately transported to a hospital.

4. Regardless of whether the prisoner or resident received medical treatment at the facility for a physical injury, the Chief Administrative Officer, or designee, to whom the report of sexual misconduct involving a sexual act is made shall ensure that, if the sexual misconduct is alleged to have occurred within the prior 72 hours, the prisoner or resident is immediately transported to a hospital for examination by medical personnel skilled in the collection of sexual forensic evidence and is offered by the hospital the option of being supported by a victim advocate during the examination.”

All staff were able to provide the auditor with information on protecting the resident, keeping them separated from the aggressor, closing off the crime scene, asking the resident not to do anything that would destroy evidence, getting them medical assistance and notifying their supervisor. The staff confirmed that there has not been any instance since opening of DCF that this has occurred. The Auditor reviewed the Mine DOC PREA training to also ensure that the information provided was consistent with the training.

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. Policy language in indicator (a) described steps taken to protect evidence. The facilities investigator was able to describe his steps to collect evidence and the importance of the actions of the first responder in preventing contamination or destruction of evidence.

Conclusion: The Maine DOC trains all employees in the duties of a first responder. Maine DOC has developed a coordinated response plan that gives first responders directions and information to support them through the crisis. Compliance determination relied on the interviews with staff who 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 DCF are prepared to respond as evident in their answers that support compliance. The staff knew to separated individuals while investigative and administration make next steps in the coordinated action plan. Absent any staff at DCF acting as a first responder, compliance is based on policies, and interviews.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11. Sexual Misconduct- (PREA and Maine Statutes) General</p> <p>Policy 6.11.5 Sexual Misconduct- (PREA and Maine Statutes) Responding</p> <p>DCF Sexual Assault Response Plan</p> <p>Documentation of staff training</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Unit Manager of DCF</p> <p>Interview with Investigators</p> <p>Interview with Medical Staff</p> <p>Interview with Seargent's</p> <p>Interview with Hospital with SAFE/SANE staff</p> <p>Interview with local Rape Crisis Agencies</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Correction created DCF's facility preparedness plan in 2021 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 DCF Unit Manager to ensure staff understands the expectation. The policy states, "The Chief Administrative Officer, or designee, shall ensure that all facility staff are</p>

familiar with their facility's PREA Response Incident Plan." Though the CAO is the Warden of MVCF, the Unit Manager of DCF oversees daily operations in Machiasport.

Conclusion: Downeast Correctional Facility 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 Unit Manager, Sergeants, MVCF 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.

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>AFSCME and MSCA Union Contracts</p> <p>Policy 3.16 Administrative Leave</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Director of Operations</p> <p>Interview with Warden</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. Policy 3.16 states management’s right to remove individuals when it states, “The Chief Administrative Officer of a facility, the Regional Correctional Administrator of a community corrections region, or the Commissioner of Corrections may place an employee on administrative leave when determined to be beneficial to the Department, including, but not limited to, situations in which:</p> <p>a. there has been an allegation that the employee has engaged in conduct warranting disciplinary action and administrative leave is determined necessary to preserve the integrity of the investigation or the safety of the employee or another person.”</p> <p>There were no situations where a staff person or contractor had to be removed from contact with residents at DCF in the past year for concerns related to sexual misconduct. This was confirmed with the Unit Manager and the Warden in their interviews.</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</p>

<p>units. A review of the contracts by the Auditor did not find any language which would limit the Department of Corrections from removing an alleged Staff Sexual Abuser from having contact with the reported victim. Each of the contracts has a subsection on the Prison Rape Elimination Act. In this section, the unions and the Department of Corrections acknowledge they must comply with the Prison Rape Elimination Act. The Director of Operations for Maine DOC and the Warden reported the ability to remove staff if needed from contact with residents. The agency has used administrative suspensions to separate staff from residents during an investigation in its other facilities. This standard is compliant based on the information provided in interviews that support the practice is used. The Auditor also considered the policy language and the contractual documentation when determining compliance.</p>

