

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report 8-10-19

Auditor Information

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Company Name: Fitzgerald Correctional Consulting LLC.	
Mailing Address: 87 Sharon Drive	City, State, Zip: Wallingford Ct
Telephone: 203-694-4241	Date of Facility Visit: June 18-20, 2019

Agency Information

Name of Agency: Maine Department of Corrections		Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.	
Physical Address: 25 Tyson Drive		City, State, Zip: Augusta ME 04333	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
Telephone: 207-287-2711		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Private not for Profit
Agency mission: The mission of the Department of Corrections is to reduce the likelihood that juvenile and adult offenders will re-offend, by providing practices, programs and services which are evidence-based and which hold the offenders accountable.			
Agency Website with PREA Information: http://www.maine.gov/corrections/			

Agency Chief Executive Officer

Name: Randall Liberty	Title: Commissioner
Email: Randall.Liberty @maine.gov	Telephone: 207-287-2711

Agency-Wide PREA Coordinator

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

Facility Information

Name of Facility: Maine State Prison			
Physical Address: 807 Cushing Road Warren Maine 04864			
Mailing Address (if different than above):			
Telephone Number: 207 273-5300			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: The primary mission of the Maine State Prison is to protect the public by providing a safe, secure, and humane correctional environment for staff and the incarcerated offender. We further the mission and promote rehabilitation by providing work opportunities and a comprehensive treatment plan that encourages the offender to re-enter society as a law-abiding, productive citizen. Teamwork, professionalism and integrity are the foundation of the guiding principles and provide a path to our primary mission.			
Facility Website with PREA Information: : http://www.maine.gov/corrections/			

Warden/Superintendent

Name: Matthew Magnusson	Title: Warden
Email: Matthew.Magnusson@maine.gov	Telephone: 207 273-5300

Facility PREA Compliance Manager

Name: Conner McFarland	Title: PREA Monitor –
Email: Conner.McFarland@Maine.gov	Telephone: 207 273-5300

Facility Health Service Administrator

Name: Daniel Ritter	Title: Health Services Administrator
Email: DRitter@Wellpath.us	Telephone: 207 273-5481

Facility Characteristics

Designated Facility Capacity: 1058	Current Population of Facility: 923
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Number of inmates admitted to facility during the past 12 months		641	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		628	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		640	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		288	
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 19-83	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		NA	
Average length of stay or time under supervision:		845	
Facility security level/inmate custody levels:		Maximum/ Medium/close	
Number of staff currently employed by the facility who may have contact with inmates:		287	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		50	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		1	
Physical Plant			
Number of Buildings: 6		Number of Single Cell Housing Units: 1	
Number of Multiple Occupancy Cell Housing Units:		8	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		72	
<p>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): The Maine State Prison has an extensive network of cameras of fixed and Pantel zoom cameras that provide staff with additional monitoring supports to staff. Monitors are provided in the master control area, the housing control areas and area specific monitors in inmate work areas to aid supervisory practices. Current camera systems can review back over one month. Critical incidents are Some staff also wear body cameras</p> <p>Click or tap here to enter text.</p>			
Medical			
Type of Medical Facility: clinic/infirmary/hospice		Medical services are available 24/7 onsite through Wellpath	
Forensic sexual assault medical exams are conducted at:		Waldo County General Hospital	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			

Audit Findings

Audit Narrative

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

The Prison Rape Elimination Act (PREA) audit, of the Maine Department of Corrections facility the Maine State Prison (MSP) took place during the week of June 17, 2019. The Audit was conducted by Mr. Jack Fitzgerald United States Department of Justice Certified PREA Auditor. The Maine State Prison is one of 5 adult and juvenile correctional facilities run by the Department of Corrections. The Maine State Prison is the highest level of security for males in the state of Maine. With a capacity of just over 1000 inmates the facility employs close to 300 correctional staff and contracted Medical and Mental Health staff. The Facility is located approximately 35 miles from the Department of Corrections Central Office in Augusta ME, along the states Mid-Coast region.

The Auditor and the Department of Corrections began discussions on potential dates for the Maine State Prison's second audit in December of 2018. The facility was previously audited three years earlier in 2016 by Mr. Fitzgerald, who has a multi-year agreement to provide PREA Auditing service to the DOC. The dates were finalized in January 2019 and the Auditor provided an Audit Notice in two languages to the facility on April 16th, nine weeks prior to the Audit. The Facility PREA Monitor posted the notice in English and Spanish, the two most common languages spoken at MSP. The Auditor was provided with a picture of the postings up in advance of the audit site visit. The notice provides inmates with information about the Audit, how to contact the Auditor and the confidential nature of the mail. The notice did result in one confidential communication from an inmate, but it did not result in any communication from staff or other interested parties. Throughout the Pre-audit phase the Auditor had communications in the form of phone calls, emails and text. Since the PREA state Coordinator was new to his position the Auditor outlined the Audit process over three phases (Pre-Audit, On-Site, and Post Audit) including corrective actions if needed. The Auditor received access to the state's Power DMS site which contains electronic PREA files and the pre-audit tool information 5 weeks in advance of the on-site audit. There was a slight delay in having full access but it was resolved quickly. During the Pre-Audit phase the Auditor worked with PREA Coordinator William Teer and MSP PREA Monitor Conner McFarland. Information was exchanged through emails and phone contact to provide clarity of information provided and where additional information to support compliance was requested. The Auditor provided to the Maine DOC, during the Pre-Audit phase, a review of information submitted with questions on information provided or request for additional information to support compliance. Much of the information was provided in advance of the site visit while other information was provided to the Auditor during the site visit. To help expedite the process on site the Auditor picked dates of video to show supervisory tours in advance, along with the inmate files and staff files needed to complete a sampling of the population. The Auditor provided the agency with a tentative idea of the audit day including approximate times on site and the list of targeted populations that would need to be identified. The Auditor encouraged the agency to use the information online about the audit process to work with staff, so they had an increased level of comfort to what the audit process was and what to expect.

The Auditor arrived in Central Maine Coast on June 16, 2019 in preparation for the audit. He toured the area around the facility and stopped at the Maine State Prison store. The public store provides an outlet for the sale of goods made in the prison system of Maine. Inmates from the neighboring Bolduc Correctional facility work for staff from the state Prison on site. This is the same working situation at the MSP warehouse which is outside the perimeter of MSP but is overseen by staff from MSP's chain of command.

The Auditor arrived at the facility at 7:45am on June 17th. The Auditor was greeted by State PREA Coordinator William Teer and his supervisor Ryan Anderson the Manager of Correctional Operations for the Maine Department of Corrections. The Auditor was required to provide identification as part of the signing in process and was given a copy of the facility PREA brochure which is consistent with documentation noted in the files. After some informal interactions with staff the Auditor was escorted to a conference room to meet the MSP Warden Matthew Magnusson. The Conference room serve as the private interview space for the Auditor while interviewing staff on site and while reviewing materials during the day.

An entrance meeting was held with the Warden, the Manager of Operations, the PREA Coordinator, MSP PREA Monitor Conner McFarland, Deputy Warden Cantillo along with Unit Managers, industry and food service supervisors, the Director of Nursing, other custody and support staff. The Auditor thanked the facility for the work they had done in preparation of the Pre-Audit tool and supporting documentation. The Auditor then when on to explain his background and experience in Auditing, the goals of the Audit and what to expect throughout the 3 full day process. The Auditor reviewed the tentative schedule; tours, interviews, supporting documentation verifications, and that he expected to be on site for about 30 hours over the 3 days. The Auditor was on site total of 33.75 hours in the three days (Day 1 7:45a-8:30p, Day 2 7:00a-6:30p Day 3 6:30-4:00) allowing for observation of staff and inmates interactions across the shifts. The Auditor finished the meeting by reviewing the fairness of process, the reason for random selection of interviewees, and how the Auditor formulates conclusions in determining compliance. The Auditor was provided the current population roster for the facility which included 923 inmates. Of the 923 inmates 0 were female and 0 were youthful adults. The Facility PREA Monitor provided a review of PREA related data and the facility's efforts in preparing for the audit.

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

Administrative Interviews	
Agency Head	Gary LaPlante- Director of Operations Maine Department of Corrections
PREA Coordinator	William Teer – Maine DOC PREA Coordinator
Facility Director	Matthew Magnusson – Warden Maine State Prison
PREA Monitor	Conner McFarland- Correctional Care and Treatment Worker
State Contract Administrator	Ryan Anderson - Manager of Operations Maine Department of Corrections

The Auditor utilized regional resources identified by the facility to address specialized interview topics that the agency does not employ. The goal of this process was to ensure enough resources were available to the clients in event of a sexual assault. The Auditor received information by email or through direct communication with individuals outside MSP and completed web searches to assist in determining standard compliance. The Auditor also did web-based searches for news stories, state laws related to mandated reporting, state required protocols for sexual assault case handling and SAFE/SANE Certification process requirements.

The Agency does not employ individuals who provide SAFE or SANE services, The Maine Department of Corrections contracts with one facility for inmates to provide beds for inmates transitioning back to the community. Where appropriate, the Auditor utilized information from random staff interviews to help in the determination of compliance in his review of standards. Maine DOC employs several individuals who have completed the National Institute for Corrections' training on Investigating Sexual Abuse in a Correctional Setting and was a training site in 2014 for the Moss Group training of the same topic. During the onsite visit the Auditor reviewed the 5 PREA investigations.

The Auditor was also able to interview the Intake Officers who completes the initial PREA screening and Correctional Care and Treatment Workers who complete the reassessments. The Auditor was walked through the intake process to understand how the tool is completed and the process of asking related questions needed to correctly score the tool. Medical staff will also ask PREA related questions and share information that would impact scoring.

Specialized Staff Interviews	
Position described in standards	Title or agency who provided information to answer required questions.
Medical Staff	Wellpath Medical staff Waldo General Hospital Representative
Mental Health Staff	Wellpath Mental Health Staff
Individuals who have done cross gender searches	No staff have completed cross gender strip of pat searches.
Intermediate or Higher-level supervisor	Sergeants Unit managers Captains
Individuals Working with Youthful inmates	Not Applicable – MSP does not service youth under 19
Administrative Staff	Human Resources
SAFE/SANE	Waldo General Hospital Representative Maine Department of Health and Human Services Representative
Volunteers or Contractors who have contact with inmates	Educational Volunteer
Investigative Staff	Corporal -Special Investigations and Intelligence Team Office of Professional Review Investigator
Screening Staff	Intake Officer Medical Staff Correctional Care and Treatment Workers
Intake Staff	Intake officer
Local Rape Crisis Agency	Sexual Assault Services of MidCoast Maine (SASSMM) Maine Coalition Against Sexual Assault (MECASA)
Individuals responsible for retaliation monitoring	PREA Monitor
First Responder	Random staff Staff who responded to
Random Staff Interviews	
12 interviews	Completed 15 random interviews
Staff Informal tour contacts	The Auditor spoke with 36 staff during the initial tour.