115.267	Agency protection against retaliation
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1051 452">Downeast Correctional Facility Pre-Audit Questionnaire</p> <p data-bbox="280 488 1390 564">Policy 6.11.3 Sexual Misconduct (PREA and the MAINE Statutes) Reporting and Investigating</p> <p data-bbox="280 600 671 636">Retaliation monitoring form</p> <p data-bbox="280 743 906 779">Individuals interviewed/ observations made.</p> <p data-bbox="280 815 1038 851">Interview with the Director of Correctional Operations</p> <p data-bbox="280 887 655 922">Interview with the Warden</p> <p data-bbox="280 958 748 994">Interview with DCF Unit Manager</p> <p data-bbox="280 1030 794 1066">Interview with an Investigative Staff</p> <p data-bbox="280 1173 632 1209">Summary Determination</p> <p data-bbox="280 1245 1477 1783">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 has a tracking form to ensure more consistent documentation. There have been no cases requiring monitoring at the DCF. Policy language provides direction on things to be monitored and the individuals responsible. “The Chief Administrative Officer, or designee, shall ensure that a prisoner or resident or staff, volunteer or student intern who reports sexual misconduct and the prisoner or resident who is alleged to have been the victim of the sexual misconduct is monitored for ninety (90) days, and longer if appropriate, for any signs of possible retaliation, including, but not limited to, monitoring of disciplinary reports, housing status changes, or program changes, and negative performance evaluations, as applicable. Monitoring shall include periodic contact directly with the person monitored.</p> <p data-bbox="280 1818 1477 2065">2. The Chief Administrative Officer, or designee, shall also ensure that any prisoner or resident or staff, volunteer or student intern who cooperates with an investigation into alleged sexual misconduct is similarly monitored if the person expresses a fear of retaliation or it is otherwise deemed appropriate.” The policy goes on to identify who is responsible for monitoring “If a prisoner is being monitored, the Unit Manager, or other designated facility staff, shall be responsible for the monitoring.”</p>

“If a staff person is being monitored, the facility Human Resources Manager, or other designated facility staff, shall be responsible for the monitoring. If a volunteer is being monitored, the facility Volunteer Coordinator, or other designated facility staff, shall be responsible for the monitoring. If a student intern is being monitored, the intern’s supervisor, or other designated facility staff, shall be responsible for the monitoring.”

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Indicator (b) The Director supported the facility has the ability to support a victim from any retaliation for making a PREA allegation or cooperating in an investigation. The individual involved in a criminal offense would be removed to a higher level of custody (MVCF) and the victim would continue to be monitored for any retaliatory behaviors by other residents or staff. The Warden reported similarly the staff involved would be monitored for any concerns after an event. The Warden and the Unit Manager believe incidents can be safely managed to ensure no retaliation occurs at DCF. 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 a face-to-face communication has occurred, or if mental health follow-up was requested from any of the monitoring concerns. As noted previously there have been no incidents resulting in a monitoring form being used at DCF. The Unit Manager was aware that the monitoring is not limited to the victim but to any staff or resident who cooperated in the investigation. He report that the small population allows for staff to monitor resident interactions for retaliation. All discipline and program and bed assignments changes would be forwarded to him.

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 a 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 a policy in place to address the elements of this standard. The Human resources staff are aware of the standard and the Warden would also utilize his administrative staff to further monitor staff.

The Director of Correctional Operations for Maine DOC, the Warden, and the DCF Unit Manager 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. The Unit Manager and Warden were aware that protection monitoring should be done with all individuals who cooperate with the investigation. The standard is compliant based on the information provided, interview statements, and the policy.

115.271	Criminal and administrative agency investigations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1051 452">Downeast Correctional Facility Pre-Audit Questionnaire</p> <p data-bbox="280 488 1398 564">Policy 6.11.3 Sexual Misconduct (PREA and the MAINE Statutes) Reporting and Investigating</p> <p data-bbox="280 600 624 636">Policy 7.1 Investigations</p> <p data-bbox="280 672 624 707">Policy 7.3 Investigations</p> <p data-bbox="280 743 778 779">Sexual Assault Response Plan (SAR)</p> <p data-bbox="280 887 906 922">Individuals interviewed/ observations made.</p> <p data-bbox="280 958 852 994">Interview with Agency PREA Coordinator</p> <p data-bbox="280 1030 748 1066">Interview with DCF Unit Manager</p> <p data-bbox="280 1102 794 1137">Interview with an Investigative Staff</p> <p data-bbox="280 1245 632 1281">Summary Determination</p> <p data-bbox="280 1317 1477 2065">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 its 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</p>

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.

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 members of the current Mountain View investigative team have been trained to complete sexual abuse investigations in correctional settings. As noted in indicator (a) the agency has policy and state statutes for law enforcement officers that guide the process of completing sexual assault investigations. The state Attorney General’s office has a protocol that support law enforcement and medical professionals in the collection of evidence and effective communication with victims of abuse.

Indicator (c) In the Investigator’s interview with the Auditor he described the steps he takes to protect evidence. This includes reviewing the staff actions that should be occurring immediately to protect evidence while he is in transit to the facility. As a trained law enforcement staff, he knows 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 DCF but at a local hospital with SANE-trained nurses. The custody staff and medical staff also were able to discuss steps they would take to protect evidence. In addition to potential DNA and physical evidence, the Investigator spoke about the importance of getting video, and any written reports of the staff's actions and observations. He reports that interviews with witnesses, the alleged perpetrator, and the alleged victim all would occur in a private setting, but the interview would be recorded. Victims' advocates would be allowed to support a victim during the process. The Investigator also reports he would then look at the individuals involved to see of any history of past behaviors.

Indicator (d) The investigator supports that they can complete compelled interviews after they discuss with the local prosecutor 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 in Penobscot County but not

in Washington County since the opening of the facility.

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. He looks for consistency of statements and how statements match with the physical or electronic evidence.

Indicator (f) All criminal investigations potentially can include a referral to the Office of Professional Review. if the evidence supports that a staff person's actions or inactions led to a resident-on-resident sexual assault. Administrative investigations into sexual harassment claims or other staff actions in sexual misconduct investigations can result in discipline outside of termination. The Downeast Correctional Facility has not 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 MVCF/DCF investigative team will result in a written report as required in the agency's related policies. There were no investigations to review as there were no incidents related to PREA since the opening of the unit. 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 the separation of the parties from the institution. This was confirmed through the investigative staff member's interview.

Indicator (j) Agency policy and the Investigators interviewed confirmed individual's departure from the institution would not result in the case being closed. The Investigator for Mountain View Correctional Facility, which DCF is a part of, 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 a statement on when an investigation cannot 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 Maine DOC has sufficient and appropriately trained individuals who can complete sexual assault investigations. Maine DOC investigates all potential sexual-related incidents as possible PREA events even if the residents report the actions were consensual. In doing so they ensure all incidents are investigated and evidence 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 investigator 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 are never done. Absent any investigations at DCF the Auditor determined compliance based on the interview with the trained investigator to get a clear understanding of the steps he would take in an investigation and how his training and policy guide the steps he takes.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast 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 a preponderance of the evidence.” The interview with the trained investigator confirmed that preponderance of evidence is used in determining the conclusions he would come to in completing an administrative investigation.</p> <p>Conclusion: The Department of Corrections has staff trained as PREA investigative staff for the Mountain View Correctional Facility and the Downeast Correctional Facility as noted in 115.34. The investigative staff throughout the Maine Correctional system consistently report no greater standard than a preponderance of evidence in making a determination on cases. Compliance was based on the policy and the interview with the Investigative Officer and his explanation his process in coming to a determination on whether to substantiate a case or not. This investigator also supported the standard of preponderance of the evidence.</p>

115.273	Reporting to residents
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1051 452">Downeast Correctional Facility Pre-Audit Questionnaire</p> <p data-bbox="280 488 1326 524">Policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Investigations</p> <p data-bbox="280 627 906 663">Individuals interviewed/ observations made.</p> <p data-bbox="280 698 794 734">Interview with an Investigative Staff</p> <p data-bbox="280 770 746 806">Interview with DCF Unit Manager</p> <p data-bbox="280 842 683 878">Interview with PREA Monitor</p> <p data-bbox="280 981 632 1016">Summary Determination</p> <p data-bbox="280 1052 1481 1258">Indicator (a) Maine DOC provides notification to all residents on the outcome of their investigations into Sexual misconduct. The agency policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Investigations page 7 requires the notification to residents if the allegation was substantiated, unsubstantiated or determined to be unfounded. In a section of the policy Follow-up with Prisoner or Resident it states,</p> <p data-bbox="280 1294 1481 1541">“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.</p> <p data-bbox="280 1576 1481 1868">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.</p> <p data-bbox="280 1904 1481 2060">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.”</p>