The Auditor worked with the facility Administration to identify *Targeted inmates* for interviews to be completed. The current population make up did not allow for the identification of inmates in each of the targeted categories for a 500 to 1000 bed Prison facility as promulgated by Auditor Handbook. MSP did not have any current youthful inmates but had more than the required number of transgender or intersex inmates to interview. The Auditor ensured the *Random inmates* selected for interviews were a diverse representation of the population looking at ethnic, age, gender and housing locations. The Auditor attempted to interact with as many inmates on the tour as possible to further assess the inmates' perception of safety, their knowledge of PREA, how to report concerns, access to counseling services, and if they knew an audit

was occurring. After completing the initial entrance meeting on day one the Auditor was taken on a tour by the Warden, Deputy Warden, PREA Monitor, and PREA Coordinator. The facility also provided a staff person to act as a scribe to document the names and titles of the staff the Auditor interacted with along with a number of inmates the Auditor had conversation within each setting. During the tour the Auditor spoke to inmates who were at work, on housing floors and in their cells. The Auditor also took the time to notify individuals that they may be requested for an interview and how their interview would inform the audit process. From the notes the Auditor appears to have interacted with approximately 90 inmates on the tour.

Inmate Interviews for facilities with 500-1000 population		
	# Interviews Required	# of Interviews Completed
Random inmates	15	17
Targeted inmate Interviews	15	15
Youthful Inmates	3	0 -NA at MSP
inmates with Physical Disability inmates who are blind, Deaf, or hard of hearing	3	6
Inmates who are LEP		
Inmates with a Cognitive Disability		
Inmates who Identify as Lesbian, gay, or Bisexual	1	2
Inmates who Identify as Transgender or Intersex	2	4
Inmate in segregated housing for risk of victimization	1	0
inmates who reported Sexual Abuse	3	1
Inmates who reported victimization during screening	2	2
Total	30	32

The tour took several hours to cover the expansive facility and allowed the Auditor to go into all areas of the facility. The Auditor noted lines of sight, cameras and spoke with staff in each area about potential risk and how inmates with victimization histories are kept away from individuals with perpetrating histories. In addition to custody staff the Auditor learned about the therapeutic programs, educational opportunities, recreational outlets and the work opportunities inmates have.

After the completion of the tour the Auditor began the interview process. The Auditor began seeing inmates from the facility as well as a few staff persons. The Auditor was always provided space to have confidential communication with inmates. The Auditor began each interview with an introduction, the purpose of the audit, that their participation was voluntary and that the information would be confidential unless there was an individual was at risk of harm. Interviews and file reviews continued on days two and three.

The Auditor reviewed the required publicly available data on PREA Investigations on the agency website. The Auditor confirmed this information with Agency and Facility staff and inmates while on site. The Auditor also confirmed with community agencies (hospitals and local rape crisis agencies) if they were aware of any incident of sexual assaults. There was one PREA related Grievance filed as confirmed through the PREA incident tracking that led to an investigation.

The Auditor reviewed files of current inmates and former inmates' files during the audit process. Additional internal agency reports were shown to the Auditor in advance and while on site to support ongoing mechanisms in place to ensure Initial screening and 30-day reassessments of PREA risks are being monitored for timeliness. The MSP officials identified that they had not been meeting their agency policy of

rescreening within 14 days in late 2018. As part of the corrective action measures the Auditor required the facility to continue to send screenings and reassessments for June and July. Two other issues of inconsistent practice around inmate notifications and inmate monitoring were corrected and had 6 full months of consistent practice prior to the audit visit

The Auditor provided to the Human Resources Department a chart to be completed on a random selection of 30 staff names selected out of the near 300 employees and contractors at MSP. The agency provided information on all 30 employees providing information on dates of hire, background checks, initial and 5-year background checks, PREA education and where appropriate prior institutional employer checks. Once on-site Auditor was provided confirming information on these elements for seven of the employees and 3 contractor files. The Auditor reviewed training record rosters and used the information to further verify training information of the remaining employees

Onsite Documentation Reviews			
Client Files	Total population	28	23 reviewed
Human resource files	Total Staff	18	10 reviewed
PREA Grievances	one Grievances filed		
Written request or third-Party Complaints	Reviewed MSP allegation tracker for source of complaints DOC PREA Hotline log		
Number of PREA Investigations	There were no claims of Sexual Assault and 1 Sexual Harassment requiring investigation		

At the closure of the third day the Auditor held an exit meeting. In attendance were about 20 personnel from the facility including the Warden, the Deputy Wardens, the Health Services Administrator, The PREA Coordinator, PREA Monitor, the manager of Correctional Operations, Unit Managers, Department Heads, line and support staff. The Auditor thanked the members of the team for a supportive audit process by which staff and inmates were easily accessible. The Auditor reviewed some of staff and inmate comments during the audit process which supported a positive environment. Inmates reported the facility is safe especially related to PREA and could approach staff with a problem and felt it would be looked into. The Auditor discussed things that could aid in documenting files moving forward. Finally, the Auditor described the post audit process which will require the Auditor to review the sum of all information provided including documents, interviews and observations. The Auditor went on to state the process must include how all indicators of the PREA standards must be considered in determining compliance. The Auditor acknowledged that some corrective measures would continue until a final report is issued. During the post audit period the Auditor was provided some clarifying documentation and completed phone interviews with community agencies. The Auditor also delayed the finalization of this report to allow for receipt of additional documentation. During this time the Auditor spoke again with the MSP PREA Monitor and the DOC PREA Coordinator. Timetables were agreed upon for the obtainment of records which were added to Power DMS.

Facility Characteristics

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

The Maine State Prison was built in 2002 to replace an aging historic correctional environment that was overcrowded and had poor lines of sight. The Maine State Prison and the neighboring Bolduc Correctional Facility sit on several hundred acres of mid-coast Maine farmland. The modern MSP consists of 7 buildings (6 inside the secure perimeter and 1 warehouse outside the perimeter but adjacent) and approximately 500,000 square feet of indoor space. The facility was built with excellent site lines and has added cameras since their 2016 PREA Audit that provides additional monitoring and recording of inmate and staff movement. Some staff members have also started to be issued body cameras to assist in documentation of incidents. The staffing allows for the higher staff presence at the peak movement times. Unit Managers and security response team members are visible during these movements and provide an additional support that promotes safety. The interior corridors of the facility are large and allow for inmates to move easily. Inmates are housed in four areas: Special Management Unit (SMU), mental health unit, close units and medium units. The population capacity of the facility on the days of the audit was 923 out of a capacity of 1058. The Special Management Unit consists of all single cells. The Auditor interviewed an inmate in a small office on the unit after the initial inmate identified refused to participate. This same practice was done on the Mental Health Unit. Both units have a higher compliment of staff available to respond to needs of inmates. Several contracted Mental Health staff were visible on the unit during Auditors two visits to these areas. The facility is accredited by the American Correctional Association as an Adult Correctional Institution (ACI).

In each of the housing areas there is a staff monitoring desk that provides for line of sight to the housing units. The custody staff, working on the housing units, confirmed they perform random staggered tours on the housing unit. They expressed, in the tour and the interviews, the importance of active listening skills and learning inmates' behaviors so you can see when behaviors/ attitudes change. Supervisory staff routinely perform unannounced rounds of the complex which are documented in the unit logs and confirmed by staff working the units. In the Mental Health unit and the Special Management Unit the staff monitoring desk is raised to improve visibility of the inmates on the upper tiers. As inmates progress during their incarceration they may move from an intake unit to a close unit and then to a medium unit. In each housing unit the level of privileges is increased. Not every unit has single rooms so the management of individuals who might be at risk for abuse or intimidation requires the unit management team to carefully match the housing, work and treatment assignments. In addition to routine correctional classification the facility has a medium custody unit for veterans. The inmates are provided support for trauma and PTSD and live with others with mutual experiences. The staff working the unit are often also military veterans allowing for an understanding of the issues these inmates face. Each unit has a case manager called a Correctional Care and Treatment Worker. The individuals often have offices on the unit allowing easy access to inmates and an additional set of eyes and ears to help in inmate monitoring. CORIS, the electronic case management system, has built in PREA protections to ensure individuals with high vulnerability scores are not roomed with individuals with high aggression scores.

In each of the units there was PREA information posted including the audit notice. The auditor did receive one piece of mail from an inmate at MSP prior to my arrival. The agency has PREA posters displayed in English and Spanish. In addition to housing, the posters were in the lobby and other common areas. The posters have numbers or addresses for inmates to report PREA concerns to DOC or to an outside agency. The Auditor confirmed the phone numbers listed on the posters were accurate to the agencies listed. The showers in the facility are single person shower with shower curtains which are only clear at the top and bottom. This allows allow for staff to see only from the feet to the mid-calf

muscle and the top of a 6-foot inmate's head when they are in the shower. All housing cells in the facility have vision panels on the doors that allow for observation of inmates in their cells. The inmates are out of their cells a large portion of the day. The Auditor made two visits to many of these areas and could communicate freely with the inmates. Each of the housing units has an adjacent recreation area. Lighting and natural light seem sufficient to allow for proper supervision. In the industry building, where the largest number of inmates work, there is staff who move through the workspace monitoring the workday. The area also has an office above the shop floor that can see the entire workspace. The Auditor's conversations with vocational staff make it apparent that they also are PREA aware and monitor inmates closely. Staff in different areas talked about shop awareness and the need to keep lines of site clear. They could give examples of expectations they have put in place for various reasons. New cameras were purchased since the 2016 year audit to improve overall supervision in the industries area.

The Administrative and Services building also houses the visiting area, dining and medical areas in addition to the Industries and laundry. The visiting area is a large area in which inmates and families can visit. The facility has contact and non-contact visits depending on the inmate's status. Inmates and staff report searches occur after the visit by same gender staff. The space also has professional visiting space which could be used by attorneys and outside organizations including a local rape crisis agency for confidential communication. The inmates are aware that in the common visiting area and non-contact visiting areas their conversations may be subject to being monitored.

The dining area is broken into several mess halls allowing a large portion of the population to be fed while limiting the size of the groups to levels that promote good supervision. The medical suite allows for a full array of service including dental and eye exams. Medical procedures can be completed on site but emergency care for significant injuries would have the inmate taken to a local hospital. The staff who are employed by Wellpath provide supportive services to inmates from routine sick call and medication management to elder care and hospice care.

The Auditor would like to mention two nontraditional programs, though not directly related to PREA, they seem to have a positive impact in the environment that is the Maine State Prison. The Maine State Prison is home to a foster dog program where inmates care for and train young puppies and rescued dogs. The dogs are found in numerous units in the facility and allow for positive communication between staff and inmates. The dogs also provide emotional support during the day to inmates as well as staff. The second program is that MSP trains inmate volunteers in aiding infirmed and hospice inmates. Inmates in this program are provided additional training including on how to protect themselves from PREA allegations since they are working with inmates who need assistance in ambulatory movement. The workers are chosen to do this work often after a full day working jobs in the facility.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a*

summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

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

Number of Standards Exceeded: 0

Click or tap here to enter text.

Number of Standards Met: 43

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.89, 115.401, 115.403

Number of Standards Not Met: 0

Click or tap here to enter text.

Summary of Corrective Action (if any)

There were no standards that require the development of corrective action plans. The Auditor did ask for additional information on site and during the review process to further support the standard findings. Maine DOC provided the information in a timely manner. Three issues were identified by the facility where practice had been inconsistent in 2018. The items were addressed and corrected throughout 2019. The areas were on timeliness of reassessment, documentation on inmate notification of investigation outcomes, and

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

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

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

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

Individuals interviewed/ observations made.

Interview with PREA Coordinator (PC)
Interview with PREA Manager (PM)
Interview with Agency Head confirming PC authority/duties
Interview with Staff
Interview with Inmates
Tour Observations

Summary determination.