Indicator (b) The first portion of the indicator does not apply as Maine DOC completes criminal and administrative investigations at all DOC facilities. DCF has access to the investigative team from Mountain View Correctional Facility since DCF is a satellite program of the Correctional Facility. There were no allegations of sexual abuse or sexual harassment at DCF 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.”

There have been no instances where a resident was needed to be informed on any of the conditions listed in this indicator

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

	<p>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 Downeast Correctional Facility has not had any PREA incidents compliance relied on policy, the interviews with the investigative staff person, and the DCF Unit Manager.</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances</p> <p>Policy 3.15 Disciplinary Sanction</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with an Investigative staff</p> <p>Interview with Human Resources representative</p> <p>Interview with Warden</p> <p>Summary Determination</p> <p>Indicator (a) Maine DOC provides notification to all employees in two policies on the sanctions for violating agency policies. In its Disciplinary policy (3.15) the DOC states the use of sanctions are to “enforces high standards of professional conduct and assures a safe and efficient operation in compliance with all applicable State laws”. The policy also goes on to state, “Misconduct that is considered to be egregious may result in disciplinary action, up to and including termination, as applicable, without progressive discipline.” The Auditor confirmed this expectation with the Agency Head’s representative and the facility administration. There have been no discipline of staff at Downeast Correctional Facility since the opening of the facility for any form of sexual misconduct.</p> <p>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. Discussions with staff confirmed that any staff who</p>

engages in sexual assault of a resident would be terminated. They also confirmed that they understood that residents can't consent to relationships with staff.

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 since opening.

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 are certified law enforcement agents in the state with full arrest authority both in the institution and in the community. Policy 6.11.4 states, "Termination of employment for a violation of a departmental sexual misconduct policy, or the resignation by a Department employee who would have been terminated if not for his or her resignation, shall be reported to the appropriate criminal prosecuting authority, i.e., the Attorney General's office or a District Attorney's office, unless the activity was clearly not criminal, and to any relevant licensing or certifying bodies." The Unit Manager and Warden both confirmed no discipline of staff related to PREA has occurred since the unit opened.

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. Absent any cases at DCF, compliance is based on policy, interviews and the reported track record of DOC handling of cases.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances</p> <p>Memo from Deputy Warden</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with an Investigative Officer</p> <p>Human Resources representatives</p> <p>Interviews with Contracted staff</p> <p>Interview with Warden</p> <p>Interview with PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator (a) Maine Department of Corrections provides notification to all contractors and volunteers about the agency’s zero tolerance for sexual misconduct with residents. Any violation of agency policies can lead to an immediate cessation of privileges. If the investigative process reveals the actions were criminal in nature the 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 policy goes on to state, ‘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</p>

criminal prosecuting authority, i.e., the Attorney General's office or a District Attorney's office, unless the activity was clearly not criminal, and to any relevant licensing or certifying bodies." The Deputy Warden's memo confirms there have been no instances where contractors or volunteers committed sexual abuse of a resident.

Indicator (b) Interviews with agency and facility leadership support that violations other than actual sexual assault by a contractor or volunteer would be reviewed to determine if it was appropriate to continue services. 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 Warden would use information from the investigation to determine if it was appropriate to allow continued access. Interviews with contracted staff confirmed they were aware of PREA and the legal rights of the residents to be free from sexual abuse or harassment.

Conclusion: The Downeast Correctional Facility has contractors and volunteers 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 DCF 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 Deputy Warden, the Unit Manager 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. Absent any allegations, compliance is based on policy, supporting documentation and interviews.