Indicator (a). The Maine Department of Correction has developed an agency wide Policy on efforts to ensure compliance with the Prison Rape Elimination Act. Policy 6.11 Sexual Misconduct (PREA and Maine Statute) was written to address the various requirements of the standards. The policy is divided into seven sub policies which set forth a zero-tolerance expectation for any sexual activity. Page one of the policy sets forth the zero-tolerance condition and this initial portion of the policy defines sexual misconduct consistent with the federal terms in PREA. The policy sets forth requirements of agency administrators and facility administrators to ensure PREA compliance. The policy states there is no consensual contact between inmates and staff or between inmates. It further identifies screening, education and monitoring, along with other elements that supports prevention, allows for detection, and ensures a full legal and medical response to any complaint. The Facility staff showed knowledge consistent with training materials about their role in preventing, detecting and responding to sexual assault claims. Staff also are provided with reminder cards at training about the importance of a Zero Tolerance environment. The cards are also found at the sign-in station reminding staff that failing to report sexual assault is a crime. Random Inmates reported a PREA safe environment and a Zero Tolerance Culture

Indicator (b). Maine State Prison is one of several adult and Juvenile facilities run by the Maine Department of Corrections. PREA policy 6.11 Sexual Misconduct (PREA and Maine Statute) 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 clearly supports the PREA Coordinator's access to various DOC division Directors. The Policy goes on (pages 6-7) to provide a description of the role of the PREA monitor. The policy requires the facility's administrator (Warden) to assign an individual to coordinate the facility's efforts to comply with PREA.

The Auditor was provided an agency flow chart showing the relationship between the PREA Coordinator who works in Maine Department of Corrections Central Office and DOC upper management and the facilities Wardens/Directors. The PREA Coordinator reports to the Manager of Correctional Operations who oversee conditions of confinement in DOC facilities as well as the state County Jail system. The Manager, Ryan Anderson, was the Maine DOC original PREA Coordinator and answered the contract administrator questions in 115.12.

Conclusions: The Maine Department of Corrections has policies that define the steps taken to prevent, detect and respond to incidents of sexual abuse and sexual harassment. The policy 6.11 Sexual Misconduct (PREA and Maine Statute) is broken into 7 sub policies that directs the different aspects of the agency's efforts to provide safe environments. The Policy 6.11 defines the roles of state

PREA Coordinator and the facility PREA Monitor. Interviews with the Agency PREA Coordinator, William Teer and Maine State Prison PREA Monitor, Connor McFarland confirm their roles to ensure PREA Compliance is maintained. Inmates in the facility knew they could call the DOC PREA Hotline as an option or ask to speak with the PREA Monitor or the Criminal Investigators. William and Connor believe they have the capacity in their jobs to advocate for policy or procedural changes needed to support inmate safety. This was confirmed with the Warden Mathew Magnusson and the Director of Operations for Maine DOC Gary LaPlante.

Maine DOC PREA Coordinator also supports the county system with PREA compliance efforts. Compliance was determined considering multiple factors. The supporting documentation included agency and facility management charts showing PREA positions. Interviews with the Director of Operations and the Warden support compliance with all standard expectations. Policy not only described in depth the agency expectation to protect, detect and respond to sexual misconduct, but clearly defines the roles of the state PREA Coordinator and the PREA Monitor. The Policy also addresses prohibited behaviors and sanctions for any forms of sexual misconduct. Inmates, in formal interviews and spoken to during the tour, confirmed that sexual misconduct is addressed, and they had knowledge of resources available if a concern arises. The facility has been able to maintain a safe environment where inmates support violent sexual assault is not a concern. Both Mr. Teer and Mr. McFarland supported compliance through a clear understanding of their roles though they have each been in their respective positions under 8 months. Mr. Teer has worked collaboratively with the DOC facilities, the County Jail PREA Coordinators in addition to building relationships with advocacy organizations.

Standard 115.12: Contracting with other entities for the confinement of inmates

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

Policy 6.11 Sexual Misconduct (PREA and Maine Statute)
 MOU with Waldo County showing requirement to be PREA Compliant
 Documentation of the ongoing monitoring by Maine DOC
 2018 PREA report of Waldo County Jail
 Annual PREA report of Waldo County for calendar year 2018

Individuals interviewed/ observations made.

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

Summary Determination

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

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

and since he works for the Manager of Correctional Operations, he would be made aware immediately of any concerns with ongoing compliance at the Waldo facility.

Conclusions: The Manager of Correctional Operations was interviewed as the agency's Contract Manager. The interview supports that before considering the subcontracting of bed the DOC would require specific compliance requirements including obtaining and maintaining PREA compliance. Policy 6.11 Sexual Misconduct (PREA and Maine Statute) page 9 support compliance. The policy requires the Director of Operations to ensure any new or renewal of contract for housing of DOC inmates requires the immediate adoption and compliance with PREA standards including ongoing monitoring by DOC. The documentation provided to the Auditor, policy requirements and interviews with the Director and Manager of Correctional Operations support the Maine DOC will not enter into a subcontracting of beds without ensuring PREA compliance. The Auditor also took into consideration in determining compliance that Maine DOC has previously cancelled contracts with facilities who did not achieve PREA Compliance.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?

Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

Policy 6.11 Sexual Misconduct (PREA and Maine Statute)
 Policy 3.11 Staffing Requirements
 MSP Staffing Plan
 Logbook entry’s supporting unannounced rounds
 Video Surveillance supporting Management Unannounced rounds
 Documentation of annual review meeting

Individuals interviewed/ observations made.

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

Summary Determination

Indicator (a) Maine DOC PREA Policy 6.11 sets forth the requirements of what should be considered in the assessment of needs in determining a staffing plan that considers PREA, Page 7 of the policy

describes the various things that should be considered in development of a plan including, generally accepted correctional practice, frequency of sexual assaults/complaints, population make-up of the units and how video monitoring can support safety . Interviews with the Warden and the PREA Monitor describe the development process used in completion of the annual assessment of staffing. The approach included a large team of the management staff that met to review the plan. 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.

Indicator (b). The Staffing plan for the Maine State Prison allows the management to adjust the deployment of staff as needed and in response to critical positions. When staff call out there is an ability to mandate staff to ensure overall safety of inmates. The Maine State Prison has fixed posts and pull posts that allow supervisory staff to deal with critical incidents such as a PREA incident through a structured contingency plan. Unexpected medical transports outside the facility for instance, which occurred during the site visit, requires and adjustment to the resources on shift. During these situations area such as recreation or education might be impacted through a reduction in the number of inmates allowed in the area as a resulting change in staff deployment. The Shift Commander notifies the Deputy Warden of all critical events and the modifications are documented in the shift report. The Warden reviews the overtime and the number of post that were collapsed to ensure safety in other areas. Inmates support staff are always available to them and did not voice a concern about a lack of staffing at any time.

Indicator (c) In 2019 the staffing plan was redone with the assistance of a 10-person committee which included the Warden, Deputy Warden, the PREA Monitor, the Criminal Investigator, the Lieutenant in charge of the investigation unit, along with Captains and the State PREA Coordinator. The Warden signed into place the Staffing plan in April of this year. The plan is descriptive of the population in each unit, the staffing to inmate ratio expected in the unit on different shifts, the ratio of showers to inmates, the number of single vs. double cells and how video can support monitoring. Each housing unit has a case manager's office on the unit or in the adjacent unit. Each building has a Unit Manager assigned who has routine interactions with the inmates.

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

Conclusions: Maine Department of Corrections has two policies that address the requirements of the four indicators in this standard. Policy 3.11 Staffing Requirements and 6.11 Sexual Misconduct – (General) sets forth requirements of the staffing plan, the requirements for documentations of staffing deviations, the requirement of unannounced supervisory rounds and the annual review of staffing needs. The Maine State Prison has developed a plan in a narrative format that addresses the various considerations in indicator (a). The facility is not under any current judgement for inadequacy. The plan is reviewed annually with in-house administration and then a request would go to Maine DOC Central Office for staffing needs or technology upgrades. The agency has also invested in technology to support supervision and limit related PREA complaints. During the tour, the Auditor asked staff, especially in work areas on how they manage blind spots in the facility. The facility utilizes cameras in addition to the active Supervision of inmates. In addition to custody staff the medical, mental health, education, trade and vocational staff provide an additional resource of information, supervision and

observation of inmate behaviors during the day. The standard is determined to be in compliance based on policy, interviews, observations made throughout the onsite audit and documentation provided consistent with the standard.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

Maine Statute related to Juveniles

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

Memo from Warden about prohibition of minors (under 18) at MSP

Population report for MSP

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Warden

Interview with an inmate who transferred to MSP after turning 18

Observation on tour

Summary Determination

Indicator (a) There are no sight or sound separation concerns at the Maine State Prison as the inmates are all over 18 years of age.

Indicator (b) There are no sight or sound separation concerns at the Maine State Prison as the inmates are all over 18 years of age.

Indicator (c) Since there are no Youthful inmates housed at MSP there is not a concern about their access to programming, recreation or being housed in isolation.

The Maine Department of Corrections does not hold youthful inmates in the Maine State Prison. All individuals under 18 charged with adult offenses would be housed at Long Creek Youth Development Center in southern Maine. Youthful inmates (Juveniles) are not allowed to have any contact with the adult population and are provided sight and sound separation. The agency policy 24.11 Co-located Facility addresses the requirement of indicator (a) though it does not apply at the Maine State Prison as it is not a collocated facility. The Standard is compliant based on the policy provided, observation on the tour of no youthful inmates, the population reports provided and interviews (including with an inmate who transferred to MSP after turning 18 from the Long Creek facility).

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? Yes No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

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

115.15 (f)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

Policy 14.14 Search Procedures
 PREA policy 6.11.2 Sexual Misconduct (Prevention Planning)
 Transgender inmate case

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator
 Interview with Warden
 Interview with random Staff
 Interview with random inmates
 Interview with Transgender inmate
 Observation on tour

Summary Determination

Indicator (a) The Maine Department of Correction policy 14.14 Search Procedures (page 6) prohibits cross gender strip searches of inmates except in emergency situations. It sets forth a practice that searches in general should be conducted with two staff present but only one performing direct observation who should be the same gender as the inmate. The Policy also goes on to ensure documentation and description of the emergent situation requiring such search. The DOC PREA policy 6.11.2 Sexual Misconduct (page 6) also sets forth the same requirements for cross gender strip searches, including requirement of documentation of the emergent situation that caused the need for such search to occur.

Indicator (b) Maine State Prison does not house Female inmates. As a result, the requirements do not directly apply at this facility. Maine DOC policy is consistent with the standard

Indicator (c) As noted in indicator (b) both policies require documentation of cross gender strip searches of both male and female inmates including the emergent reason for the search. The facility does not house females, so the second portion of this indicator does not apply.

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 inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in an emergency or when such viewing is incidental to routine cell or room checks.”. The Auditor was able to see announcements being made on the tour by either the female staff entering the unit or by the male staff when a female staff person came in. Inmates support that they are never required to be unclothed in front of opposite gender staff. At MSP toilets are in the individual cells. All showers on the housing units are single showers. 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.

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 Maine State Prison does not receive individuals who were not previously housed in other DOC facilities or county jails. As such individuals identifying as transgender at intake for the first time would be rare. Intake staff know that strip searches for the purpose of identifying genital status are inappropriate and that they would find out information through interview. If the client was resistant in discussing the topic they would be referred to the medical staff who the inmate may be more comfortable in having the conversation. One transgender individual who did identify at intake denied feeling he was strip searched to figure out his genital status. Medical staff confirm that they see all new admissions to the facility and would be able to have these conversations with the individual.