115.278	Disciplinary sanctions for residents
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1051 452">Downeast Correctional Facility Pre-Audit Questionnaire</p> <p data-bbox="280 488 1174 524">Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes)</p> <p data-bbox="280 560 711 595">Policy 20.1 Resident Discipline</p> <p data-bbox="280 631 767 667">Policy 18.6 Mental Health Services</p> <p data-bbox="280 703 788 739">Policy 23.06 Privileged level system</p> <p data-bbox="280 775 558 810">Resident Handbook</p> <p data-bbox="280 913 906 949">Individuals interviewed/ observations made.</p> <p data-bbox="280 985 820 1021">Interview with an Investigative Officer</p> <p data-bbox="280 1057 628 1093">Interview with Residents</p> <p data-bbox="280 1128 600 1164">Interview with Warden</p> <p data-bbox="280 1200 740 1236">Interview with PREA Coordinator</p> <p data-bbox="280 1415 632 1451">Summary Determination</p> <p data-bbox="280 1487 1484 1899">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="280 2007 1481 2087">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</p>

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.

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 Warden confirm that this is the actual process.

Indicator (d) Residents of the Downeast Correctional Facility have access to mental Health Services. Individuals who engage in sexual assault of another resident would be removed from the program and placed in higher level custody facility. At that point they could be seen for a full assessment.

Indicator (e) The investigative staff and Unit Manager 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. The Unit Manager reports residents who engage in sexual contact would be disciplined and a separate determination would be made with administration on appropriate housing of those involved.

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
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding</p> <p>Policy 18.03 Access to Care</p> <p>Policy 18.4 Health Screening and Assessment</p> <p>Policy 18.5 Healthcare</p> <p>Policy 18.6 Mental Health Services</p> <p>Website of the Maine Attorney General</p> <p>Website of Wellpath</p> <p>Resident records</p> <p>Resident screenings</p> <p>Individuals interviewed/ observations made.</p> <p>Interviews with Medical Staff</p> <p>Interview with Residents</p> <p>Interview with PREA Coordinator</p> <p>Interview with Unit Manager</p> <p>Observation of the medical clinic</p> <p>Summary Determination</p> <p>Indicator (a) The Downeast Correctional Facility has a part time 7-day medical clinic. 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 available onsite and there is after-hours availability of on call medical and mental health practitioners. As a satellite of Mountain View Correctional Facility, allows DCF to have access to off hours medical</p>

support and residents in medical emergencies can be taken to the local hospital. The services are diverse and consistent with community health clinics. Since DCF is a work program it would be rare to get individuals with significant medical needs.

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 about an hour away from the facility though the local hospital reports all nurses are trained in how to complete a rape kit but they are not currently certified by the state. 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. Mental Health Supports are most often done through telehealth. Residents had raised a concern about privacy in these calls and the Auditor spoke to the Warden and Unit Manager who resolved the privacy concern. The facility nurse confirmed that she can have a resident transferred to a local hospital without any significant delay. She reports the medical chart would include information on the steps taken at the facility to protect evidence, initial assessments and information about transportation. The medical chart would also include post release recommendations and follow up. Since Mental Health is remote the nurse would also chart about referrals the mental health staff.

There were no residents transferred from DCF to local hospitals for sexual abuse evaluations.

Indicator (b) 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 Nurse that in addition to the RN staff on site that there is on call resources of both medical and mental health practitioners available through Mountain View Correctional facility. All staff were aware of the importance of getting the victim to a hospital for an exam as soon as possible. The Unit manager reports even if the facility was a minimum staff, he or other staff would respond to ensure the resident is brought to the hospital without significant delay.

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. The Auditor also reviewed the state protocol and confirmed that prophylactic medications and other treatment recommendations were consistent with the standard.

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

Conclusion: Downeast Correctional Facility has the ability to quickly respond to and provide emergency care and referral to a local hospital for forensic services. The agency response plan for PREA incidents outlines the steps taken to ensure access to care. Maine DOC has on-site medical nursing staff during the day with 24-hour back-up services from Wellpath staff at the Mountain View Correctional Facility. 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 DCF would be referred to the Downeast Hospital in Machias or the Bangor hospitals for SANE services. The Auditor did speak with representative of the regional hospitals to find the extent of training for nurses for 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.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding</p> <p>Policy 18.4 Health Screening and Assessment</p> <p>Policy 18.5 Healthcare</p> <p>Policy 18.6 Mental Health Services</p> <p>Maine Attorney General's website</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Medical Staff</p> <p>Interview with Resident</p> <p>Interview with AMHC</p> <p>Interview with PREA Coordinator</p> <p>Observation of the medical unit</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Corrections ensures that all residents are provided with the appropriate level of medical and mental health services for any issues of sexual abuse. Wellpath staff will provide the appropriate level of care depending on how long ago the abuse occurred. If the incident has occurred recently the resident will be offered a forensic exam at a local hospital. If the incident is a prior 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 AMHC to provide the appropriate level of counseling. Individuals who previously disclosed abuse may have already sought treatment in other DOC facilities. All residents were</p>

aware of how to access mental health services if needed through the sick call system or speaking to a staff person if they were in an acute emotional state. 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 AMHC for support services post an incident of sexual misconduct. The Wellpath Medical and Mental Health staff spoken to confirmed, as did the AMHC 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 Downeast 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, can be taken care of in the Community but infirmary care would occur at Mountain View or at the local hospital.

Indicator (d) Not Applicable -The facility is all male with no transgender males in population

Indicator (e) Not Applicable - The facility is all male with no transgender males in the population

Indicator (f) The Auditor confirmed with both the medical staff and the representative of local hospitals that victims of sexual assault are offered testing for sexually transmitted diseases. This testing is provided free of charge, consistent with agency policy. 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 Downeast Correctional Facility in the past year. As a non-secure setting the alleged aggressor would be moved to higher custody facility where the services would be provided.

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 Downeast Hospital or to Bangor’s two hospitals 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. DCF 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 AMHC.

115.286	Sexual abuse incident reviews
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1070 374">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 414 1051 448">Downeast Correctional Facility Pre-Audit Questionnaire</p> <p data-bbox="280 488 1174 521">Policy 6.11.1 Sexual Misconduct (PREA and the Maine Statutes)</p> <p data-bbox="280 562 655 595">memo on lack of incidents</p> <p data-bbox="280 636 722 669">Sexual Misconduct review form</p> <p data-bbox="280 775 904 808">Individuals interviewed/ observations made.</p> <p data-bbox="280 848 820 882">Interview with an Investigative Officer</p> <p data-bbox="280 922 628 956">Interview with Residents</p> <p data-bbox="280 996 748 1030">Interview with DCF Unit Manager</p> <p data-bbox="280 1070 740 1104">Interview with PREA Coordinator</p> <p data-bbox="280 1207 632 1240">Summary Determination</p> <p data-bbox="280 1281 1437 1473">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 data-bbox="280 1514 1390 1673">“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 data-bbox="280 1713 1477 1906">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 data-bbox="280 1946 1453 2067">The Auditor was provided with examples of the review team's findings on the DOC Sexual Misconduct Review form. In the pre-audit questionnaire it stated there were zero cases reviewed. The Auditor spoke to the Investigator, Unit manager, and</p>

Warden to confirm there were no cases in the past year.

Indicator (b) The policy states the review should occur within 30 days of the investigation conclusion as noted in indicator (a). There were no allegations and as such no post incident reviews to review as an Auditor.

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 Unit Manager has previously been a PREA Monitor for a facility and is aware of the standards expectation.

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

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

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

3) Examine the area in the facility where the incident allegedly occurred to determine whether physical layout or barriers in the area might enable misconduct;

4) Assess the adequacy of staffing levels in that area during different shifts;

5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

6) Prepare a report of its findings, including but not necessarily limited to, determinations required to be made as set out above, and any recommendations for improvement, and submit such report to the Chief Administrative Officer and the Department's PREA Coordinator."

The agency form used to document the review 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. The Warden was aware of the elements required.

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 Warden confirmed that he would take seriously any recommendations of the team in ensuring the overall safety of the environment. The state PREA Coordinator would also get the form with the recommendation, this will allow for trends to be identified. The Maine DOC does a critical analysis of any major incident in its facilities meaning a sexual assault incident will also occur with agency senior leadership.

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. 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.