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

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

Supporting documentation for this standard included the Training outlines/PowerPoints for completing searches and for working with LGBTQI populations. The file included information confirming no exigent circumstance of cross gender searches has occurred at MSP in the past three years. Transgender inmates did state their preferences for searches were openly discussed.

Interviews with staff and inmates were consistent with standard and policy expectations. There are no cross-gender searches and inmates can change and perform hygiene without opposite gender observation. Inmates report, and the Auditor could see during the tour, opposite gender staff do announce their presence or the officer on the housing unit announced the female’s arrival. During the tour and during a random interview a few of the staff believed that Transgender individuals could be strip searched with a female officer observing the top and a male officer completing below the waist.

Though this was not the perceived practice by the vast majority of the staff it requires retraining on the agency practice. The staff person in question did not work on the units with any of the current transgender population at MSP.

As part of the Corrective actions taken by the facility the agency refreshed staff on how to perform a search of a transgender inmate utilizing the video and training materials from the PREA Resource website. The facility also put in place in the unit offices information on items the transgender individual is approved to have as a result of the multidisciplinary team meeting, their preferred pronouns and name and the gender staff the team has determined appropriate to complete strip and pat searches with the transgender individual. Documentation was forwarded to support the training has been done and will continue to be reviewed frequently.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

Policy 6.11 Sexual Misconduct (PREA and Maine Statute)
Policy 18.12 Accommodations for Prisoners with Disabilities or Other Special Needs
Policy 1.10 Staff Communication with persons of Limited English Proficiency
Inmate Handbooks- in English and Spanish and in large Print
Intake notices in English and Spanish
Agency PREA Video in English Spanish, Somali, and ASL
Agency contracts for interpretive services

Individuals interviewed/ observations made.

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

Summary Determination

Indicator (a) The Maine State Prison takes appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to provide a PREA safe environment. As a long-term correctional center the facility must be able to provide services to individuals with a wide variety of medical disabilities, including vision and hearing impairments. MSP must also provide informative supports to those individuals with significant developmental delays or significant mental illness that might make them a target for abuse. The Auditor spoke with inmate who stated English was their second language but there were no individuals in the population with whom the Auditor would have needed to use interpretive services. Inmates supported that there were staff they could approach if they had difficulty with understanding their rights related to PREA. There was signage throughout the facility about PREA safety and inmates were aware of information in the handbook if needed.

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

Indicator (c) Staff were aware that it was not appropriate to use inmates to interpret for each other except in extreme emergencies This prohibition is also addressed in policy 1.10. Line staff knew to contact a supervisor if they needed to access an outside interpreter.

Conclusion: PREA policy 6.11.2 Prevention and two other Maine DOC policies have language addressing the equal access of services for those inmates who have a disability or who have limited English proficiency. The Auditor was able to speak with multiple inmates with disabilities. The disabilities included those with physical limitations and those with emotional and cognitive delays.

There were no inmates at MSP at the time of the audit that required translation services. The auditor confirmed this through conversations with inmates on tours, through random interviews with inmates and through interviews with staff. The inmates reported knowing their rights, how to report PREA concerns and if they had difficulty in understanding information how to get help. MSP provides all inmates with a video education about PREA upon admission. The video education is also available in Spanish, Somali, and American Sign language the most common languages other than English spoken in the Maine Correctional system. These videos are available on the state website. In addition to the video the facility has signage up on the units of how to report concerns in English and Spanish. The CORIS information system Maine DOC uses, allows for information about languages issues, physical and mental health barriers, and other critical information to be identified so the transferring facility can plan accordingly. Staff were aware that it was not appropriate to use inmates to interpret for each other except in extreme emergencies. Line staff knew to contact a supervisor if they needed to access an outside interpreter. Compliance was based on interviews with staff and inmates and administration as well as the hard materials (posters, handbooks, video) and policies that support equal access to all services. The educational materials seen repeatedly on the tour support ongoing access to information exists. The Auditor suggested that the facility explore tracking individuals who cannot read in addition to the populations they currently identify with language barriers or physical or cognitive limitations.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

Policy 3.24 Pre-Employment Background Checks

Policy 3.05 Code of Conduct

Department of Administrative and Financial Service -Protocol

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

HR documentation for 27 DOC staff, 3 Wellpath, 3 volunteers, and 3 former employees who information was requested from another institution.

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Warden

Interview with HR staff

Summary Determination

Indicator (a). Policy 3.24 Pre-Employment Background Checks page 2 addresses the requirements of this indicator. The Policy strictly prohibits the employment or contracting the services of individuals who have engaged in, have been convicted of engaging in or attempting to engage in, or administratively been adjudicated for sexual assault. Interviews with HR staff supports the process of screening all applicants for employment at MSP or the Bolduc Correctional Facility including employees of the Health Care provider Wellpath. Any approved volunteer undergoes the same screening process and the same acknowledgement form. The process includes the employees and contractors confirming that they have

not engaged in any form of the sexual misconduct described in indicator (a) including sexual assault in a prison or jail, any attempt to engage in sexual activity by force in the community or through coercion or engagement with an individual who could not consent.

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

Indicator (c). The Maine Department of Corrections completes criminal background checks on all employees. File reviews completed by the Auditor confirmed that the process is in place and is consistently done for all new employees and at the required 5-year intervals in indicator (e). The Check includes a criminal background check and prior institutional checks. Of the 27-employee's information requested 5 had prior institutional employment. Random sampling allowed for confirmation of the practice.

Indicator (d). MSP as stated in Indicator (a) completes criminal background checks on all Wellpath employees and any approved volunteers

Indicator (e). MSP provided the Auditor with information of 17 random employees who were employed over 5 years who had criminal background checks completed in the last 5 years. The random sample was confirmed through review of files onsite.

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

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

Indicator (h). The Maine DOC allows for the agency, with proper releases of information, to disclose to other institutions any PREA related concerns. Interviews with Human Resources staff confirm they make requests of both internal and outside employers when hiring, but they report they do not frequently receive similar requests for prior employees who go outside the DOC system. There was no request of former MSP staff in the past year.

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

The agency has several policies including Human Resource policies and Personnel Policies (3.3, 3.24), as well as union contracts that support compliance. The Auditor was also able to review appropriate personnel forms and criminal background checks for both employees and contractors. Record reviews support that all employees and contractors at the Maine State Prison undergo prior institutional employer checks, pre employment criminal background checks and subsequent checks every 5 years. Compliance for this standard is based on Policies, the several levels of documentation provided in advance and confirmed during the onsite visit as well as the interviews with the Human Resource Manager and the Warden.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Policy 6.11 Sexual Misconduct

Individuals interviewed/ observations made.

Interview with the DOC Director of Operations

Interview with the Warden

Interview with the PREA Coordinator

Interview with the Industry Program Supervisor

Observation on tour

Random Staff spoken to on tours

Summary Determination

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

Indicator (b) The Maine State Prison has added 16 cameras to the facilities area of the Prison. A portion of the staff, including the Special Investigations and Intelligence (SII) Team (investigators), have begun to wear body cameras. Discussion with the facility and the central office administration support the process in place to continually reassess needs in the technology area. The PREA Coordinator also confirms how his role could further support this process.

Conclusion: The Maine State Prison is a well-designed facility with very good lines of sight throughout. The Facility, as noted in indicator (a) has not undergone any major construction. The Department does have a practice of involving PREA in the discussions when designing new facilities. The Director of Operations and the Auditor discussed the state's previous process in the development of the Women's facility at the Maine Correctional Center (MCC) and current construction project at MCC. In each project he has involved his team which included the PREA Coordinator and the Manager of Correctional Operations.

Maine State Prison has had some operational and managerial changes in the three years since its initial PREA audit. Even through changes in administration and PREA Monitors the facility and the state DOC have shown a consistent effort to address safety issues. Maine DOC routinely reviews all incidents with an eye toward understanding how things could improve. The Facility has identified blind spots in the industries area that posed a security/ safety risk. The Industry Supervisor reports the cameras provide additional support in the overall management of and safety of the industries area. Fixed video cameras are not the only investment the DOC has undertaken they have increased the use of body cameras at MSP and system wide over the last three years. The Warden reported the goal of increasing the number of individuals who have body cameras.

Compliance is based on formal and informal interviews that support a consistent understanding on the need to limit blind spots and when inmates are in such spaces using active supervision skills. The Interviews support Maine DOC is committed to regular review of its physical plant needs and electronic surveillance as a way of enhancing inmate safety. Finally, Policy 6.11 sets forth the requirement that the Director of Operations, when looking at physical plant changes or monitoring technology, considers how to 'enhance the protection of prisoners from sexual assault or harassment.'

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

7.1 Investigations by a Correctional Investigator

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

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

MSP Sexual Assault Response plan

Individuals interviewed/ observations made.

Interview with Wellpath Medical Staff

Interview with Sexual Assault trained Investigator

Interview with SASSMM representative

Interview with Hospital staff about SAFE/SANE access and services

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

Summary Determination

Indicator (a) The Maine Department of Corrections is responsible for the completion of criminal investigations including sexual assaults. The facility employs a Criminal Investigator who is a trained law enforcement staff with full powers of a police officer. The state of Maine has a protocol that was developed through the Attorney General's office with the assistance of medical, legal and sexual assault advocates. The protocol, along with the Maine DOC investigative policy ensures uniform steps are taken in obtaining physical evidence. Neither DOC or Wellpath staff would not complete the forensic exam. The inmate victim instead would be sent to the local hospital.

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

Indicator (c) The Maine State Prison will offer victims of sexual assault the ability to have a forensic exam without cost. This is confirmed in DOC policy and by the local hospital staff.

Indicator (d) MSP has an agreement with the local rape crisis agency to provide support services to victims of sexual assault. The Sexual Assault Support Services of Mid-Coast Maine (SASSMM) is part of the state coalition against sexual assault (MECASA)

Indicator (e) Both hospital and agency staff confirm that a rape crisis staff would be available to help a victim through a forensic exam, criminal justice interview, and provide ongoing support and referral to the victim. A MOU was provided to the Auditor. The new PREA Coordinator and the PREA Monitor are both hoping to expand the relationships between the agencies.

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

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

Indicator (h) NA- The Department of Corrections has entered into an agreement to provide Rape crisis support staff through SASSMM if needed. If for any reason a support advocate was not available, the DOC has a trained individual on staff.

Conclusion: The Maine Department of Corrections has two policies that address concerns in this standard 7.1 Investigations by a Correctional Investigator and 6.11.3 PREA- Reporting and Investigating. Criminal investigative procedures are in place to ensure evidence is preserved. The criminal investigation would be done by the Criminal Investigator or the Special Investigations and Intelligence team (SII) who investigates crimes at both MSP and BCF. The SII team Lieutenant and Sargent and the Criminal Investigator are trained as law enforcement officers and in the investigation of Sexual Assaults in a correctional setting. Inmates who are victims of sexual assault can be taken to Waldo County General Hospital (approximately 30 miles) for a forensic exam with a Sexual Assault Nurse Examiner (SANE). The facility can also send victims to Pen-bay Hospital which is about 10 miles away with SANE certified nurses. Sexual Assault Nurse Examiners in Maine are trained on protocols developed in the state of Maine Attorney General's office in conjunction with a SANE advisory team and consistent with the National Protocol for Sexual Assault Forensic Exams. The Maine Attorney General's Office has produced a guideline for Sexual Assault Forensic Exams and the Care of Sexual Assault Patients. This 185-page document provides specific steps for forensic exams and was developed in conjunction with medical and legal experts from Maine including nine SAFE or SANEs. The Auditor spoke with hospital staff who confirmed the availability of SANEs at Waldo County General. Hospital staff confirmed this service would be done free of charge and if a SANE is not on duty one could be called in. It is also reported that a Rape Crisis Agency would be called by the hospital in addition to the protocol set up by DOC to offer supportive services. Sexual Assault Support Services of Mid-Coast Maine (SASSMM) is the regional rape crisis agency who the auditor confirmed would send a victim advocate to support the inmate through the forensic exam and any investigative process. SASSMM is working with Maine DOC to offer more services to inmates at MSP. Compliance is determined based on the availability of resources to effectively investigate, secure and process evidence. Also taken into consideration in this determination was the overall staff knowledge displayed in the random staff interviews of how to preserve evidence, including instructions to the inmates involved. Investigative files document the steps to preserve evidence and that in each case the inmates involved were referred to MH services even if they denied any assault. Absent an incident in which an inmate underwent a forensic exam the Auditor had to rely on the information provided by medical staff at the hospital and at the prison.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policies and written/electronic documentation reviewed.

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

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Warden

Interview with Investigative staff

Summary Determination

Indicator (a) The Maine Department of Correction has systems in place to ensure criminal and administrative investigations occur in a timely fashion. The Maine DOC employs individuals in a law enforcement role within each of its facilities. The Maine State Prison and the Bolduc Correctional Facility share a Criminal Investigator and an Special Investigations and Intelligence staff. Review of investigative files support that all investigations occur immediately upon the report of an incident.

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

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

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

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

Conclusion: The Maine Department of Correction has policy and trained investigative staff in place to ensure all allegations of sexual assault and sexual harassment are investigated. The DOC has trained law enforcement staff persons who will ensure all crimes, including sexual assaults, are investigated. Incidents involving staff members, according to the Director of Operations, are investigated by a centralized unit, the Office of Professional Review. By using a different investigator than the facility’s Criminal Investigator it ensures an impartial investigation occurs. The Maine Department of Corrections investigates all incidents of sexual contact by inmates as a potential criminal investigation. This is done to ensure all evidence is collected even if the inmates claim initially the contact was consensual. This process has yielded actual criminal charges after inmates are separated and interviewed again about the incident. Compliance was determined based on the published policy, the investigative information provided by the Criminal Investigator and interviews with the Department of Corrections Director of Operations and a representative of the Office of Professional Review. Compliance is determined utilizing the above stated information which meets the requirements of Indicators (a) and (b). Indicator (c) for standard 115.222 is not applicable because Maine DOC is the criminal investigative body. Interviews further supported compliance in that the agency takes seriously all allegations and ensures impartiality of staff involved events through the Office of Professional Review.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

6.11.2 Sexual Misconduct (PREA and Maine Statute) – prevention

MSP staff training records

State approved training materials, power points program outline

Maine Justice Academy/ Maine Coalition Against Sexual Assault videos

PREA education cards

Individuals interviewed/ observations made.

Interview with MSP PREA Monitor

Interviews with random staff

Interview with PREA trainer

Summary Determination

Indicator (a) The Maine State Prison ensures all staff are trained in the agency's Zero Tolerance for Sexual Misconduct. All Employees, no matter what role in the institution, are aware of their role in the prevention, detecting and responding to sexual assault and sexual harassment of inmates. Random staff were able to describe in the interviews how their day to day job they keep inmates PREA safe. The staff members knew signs and symptoms of someone who may be victimized, the rights of inmates related to PREA and were able to give examples of why sexual assaults may occur. Staff persons confirmed they get training how to avoid getting into inappropriate situations with an inmate, the criminal liability for failing to report a PREA incident and how to respectfully work with LGBTI inmates. The staff knew to use the Transgendered or intersexed inmate's preferred name and pronouns and they were aware that a multidisciplinary committee review the transgender inmates case individually to determine housing, canteen items they can have access to, search procedures and Medical or mental

health treatment planning. The Auditor reviewed the training materials to confirm the elements were addressed. The training material includes videos developed in conjunction with the state Rape Crisis agencies county jail staff and Maine DOC staff.

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

Indicator (c) The Maine Department of Corrections employees 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 update to policies regularly. The staff also remarked that they have additional trainings update/ discussions with supervisor at shift briefings that aid understanding policy and how it is put into practice daily.

Indicator (d) Employees sign for their training acknowledging their understanding of the content. Online training would include an electronic signature and a quiz used to confirm content knowledge. The Auditor was provided with a report showing the training dates for 248 staff/contractors who received PREA training in 2019.

Conclusion: All staff are trained in Maine DOC's Zero Tolerance policies toward sexual assault and sexual harassment. The employees, contractors and volunteers sign off confirming they have been trained on PREA and understand policy 6.11 Sexual Misconduct. Staff files reviewed as part of standard 115.17 showed this documentation. Ongoing training is documented through signatures for classroom activities and electronically for individualized learning through Power DMS or through classroom presentations. The Maine Department of Corrections has a training program for all staff related to the 10 requirements on indicator (a). New employees are first exposed to PREA training in the Maine Criminal Justice Academy. Policy 6.11 Sexual Misconduct (page 2) addresses the requirements of the standard including the required areas of education found in indicator (a), the frequency of training and gender specific understanding of sexual victimization that is important for staff. All employees (including the contracted Medical and Mental Health staff) have had an on-site training and understand the facility's Sexual Assault Response plan.

A copy of the PowerPoint portion of the general PREA training was reviewed by this Auditor. All staff interviewed formally and as part of the tour confirmed regular training on PREA. Random staff member interviews confirmed they were aware of the different aspects of the training presentations and were able to give examples of information provided. Staff also reported the ability to refresh PREA issues through online information comes out through Power DMS. Training records and staff interviews support that PREA related education of staff happens regularly and electronic signature supports they understood the training. The Auditor confirmed the training dates of the 27 staff including initial PREA training and most recent PREA education. MSP also provided training documentation for 14 new employees hired this year. Compliance determination was based on training records, the material used in presentations (including video using actual staff and former inmates from the states various facilities) and random staff ability to share examples of the content they had learned as part of PREA training consistent with standard requirements.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

6.11.2 Sexual Misconduct (PREA and Maine Statute) - prevention
Volunteer List
Contracted Staff List
Training materials for volunteers and sign off on trainings

Wellpath training materials
Contractor Sign-in – (PREA acknowledgement of Brochure for 1 time or infrequent visitors)
PREA Education cards

Individuals interviewed/ observations made.

Interview with MSP PREA Monitor
Interview with Contractor
Interview with Volunteer
Observation on tour

Summary Determination

Indicator (a) All Contractors providing direct service to inmates at the Maine State Prison are employed by Wellpath a Medical/ Mental Health treatment provider. As such they receive full PREA training that all DOC employees receive in addition to the required specialized trainings in 115.35. All other contractors or volunteers who have routine access to the facility are required to undergo an onsite education program on responsibilities and procedure for keeping a safe environment. As part of that program the individuals are trained on PREA consistent with the agency policy (6.11.2 Page 2) which outlines training expectation to inform them how to support a zero-tolerance culture and knowing when and how to report concerns. One-time visitors are provided a PREA Brochure that outlines aspects of the overall training and informs the individual how to report.

Indicator (b) The training as noted in indicator (a) includes three distinct levels of training all of which address how to report a PREA Concern. Staff providing direct services to inmates (Wellpath) undergo full DOC training. Individuals who have routine visits (religious staff, educational volunteers, canteen vendors, etc.) get an abbreviated educational program. The state PREA Coordinator has developed a workflow diagram to help Volunteer Coordinators determine the level of training to provide.

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

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

volunteers who were able to identify training elements. They were all able to explain how they could report a PREA concern at the facility if they arise.

Standard 115.33: Inmate education

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

a115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received such education? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

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

Individuals interviewed/ observations made.

Interview with Intake Staff Person

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

Summary Determination

Indicator (a) All inmates are provided information about PREA upon admission to MSP. The clients have most often been in other Maine DOC sites prior and report getting information in those sites as well. Inmates are provided a description of PREA and how to protect themselves, how to report a concern and what services are available if someone has been a victim. The Auditor was walked through the admission process by an intake staff including the information the intake officer goes over routinely related to PREA. The only reason an individual would not have the education immediately upon admission is if their transfer was for an emergent medical or mental health issue. In these cases, the education would be completed as soon as they were medically stable.

Indicator (b) All inmates at MSP are provided with a review of the facility specific PREA information with their case worker in the first few days in the facility. All inmates at MSP have been housed in other correctional facilities prior to being placed at MSP. Those who were not previously in a Maine DOC facility get the video education in addition to the introduction to PREA at admission and the follow up education with the case worker. The education includes how to protect themselves from sexual assault/sexual harassment, how to and why it's important to report a concern, the inmates rights related to PREA and the steps DOC will take to investigate and support individuals if an incident occurs.

Indicator (c) All inmates at the Maine State Prison have received an education into PREA and how to report any concern. Inmate education is documented, and random inmates confirmed that PREA was addressed immediately upon transfer from their prior prison or jail. The Auditor also spoke to inmates who were in the institution prior to the implementation of PREA to ensure they also had an understanding of PREA. The inmates, some who were in the facility when it opened 20 years ago, had a solid understanding of the resources to victims and how to report a concern. Many pointed to signage in the units that educate inmates about PREA and others mentioned the inmate handbook or the DOC video.

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

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

Indicator (f) Observations throughout the tour support there is materials available to inmates continuously. The information viewed included handbooks, posters and other signage about PREA or resources such as the Local rape crisis agency. The Auditor suggested periodic video refreshers be made available to inmates given the long-term nature of the institution.

Conclusion: PREA is a term most inmates are familiar with from county jails in Maine or their prior stays at the Maine Correctional Center. The Maine Department of Corrections Policy 6.11.2 PREA-Prevention sets forth on page 3 the expectation of the timeliness of inmate education, manners in which

education is delivered and the requirement for materials for LEP and disabled inmate education. Inmates at MSP confirm they are educated on PREA and the zero tolerance expectations as soon as they get to the facility. PREA information is reviewed with the inmate by the Intake Officer and they are provided an inmate handbook that contains PREA information. PREA Information is in the inmate handbooks. The information reviewed is signed by the inmate and placed in their case record. The facility has PREA educational materials available to inmates in the form of brochures and posters in addition to the handbook. The orientation process also includes the viewing of the Maine Department of Corrections PREA video. This video is available in multiple languages including sign language. The Video is also posted on the Maine DOC Website. Inmates have access to handbooks that can be translated into multiple languages as needed. Inmate Handbooks inform inmates about consequences for negative behavior including sexual misconduct. The handbook tells inmates about PREA and the importance of reporting and seeking help. Information also includes phone numbers to state PREA Coordinator and the local rape crisis agency.

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

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

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

6.11.2 Sexual Misconduct (PREA and Maine Statute) – prevention
 Training Material from Moss Group training on completing a sexual Assault Investigation
 NIC training for Investigation Sexual Assault in a Correctional environment

Training rosters
CI Ames training attendance what SANE nurses do

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator
Interview with trained Investigators
Observation on tour

Summary Determination

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

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

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

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

Documents and interviews support that the facility’s investigators are trained in the requirements of a PREA related investigation. Maine has set up that if allegations are against staff the agency’s Office of Professional Review would be brought in to investigate and ensure an impartial process. Given the number of DOC trained PREA Investigators, the level of professional investigative training provided to the staff and the interview with the facility’s trained Investigator, the Auditor finds the facility compliant. Samples of investigations completed, and the supporting training documents also supported the Auditor’s findings.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- 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? Yes No
- 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? Yes No
- 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? Yes No

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

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

Individuals interviewed/ observations made.