115.287	Data collection
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1051 452">Downeast Correctional Facility Pre-Audit Questionnaire</p> <p data-bbox="280 488 647 524">Institutional data tracking</p> <p data-bbox="280 560 828 595">Agency annual report available on line</p> <p data-bbox="280 631 932 667">Agency participation in PREA Research survey</p> <p data-bbox="280 703 906 739">Individuals interviewed/ observations made.</p> <p data-bbox="280 775 1094 810">Interview with Deputy Director of Correctional Operations</p> <p data-bbox="280 846 740 882">Interview with PREA Coordinator</p> <p data-bbox="280 985 632 1021">Summary Determination</p> <p data-bbox="280 1128 1436 1415">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.</p> <p data-bbox="280 1451 1420 1572">a. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p data-bbox="280 1608 1474 1729">b. The Department’s PREA Coordinator shall collect and review data as needed from all available incident-based documents, including reports, investigation files, and sexual misconduct incident reviews.</p> <p data-bbox="280 1765 1474 1841">c. The Department’s PREA Coordinator shall maintain the data reported or collected for at least ten (10) years.</p> <p data-bbox="280 1877 1461 1953">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.</p> <p data-bbox="280 1989 1436 2065">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</p>

identifiers have been removed.”

Since there were no incidents the PREA Coordinator provided the allegation tracking document to show the systems they have in place to track all incidents no matter the outcome.

Indicator (b) The agency completes an annual report with aggregate data at the Downeast 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 reports 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. The Auditor was able to see incident tracking from another DOC facility since there have been no allegations at DCF.

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. As noted in indicator a) the agency policy addresses the requirement.

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. The agency did agree to participate with a survey of residents about PREA for the Bureau of Justice statistics. A copy of the research agreement was provided.

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

<p>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. Interviews with the PREA Coordinator and the Director of Operations supported that Maine uses information obtained from data in PREA and other critical incidents to inform decisions. In determining compliance, the Auditor also considered the agency willingness to participate in PREA research as sign of the agency commitment to use data.</p>

115.288	Data review for corrective action
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1062 452">Downeast Correctional Facility Pre-Audit Questionnaire</p> <p data-bbox="280 488 735 524">Policy 6.11.1 Sexual Misconduct</p> <p data-bbox="280 698 906 734">Individuals interviewed/ observations made.</p> <p data-bbox="280 775 858 810">Interview with the Director of Operations</p> <p data-bbox="280 846 852 882">Interview with Agency PREA Coordinator</p> <p data-bbox="280 918 655 954">Interview with the Warden</p> <p data-bbox="280 990 804 1025">Interview with the DCF Unit Manager</p> <p data-bbox="280 1200 632 1236">Summary Determination</p> <p data-bbox="280 1272 1477 2065">Indicator (a)The Maine Department of Corrections utilizes both data related to PREA incidents and data related to other critical safety incidents to determine program improvements. The department’s central office staff and the facility’s administrative teams review critical incidents with an eye toward improving safety. Interview with the Warden, DCF Unit Manager and the 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 Warden also confirmed that his management 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. The Director of Operations also echoed that this process occur at the agency level also. 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>

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.

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

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

Conclusions: Maine Department of Correction meets the requirements of this standard in Policy 6.11.1 page three. The data elements are required to be reviewed by the agency PREA Coordinator to ensure consistent data. The Director of Operations, Warden and the DCF Unit Manager 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.

115.289	Data storage, publication, and destruction
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1051 452">Downeast Correctional Facility Pre-Audit Questionnaire</p> <p data-bbox="280 488 1091 524">Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p data-bbox="280 560 667 595">Policy 5.3 Computer Safety</p> <p data-bbox="280 698 906 734">Individuals interviewed/ observations made.</p> <p data-bbox="280 770 852 806">Interview with Agency PREA Coordinator</p> <p data-bbox="280 842 561 878">Intake staff persons</p> <p data-bbox="280 913 727 949">Medical and Mental health staff</p> <p data-bbox="280 985 453 1021">File security</p> <p data-bbox="280 1128 632 1164">Summary Determination</p> <p data-bbox="280 1200 1481 1406">Indicator (a) The Maine Department of Corrections has policies that protect the security of information. Policies 5.3 and 6.11 outline the safety of PREA information and who has access. Discussions with PREA Coordinator, individuals who complete screenings and medical and mental health staff describe layer of controls in place to ensure no unnecessary disclosure.</p> <p data-bbox="280 1514 1410 1630">Indicator (b) The Maine Department of Corrections ensures that the information related to PREA incidents and the agency’s efforts to support a zero-tolerance culture are published in an annual report available on the agency website.</p> <p data-bbox="280 1738 1455 1809">Indicator (c) The annual report located on the state’s website does not include any identifiers.</p> <p data-bbox="280 1917 1487 2087">Indicator (d) Policy 6.11 Pages 6 and 7 set forth the obligations of the agencies PREA Coordinator include the responsibility for collecting all incidents. Maine statutes controls record retention. The Agency PREA Coordinator is aware that all PREA related data be maintained for a period no less than 10 years.</p>

	<p>Conclusion: The Standard is compliant. Maine State Statute (Title 5 pg. 65) and Department of Correction policies ensure that records are maintained in a secure manner. Since much of DOC documentation lies within the CORIS information system policy 5.3 dictates security. Aggregate data for DOC and contracted facilities are available annually. The Auditor reviewed the agency website to ensure the report was posted without any identifying information. The Policy 6.11.1 requires "The Department's PREA Coordinator shall maintain the data reported or collected for at least ten (10) years." DOC PREA Coordinator confirmed compliance with this standard's expectations.</p>
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115.401	Frequency and scope of audits
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1034 452">Downeast Correctional Facility Pre-Adit Questionnaire</p> <p data-bbox="280 488 868 524">Maine Department of Corrections website</p> <p data-bbox="280 631 906 667">Individuals interviewed/ observations made.</p> <p data-bbox="280 703 852 739">Interview with Agency PREA Coordinator</p> <p data-bbox="280 846 632 882">Summary Determination</p> <p data-bbox="280 918 1474 1120">Indicator (a) The Maine Department of Corrections website shows that all its current and former facilities have been audited for PREA Compliance starting in 2014. The website supports that the audit are ongoing every three years since the initial audits. The State has one current contracted facility for bed which underwent its PREA audit in 2021.</p> <p data-bbox="280 1227 1474 1429">Indicator (b) The Maine DOC has no less than one facility audited in a year. The number of DOC facilities audited per year has been impacted by the closure of facilities and the combination of other institutions. The seven current adult and juvenile facilities have had been undergone PREA audit spread out over three years. Two facilities including DCF are in their first PREA Audit Cycle.</p> <p data-bbox="280 1536 1458 1783">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 resident and how to seek assistance if the need arises. Since most residents worked the auditor made a visit back to the facility in the evening hours to meet with staff and residents.</p> <p data-bbox="280 1890 1474 2092">Indicator (i) The Maine Department of Correction has used electronic PREA auditing files for several years and changed over to the OAS this year. The agency has electronic storage of information in its server network that allows some centralizing of information and has allowed them to create reports that aid in ongoing compliance with PREA expectations. The Auditor was also able to get copies of other</p>

documentation as requested on-site.

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. The music room was provided for interviews for both staff and residents at DCF and a white noise machine provided additional insurance of privacy.

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

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

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Maine Department of Correction website</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Summary Determination</p> <p>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. This is the first Audit of the Downeast Correctional Facility which opened in 2021 on the grounds of a larger prior Downeast Correctional Facility that was closed and torn down after its last PREA Audit in 2016.</p> <p>Conclusions:</p> <p>The Maine Department of Correction website has all previous facility PREA Audits posted under it PREA information link. The Auditor's prior experience with the agency allows first-hand knowledge of the prompt uploading of these documents. The Auditor also took into consideration that the Agency PREA Coordinator was also aware of the timing requirement for the posting of the audit.</p>

Appendix: Provision Findings		
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
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
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	
	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	yes

	with residents with disabilities including residents who: Have intellectual disabilities?	
	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
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
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.)	yes
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.)	yes
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.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
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).	na
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

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
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

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

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

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
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

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
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

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

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

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

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
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).)	na
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
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
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
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
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
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

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.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with 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