Interviews with Medical and Mental Health staff

Summary Determination

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

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

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

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

Conclusion: Medical and Mental Health Staff at Maine DOC facilities are employed by Wellpath (formerly Correct Care Solutions). Wellpath provides PREA training with a medical and mental health focus for their employees and provides the PREA Monitor with the documentation. The PowerPoint reviewed by this Auditor addressed how to detect, assess signs and preserve evidence of a sexual assault. The training materials and interviewed staff support they were trained in how to respond appropriately to sexual assault victims. The Auditor met formally with Wellpath staff and was able to ask questions of other Wellpath staff on the tour. Medical and Mental Health staff knew to whom to report allegations and suspicions of sexual abuse or sexual harassment. They were able to explain the reporting would be up their agency chain of command while also notifying the chain of command of the prison. Medical and Mental Health Staff knew to also report any concerns to the Criminal Investigator, the SII Sargent or PREA Monitor. The contracted staff reported they attended PREA classes from Maine DOC with the state employees. Wellpath staff will not do forensic medical examinations but are aware of how to protect evidence and what facilities they would refer inmates to for an exam by a SAFE or SANE if needed. Policy 6.11.2 also was reviewed by the Auditor to determine compliance along with interviews, a review of the Wellpath training program materials for Medical and Mental Health Staff and training records for the Wellpath staff figured in the compliance. The Wellpath staff work at both the Maine State Prison and the Bolduc Correctional Facility under one supervisory structure.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policies and written/electronic documentation reviewed.

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

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interviews with Wellpath staff.

Interview with Warden

Interview with an inmate who transferred to MSP after turning 18

Observation on tour

Summary Determination

Indicator (a) All inmates who are admitted from County jails or transferred from a Maine DOC facility will be assessed with an objective screening. This requirement is outlined in policy 6.11.2 Sexual Misconduct – prevention (pages 3-4) that all individuals admitted or transferred be screened for likelihood to be a victim of sexual violence or likelihood of being a perpetrator of the same said violence.

Indicator (b) The Policy stated in indicator (a) sets forth an obligation for the screening to be completed sooner than the standard requirement. The Maine DOC requires the screening to be completed in the first 24 hours. The review of the screening reports supports this practice standard is met with the understandable exception of individuals who were brought in due to significant mental or physical health concerns that prevent immediate completion of intake. A review of a report from December-January had 7 cases that were not completed in the first 24 hours (out of 85 admissions) but all were completed within the 72 hour timeframe. The same report run at time of the audit showed one hundred percent compliance with the 24 hour policy expectation in the month prior. The Auditor requested the facility to continue to provide the report and corresponding admission documentation to support the correction had continued to become institutionalized.

Indicator (c) The tool developed for screening inmates for potential sexual violence or sexual victimization is an objective tool utilizing information from the inmate's criminal records, information from other correctional setting, and the clients self-reported information. The Auditor was provided with the materials on how to administer and score the tool to ensure that the application is objective.

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

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

Indicator (f) This indicator was identified when the Maine DOC entered into discussion with the Auditor for not being consistently met. An initial assessment in January by the new PREA Coordinator and PREA Monitor discovered an inconsistent interpretation of the expectations. The PREA Coordinator met with staff and received support from administration to correct this standard. Similar to the documentation reviewed in indicator (b), the facility was not completing the reassessments consistently with the DOC policy of within fourteen days of admission. The DOC policy requires assessment in 14 days instead of the standards requirement of within 30 days. The Auditor was provided with documentation that the practice had been corrected in the months prior to the onsite audit. The DOC agreed to continue to provide documentation up to the finalization of the report to support a full six months of consistent compliance. In addition to the client files the agency can run a report that picks up the information from the electronic case management program.

Indicator (g) The Auditor was able to ask staff in formal interviews and review documentation to support PREA reassessments occur for several reasons. The inmate would be reassessed if they were

either the victim or the perpetrator of sexual violence, if they engaged in consensual sex in violation of facility rules, if additional information becomes known that would affect the scoring.

Indicator (h) The Auditor confirmed that inmates are not disciplined for refusing to answer questions or not disclosing information as part of the screening process. The Auditor spoke with intake staff who complete the initial screening, case managers who complete the re-assessment and the random sampling of inmates.

Indicator (i) The Maine Department of Corrections completes the screening information in its electronic case management system. The system limits who may have access to the screening information, especially the clients more sensitive information. Disclosures made in the Medical or Mental health record are completely siloed from the custody staff.

Conclusion: The Maine State Prison ensures all inmates are screened for sexual victimization and abusiveness using an objective tool. Policy 6.11.2 (page 4) requires that all inmates are screened initially within 24 hours and reassessed within 14 days by the facility classification team. Maine DOC has developed a report that can be used by the facility PREA Monitor and the State PREA Coordinator to ensure standard timeliness benchmarks are being met. The Auditor was able to review this report which showed a significant improvement in meeting the agency policy that surpasses the standard expectation as documented above. The Agency also requires periodic rescreening by using the PREA assessment instrument in CORIS. This is done also when warranted due to a referral, request, incident of sexual misconduct or receipt of additional information that bears on the prisoner's risk of sexual vulnerability or sexual violence. CORIS is the Maine DOC electronic case file system that links their records as the inmate moves between facilities. The Auditor was given examples of cases in which the reassessments were done for cause including events that were investigated.

The objective tool was developed by Maine DOC and has clear guidelines for its use. The tool accounts for all thirteen factors required in indicators (D) and (e). They have also implemented a system to ensure that after the initial screening the inmates are asked about sexuality, victimization history and perceived safety. The intake officer, who was spoken to on the tour, confirmed inmates cannot be punished for refusing to answer questions about sexuality, prior victimization and vulnerability. The Auditor also confirmed this with inmates as part of the formal interviews. It is confirmed that only case management and administrators know the specific reasons for PREA scoring results in CORIS. Unit Management team members were aware of inmate screening and the importance of using the information. Medical staff will also ask PREA related information at the initial assessment and pass any new information back to the intake staff to ensure the screening encompasses all information obtained at intake.

Compliance was determined based on the sample screens provided consistent with time requirements in the standard. The MSP PREA Monitor continued to provide documentation to the auditor. Interviews with staff and inmates further support that the appropriate questions are being asked. Further supporting compliance is the use of CORIS to ensure inmates with contradicting scores are prevented from being housed together. Maine DOC has given a report tool on the timeliness of initial screening and reassessment that is available through CORIS to the PREA Coordinator and PREA Monitors, this tool is a credible example of ensuring timely screening of inmates.

Standard 115.42: Use of screening information

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

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

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

115.42 (c)

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

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?
 Yes No

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Policy 6.11.2 Sexual Misconduct – Prevention) DOC

Policy 23.8 Management of Transgender Inmates

Individuals interviewed/ observations made.

Interview with Facility PREA Monitor

Interview with Intake Officer

Interview with Case manager

Interview with Unit Manager

Interview with Random Staff

Interview with random inmates

Interview with transgender inmates

Population report

Observation on tour

Summary Determination

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

Indicator (b) Safety of the inmates is considered throughout the inmates stay. Unit management allows for inmates to be grouped in smaller subsets where the teams can focus on the inmates needs and learn their behavioral norms. Staff find this important in being able to identify when the behaviors change. The random inmates interviewed supported that staff are approachable, would take any threat seriously and they confront negative behaviors including any form of sexual harassment.

Indicator (c) Two of the four transgender individuals have been in the Maine State Prison prior to PREA. The other two individuals had been housed in male units at the previous facilities. Three of the individuals had not previously disclosed their transgender status until after placement at MSP. Since MSP is an all-male facility the agency will look at each case to determine the best option for housing the inmate considering their own feelings of comfort, the inmates past history (including safety issue such as history of violence) the current population of each unit and their medical and mental health needs. The institution previously transferred a transgender inmate to a female unit at the Maine Correctional Center where the inmate lived until their release from custody.

Indicator (d) Records show that these meetings have occurred twice a year. Two of the four transgender inmates have been in the facility under 1 year. Meeting note discuss various aspects of the inmate’s life and any change or new request. The transgender inmates would like more access to outside LGBT support groups which was passed on to the PREA Coordinator.

Indicator (e) Each of the transgender inmates confirm there is a meeting that occurs shortly after admission with a multidisciplinary team to discuss the supports and considerations the inmate wishes to request. Three of the four individuals support the process was helpful in getting the hygiene, clothing and other items requested. All four individuals receive or have been approved medications to support their transition. (One individual had a medical condition that prevented the initiation of medications). As Inmates progress in their treatment the multi-disciplinary team will continue to assess the most appropriate housing including transfer to a female unit at Maine Correctional Center.

Indicator (f) There are no gang showers in MSP the housing units have individual showers on each tier of the housing pod. The Showers are away from other cells in most units and privacy is maintained through opaque shower curtains that allow only the feet and the tops of the inmate's head to be seen.

Indicator (g) The Maine State Prison does not by policy, practice or legal requirement house all LGBT inmates in one housing unit. This was confirmed with interviews with the PREA Monitor, Random staff and gay and transgender inmates.

Conclusion: Maine DOC Policy 6.11.2 Sexual Misconduct – Victim Services described the use of the PREA Screening tool (Pg.3-4) in Indicators (a) and (b). The remaining Indicators are covered in 23.8 Management of Transgender and Intersex Inmates. The electronic case management system of Maine DOC (CORIS) will prevent housing of potential or known victims with potential or non-aggressors based on the PREA Screening tool in 115.41. All individuals entering MSP are asked how they feel about their safety which helps guide the placement process for housing and eventually programming. MSP has four current transgender inmates. Practice confirmed with the PREA Coordinator and the Warden have a multidisciplinary team to discuss each transgender inmate's needs and preferences. During the tour and subsequent movement, the Auditor was able to see how transgender inmates have privacy during shower or bathroom use. Documentation supports that LGBTI inmates are not all housed together or denied programming or work. There is no legal judgement requiring such condition to exist. Interviews with the four Transgender individuals who supported the process described in policy occurs. Three of the four individuals felt supported and all four felt safe. The individual who raised concerns addressed issues outside the scope of this standard.

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

The standard is determined to be compliant based on policy, supporting document and interviews with inmates and staff. The Auditor finds that practices are in place to use screening information and there is good communication about those at risk. The Auditor notes MSP has shown growth in its handling of transgender cases since the Auditor previous visit three years earlier. An example supporting this change is a more expediated process for the transgender individuals to start medication even if they had never been on them.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? Yes No

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

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

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Warden

Interview with Staff in Segregation Unit

Interview with the PREA Monitor

Observation on tour

Summary Determination

Indicator (a) The Maine State Prison refrains from placing inmates at high risk for sexual victimization in involuntary segregated housing. Policy (6.11.2) allows, consistent with the standard for protective custody housing, for a period of 24 hours, while the situation is assessed. MSP will, if needed, put inmates on Extra Observation Status (EOS) which is a temporary status to allow assessment of needs but does not necessarily require a housing unit move. The Auditor was provided with information on a inmate who identified as Transgender upon admission who was placed on EOS until a plan for housing could be determined. Reportedly at no time has the Maine State Prison had to place an individual in involuntary segregation as a means of protecting an individual from likely abusers.

Indicator (b) Since it is not the practice of the Maine State Prison to place individuals in an involuntary segregation as a means of providing protection the elements of indicator (b) do not apply as the inmates would be allowed to have prevented from movement or access to work, education or programming any more than other inmate of the same classification unit.

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

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

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

Conclusions: Interviews with the Warden and the facility PREA Monitor confirm that the facility has not had to use involuntary segregation to ensure safety of any victims of sexual assault. The Warden confirms that the aggressor would be the individual moved to segregation or to a higher level of custody. Interview with an inmate victim confirms that he was not held in administrative segregation as a protective condition. Investigative reports support there is no practice of segregation of victims and is consistent with the Warden’s interview. In addition to discussions with the inmates, staff and administration, during the tour the segregation staff confirmed that no individual was in the unit for protection from sexual assault. The standard is compliant based on the information provided, the tour, the interviews and the policy and practice of the Maine State Prison.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No

- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

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

Individuals interviewed/ observations made.

Interview with Random Staff
Interview with Contracted staff
Interview with an
Observation on tour

Summary Determination

Indicator (a) Random inmate interviews confirmed that the inmates know there are multiple ways to report a concern within the facility or to the Department of Corrections Central Office. Inmates knew of the postings and information in the inmate handbook that describes options to report a concern including directly to a staff they trust, to any case manager or medical or mental health staff, by writing the Warden and by calling the DOC PREA 'hotline' (agency PREA Coordinator). It should be noted inmates supported they have comfort with going to line staff to report a concern. The PREA Coordinator did confirm there were no claims filed through the PREA Hotline for MSP.

Indicator (b) The Maine Department of Corrections has set up two ways in which inmates can report a PREA concern to an outside agency. The Phone numbers for the local rape crisis agency are posted prominently in each of the housing unit. The Poster also has the address of the PREA Coordinator of the local county Jail if they do not feel comfortable reporting to DOC staff. Inmate were aware of these options and also stated they could call attorneys or family members to report a concern. The inmates were also confident, if a family member called to report a concern that the staff would take it seriously and it would be investigated.

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

Indicator (d) The Agency provides several avenues for staff to report a concern of sexual assault or Sexual harassment. Beyond reporting an incident to their immediate supervisor, if the staff had a concern about the supervisor or another staff being involved with a client they report to another supervisor or to a higher ranking individual, they can make a report using either the posted phone numbers to SASSMM or The Maine DOC PREA Coordinator. Staff interviews confirmed they were aware of multiple avenues to report a concern. The staff knew they could report out of the chain of command without consequences.

Conclusion: Maine Department of Corrections and MSP Policy 6.11.3 SEXUAL MISCONDUCT - Reporting and Investigation, outlines the requirements of this standard. Page one of the policy addresses the staff responsibility to accept all forms of inmate reported Sexual Abuse and Harassment

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

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

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
 Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

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

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which

immediate corrective action may be taken? (N/A if agency is exempt from this standard.)

Yes No NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

6.11.4 Sexual Misconduct – Administrative Sanctions and Grievances

MSP Grievance Log

Memos from Grievance officer and Compliance Manager

Individuals interviewed/ observations made.

Interview with facility PREA Monitor
Interview with Warden
Interview with Random Inmates

Observation on tour

Summary Determination

Indicator (a) The Maine State Prison is not exempt from the standard; inmates have the ability to file a grievance on conditions that violate their rights or prison rules. Sexual misconduct is a reason for which an inmate can file a grievance. Of the 301 grievances filed in the 12 months prior only two were through the grievance process.

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

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

Indicator (d) Policy 6.11.4 SEXUAL MISCONDUCT (PREA AND MAINE STATUTES) ADMINISTRATIVE SANCTIONS AND GRIEVANCES. Sets forth the requirements for response and appeal consistent with the standard.

Indicator (e) Policy 6.11.4 (page 6) states “The prisoner or inmate may be assisted in filing the grievance by any Departmental staff person or by any other person with whom the prisoner or resident is permitted to have contact. Such a person may also file the grievance on behalf of the prisoner or resident, provided that the prisoner or resident consents to the filing. If there is any question about consent, the Grievance Review Officer may personally speak to the prisoner or resident to ascertain whether he or she consents to the filing of the grievance on his or her behalf. If he or she does not consent, the Grievance Review Officer shall document that fact and shall not respond to the grievance.” Inmates spoken to by the Auditor confirmed that there is no prohibition on assisting or filing a grievance for another resident. Staff were also aware they need to accept all complaint or grievances from third party individuals.

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

Indicator (g) Inmates can only be disciplined, if through an investigative process, it is substantiated that the grievance was filed in bad faith. This is the same standard for all PREA complaints filed even if they are not through the grievance process.

Conclusion: Maine State Prison is not exempt from the exhaustion of administrative remedies. The Maine Department of Corrections has a policy 6.11.4 *Sexual Misconduct – Administrative Sanctions and Grievances* as an option for inmates to file a PREA complaint. It is reported by the Warden and the Grievance Officer that there has been one instances in the past year that an inmate used the grievance process for a sexual assault case. There were no instances in which an emergency grievance was filed. Grievance Logs reviewed support that inmates routinely use this process to resolve concerns in the institution. Inmates knew they could file a PREA related concern through the grievance process but acknowledge it would not be as quick in resolving as telling a staff person directly. Inmates report they can get assistance from other inmates in completing forms if needed. Inmates in the random interviews reported no history of filing a grievance on a PREA related concern. Inmates reported comfort in telling staff directly about concerns and if they felt it wasn't addressed they would go send a request to the Warden or to a Criminal Investigator to discuss concerns. With only one PREA Grievance (sexual harassment case) to review, compliance determination relied on the policy and interviews with the PREA Monitor, the Warden and the inmates who were aware of the grievance process was a possible avenue to report a Sexual Misconduct concern.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

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

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Warden

Interview with an inmate who transferred to MSP after turning 18

Observation on tour

Summary Determination

Indicator (a) The Maine State Prison provides access to the local rape crisis agency. The Sexual Assault Support Services of Mid-Coast Maine (SASSMM). The Agency’s employees are considered professional visitor status which allows for confidential communication. The Maine DOC has adjusted policy 21.03 to specifically address the professional status of the state’s rape crisis network. The Maine State Prison does not house individuals for civil immigration violations.

Indicator (b) All inmates are informed at the inception of services that confidentiality is limited when there is an individual who has been victimized in the institution. All MSP and BCF Inmates sign acknowledgement forms with Wellpath as part of their service introduction for both medical and mental health services.

Indicator (c) The Department of Correction has a Memorandum of Understanding with SASSMN which covers both the Maine State Prison and the Bolduc Correctional Facility. The agreement is renewable.

The DOC also has an agreement with the state-wide rape crisis agency Maine Coalition Against Sexual Assault (MECASA).

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

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

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

Policy 6.11.2 Sexual Misconduct – PREA and Maine Statute
Maine DOC Website
PREA Posters on Housing units
Logs of the PREA report Hotline
Information from Knox County Jail on reports made.

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator
Observation on tour

Summary Determination

Indicator (a) Maine Department of Correction has developed a mechanism for individuals who want to report PREA concerns as a third party; be they fellow inmates, family or friends. Information can be given in person, by phone, by e-mail, by US mail or by contacting the agency PREA Coordinator through the agency website Maine.Gov. There is information directing inmates in the PREA brochure, PREA poster, inmate handbook and on the website noted above. The inmates are provided information on how to send complaints to the local county jail. Staff were aware that they must take all reported concerns about PREA potential violations including from third parties. The facility phones allow for inmates to dial out to the advocates or the Maine DOC PREA Coordinator. The Maine DOC Policy on Communication mail and visiting 16.3 and Sexual Misconduct policy 6.11 and 6.11.5 address the requirements of this standard.

Conclusion: Maine Department of Corrections has put in place multiple resources of inmates and families to report a PREA related concern. The PREA Coordinator shared the log of calls that had come into the state hotline of which only one case was a third-party report. As part of the audit process the PREA Auditor spoke with the PREA Coordinator of the local jail to confirm the Memorandum of Understanding that MSP inmates could make complaints. Compliance was based on policy and the systems Maine DOC has put in place to support the inmates and that inmates were aware they could make a complaint on behalf of another inmate. Finally, the Auditor took into consideration the systematic logs of information on all calls to the PREA Line. This document supports an organized process to track all calls no matter the source even if the call was a hang up. The Auditor was able to see how the call log also documents the referral back to the institution for the initiation of an investigation including when the call is anonymous.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

Policy 6.11.5 Sexual Misconduct – responding

Policy 6.11.3 Sexual Misconduct – Reporting and Investigating

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with random staff

Interview with facility Investigator

Interviews with Medical and Mental Health staff

Summary Determination

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

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

Indicator (c) As noted in previous standards the Wellpath Medical and Mental Health Staff ensure client confidentiality unless there is a risk that another could impact the safety of individuals. Staff report inmates sign that they understand the limits of confidentiality with medical and mental health upon initiation of services.

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

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

Conclusion: There are policies that direct staff of MSP in the handling of a report of Sexual Assault or Sexual Harassment. These policies include Maine DOC's Sexual Misconduct Policy 6.11.3 and Sexual Misconduct Policy 6.11.5. Random staff interviews confirmed that staff are aware of the immediate need to report all accusations of Sexual Assault or Sexual Harassment. They knew this included third party and anonymous complaints and accusations that may not be true. The staff interviewed knew they also had to report on a coworker whose actions or inactions lead to a sexual assault. Staff were aware of the importance of timely reporting and the need to provide confidentiality about information. Staff were aware that exceptions are when reporting to supervisory staff, investigative staff or information needed to secure treatment or provide for the safety/security of others. The facility's Medical and Mental Health clinicians were aware of the timely reporting concerns to Wellpath and the MSP Administration. Medical and Mental Health staff have all inmates sign a form understanding the limit of their confidentiality prior to service. All staff, including the contractors, were aware of mandated reporting and their legal responsibility to report. The above stated facts support compliance and that the staff at the Maine State Prison have a clear understanding on the responsibility to report a concern related to PREA.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Population report for MSP

Individuals interviewed/ observations made.

Interview with the Director of Operations
Interview with Agency PREA Coordinator
Interview with Warden
Interviews with random inmates

Summary Determination

Indicator (a) The Main State Prison has not had to protect an inmate in imminent risk of sexual abuse in the past year. The Director of Operations for Maine’s Department of Correction, and MSP’s Warden acknowledged the agency response would be immediate. Efforts would include both housing changes, investigation and other facility-based or if needed movement of inmates as needed to increase safety. The agency PREA Coordinator who works for the Director of Operations would also be notified of these events. If the agency believes an inmate might be at risk the facility can place them on EOS (extra observation status). This is a temporary limitation of movement and allows them to be housed in a unit with single cells. This allows time for the facility investigators to determine the validity of and level of risk to the inmate.

Conclusions: The Maine State Prison is committed to inmate safety. The administration supports that they have several housing options to protect inmates from potential abuse rather than placing them involuntarily in administrative segregation. In extreme cases one of the inmates could be moved to another institution. Interviews with facility and Agency administration supported the ability to be responsive to individuals who were at risk of abuse in addition to 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 inmates, notify 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. Without an actual incident to review compliance weighed significantly on the interviews and the staff’s clear understanding of what to do if an inmate approached them and the importance of responding immediately to the perceived risk. The Auditor also took into consideration that inmates expressed staff were approachable and would take a complaint seriously.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

6.11.3 Sexual Misconduct- PREA Reporting and Investigations

Documentation supporting notification to other facilities

Documentation of Information received about former MSP client.

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Warden

Summary Determination

Indicator (a) The Maine Department of Correction Policy outlines the requirements if an individual discloses at one facility that they were previously victimized at a prior correctional facility. The policy requires the notification by the PREA Monitor, the Facility administrator or designee. There was no incident of sexual abuse, but the facility provided documentation to a county jail on allegation of staff voyeurism. The inmate had made the allegation during the PREA screening at intake. Interview with the

PREA Monitor and the Warden support that MSP has the culture in place to ensure all allegation including ones that occurred in another setting are reported promptly

Indicator (b) The PREA Monitor and the Warden were both aware in their formal interviews that notifications to outside facilities should be made as soon as possible but no later than 72 hours. As noted, the incident in question was not a sexual abuse situation but the DOC practice is to report all concerns. The incident reviewed occurred within the 72-hour required period

Indicator (c) A copy of an email sent as back up documentation was provided to prove the other facility was informed.

Indicator (d) Documentation was provided that there were no outside reports of sexual assault of a former inmate from MSP. The Deputy Warden confirmed that the facility had one incident where a former inmate had claimed sexual harassment at MSP. The incident was referred to the investigative team.

Conclusion: Maine Department of Corrections Policy 6.11.3 Sexual Misconduct- PREA Reporting and Investigations pages 3 and 4; addresses the requirements of reporting to other confinement facilities of incidents of sexual assault that had occurred in those facilities. The Policy requires that at all DOC facilities notification is done in writing (Indicator c) and within 72 hours (indicator B). Interview with confirmed he is Warden was aware of responsibilities, including the documentation of notification, if he had to notify another facility of the accusation. The Warden discussed the expected response if notice from another site was to occur including an investigation and notification to the facility PREA Monitor. Documentation provided showed the initial steps to support an investigative process including coordination with the other facility. Absent a current case, compliance with this standard was based on the agency policy, the Warden's knowledge of his responsibility and the documentation provided.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

Policy 6.11.3 Sexual Misconduct- PREA Reporting and Investigations

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with investigative staff

Summary Determination

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

Indicator (b) As noted above, staff in the Department of Corrections are all trained on how to protect evidence in the event of a sexual assault, The staff interviewed recognized the importance of closing off the crime scene, separating individuals, instructing the individuals not to eat, drink, wash or use the bathroom. They also know to not have them change clothing. Without any individual who had to act as

a first responder in the past year the Auditor relied on the consistent answers about the steps they would take to protect evidence.

Conclusion: The Maine DOC trains all employees in the duties of a first responder. Maine DOC has developed a coordinated response plan that gives first responders directions and information to support them through the crisis. Compliance determination relied on the interviews with staff who were able to identify step 1-4 in (Indicator A) and that they were to tell the alleged victim and perpetrator not to do anything that could affect the collection of evidence. Medical staff and vocational staff were also aware of the steps to preserve evidence. (Indicator B). Staff at MSP are prepared to respond as evident in their answers that support compliance. None of the staff person interviewed reported having to complete first responder duties in the 12-month prior. The staff have separated individuals while investigative teams' complete investigations but none of the cases involved an incident where the individual needed to go out for a forensic exam. Compliance is based on policies, the interviews and the investigative files supporting separation of individuals immediately.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

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

Policy 6.11.5 Sexual Misconduct- (PREA and Maine Statute) Responding
MSP Sexual Assault Response Plan

Individuals interviewed/ observations made.

Interview with Facility and Agency PREA Coordinator
Interview with Warden
Interview with Investigators
Interview with Medical Staff
Interview with Unit Manager
Interview with Hospital with SAFE/SANE staff
Interview with local Rape Crisis Agencies
Interview with Captain

Summary Determination

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

Conclusion: Maine State Prison is compliant because of has developed a coordinated response plan that directs staff in their duties. Policy 6.11.5 (page 2) Sexual Misconduct responding addresses the steps to coordinate efforts in response to a sexual assault. The facility plan describes the duties of first responders, supervisory staff, investigative staff and medical and mental health staff duties. The document includes information about how to contact the local hospital to ensure a SANE staff is available in addition to information on the local rape crisis agency. Interviews with the Warden, PREA Monitor, Unit Managers, Captain and Medical staff all confirm knowledge of their roles in the plan. Compliance is based on the policies, the plan that was provided and staff knowledge of the plan.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

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

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator
Interview with Warden
Interview with an Investigative Staff

Summary Determination

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

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

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

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

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

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator
Interview with Interview with PREA Monitor
Interview with Warden
Interview with an Investigative Staff

Summary Determination

Indicator (a) Maine Department of Corrections has information on the expectation to monitor individuals after any PREA claims. The information is contained in Policy 6.11.3 on pages 3 and 4. Retaliation monitoring documentation was inconsistent in 2018. With the new Agency PREA Coordinator there has been a full adoption of a tracking form to ensure more consistent documentation. The PREA Coordinator also provided a workflow diagram to aid the Unit managers in the process. The Unit Managers and the facility PREA Monitor have the responsibility, according to the Warden, to track for retaliation.

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

Indicator (c) As noted in Indicator (a) the Department of Corrections policy supports all individuals (Inmates and Staff) who report a PREA Incident are monitored for changes in behaviors that might be a symptom of their being retaliated against. The form developed also addresses the elements of this indicator. The individual completing the form must document if they reviewed discipline, if housing moves occur or requested, programmatic or job performance changes as well as document if face to face communication has occurred or if a mental health follow up was requested from any of the monitoring concerns.

Indicator (d) The occurrence of status checks can be documented through the form as well as the unit management team notes.

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

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

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

The Director of Operations for Maine DOC, who was interviewed on behalf of the Commissioner and the Warden, described multiple mechanisms that would be put in place to protect individuals who report sexual assaults which include changing housing, preventing contact between the accused and the victim and monitoring reports about the inmate or staff to see if there is any change in behaviors.

Unit management notes would also support this practice. The facility also has an administrative report available to supervisory staff on inmates that need to be kept separate. The PREA Monitor and Warden were aware that protection monitoring should be done with all individuals who cooperate with the investigation. The standard is compliant based on information provided, interview statements and the policy.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

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

Individuals interviewed/ observations made.

Interview with Warden

Summary Determination

Indicator (a) The Maine Department of Corrections Policy states segregated housing for victims should only be used in rare instances for short periods until other safe housing can be determined.

Conclusion: In the interview with the MSP Warden the Auditor confirmed documentation from the audit file stating they have not used segregation of any victims of a sexual assault in the past year. The Warden stated, given the size of the facility and the various housing options, they would have more options for the victim than the accused aggressor who would be placed in disciplinary housing. Inmates who need to be separated from the population are placed in a smaller set of cells in a larger unit. The Warden confirmed the practice is to ensure limited impact on the victim. Inmate who claims to be a victim may be placed on Extra Observation Status (EOS) for a brief period, but it is not done in the disciplinary unit and may be completed in their current housing unit. The standard is determined to be compliant based on policy, documentation provided and interviews completed.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

Policy 6.11.3 Sexual Misconduct (PREA and the MAINE Statute) Reporting and Investigating
Policy 7.1 Investigations
Sexual Assault Response Plan (SAR)
Investigative file tracking form
Retaliation monitoring form

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator
Interview with Interview with PREA Monitor
Interview with Warden
Interview with an Investigative Staff

Summary Determination

Indicator (a) Maine Department of Corrections in Policy 6.11.3 on pages 4 to 6 set forth the responsibilities of the investigative team including the need for a prompt thorough investigation of the facts and a complete report outlining the processes undertaken, the reasoning behind the findings. The Policy and the SAR define duties and agency policy requires investigation of all allegations including those from third party or anonymous sources. Random staff interviewed supported they must report all claims no matter the source or if they believe the incident to have occurred.

Indicator (b) As noted in 115.34 the Maine DOC has several staff who have completed a course through the Moss group on Investigations of Sexual Assaults in a correctional Institution. The training included three members of the current MSP/BCF investigative team.

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

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

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

Indicator (f) All criminal investigations potentially can include a referral to office of professional practice if the evidence supports that a staff persons actions or inactions led to an inmate on inmate sexual assault. Administrative investigations into sexual harassment claims or other staff actions in sexual misconduct investigations can result in discipline outside of termination. The Maine State Prison did discipline an employee in the past year reportedly for failing to report information. All administrative investigations that are completed are required to have a related investigation file which includes written or oral statements, video or other physical evidence, and the reasoning behind the conclusions reached

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

Indicator (h) Agency policy requires all criminal acts to be referred for criminal prosecution (policy 6.11.3 page 5). The Office of Professional review referred one staff involved incident for criminal prosecution in the last 12 months. There were two cases of inmate on inmate sexual misconduct referred for prosecution in early 2018.

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

Indicator (j) Agency policy and the Investigators interviewed confirmed individual's departure from the institution would not result in the case being closed. The Criminal Investigator for MSP/BCF is a trained

law enforcement officer as defined by the Maine Justice Academy with full police authority to go outside the institution to continue to pursue information related to the case.

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

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

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

In the Auditor’s interview, the investigative staff was able to identify the steps taken to gather evidence, how credibility of the various persons involved is determined on an individual basis, and that polygraph exams would not be required for the initiation of an investigation. Consistent with policy, it was stated investigative reports will be completed on all administrative and criminal investigations. The agency has implemented some forms that direct a consistent formation of a report including the content. As part of the audit process the Auditor reviewed 5 of correctional investigative files from 34 incidents at MSP in the 12 months prior to the site visit. The Auditor found consistent reports with physical, testimonial and documentation of evidence used in determining outcome. In determining compliance, the Auditor, considered the stated information found in policy and actual investigative files as well as interviews with the investigative staff and inmates who had been involved in the investigations.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

Policy 6.11.4 Sexual Misconduct

Individuals interviewed/ observations made.

Interview with an Investigative Staff

Summary Determination

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

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

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policies and written/electronic documentation reviewed.

Policy 6.11.3 Sexual Misconduct (PREA and Maine Statute) Investigations
MSP Allegation tracker

Individuals interviewed/ observations made.

Interview with an Investigative Staff
Interview with PREA Coordinator
Interview with PREA Monitor

Summary Determination

Indicator (a) Maine DOC provides notification to all inmates on the outcome of their investigations into Sexual misconduct. The agency policy 6.11.3 Sexual Misconduct (PREA and Maine Statute) Investigations page 6 requires the notification to inmates if the allegation was substantiated, unsubstantiated or determined to be unfounded.

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

Indicator (c) The policy (6.11.3) also requires notification if the accused perpetrator is a staff person, contractor or volunteer, if the individual has been removed from areas where they would come in contact or if they have been removed from access to the facility. The policy also requires notifications be made to any inmate regarding any indictment or conviction of a perpetrator as long as the victim is still in custody.

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

Conclusion: The Department of Corrections had realized that this indicator was out of compliance with the required practices in December of 2018. The facility was not consistently providing the required

notifications. Since January of 2019 the facility has provided the notification to inmates on 13 of 15 investigations that have been initiated since the first of the year. In the 2 other incidents, one individual was released from custody and the other the facility could not inform a victim because the anonymous letter did not name a victim (the letter only identified a potential perpetrator) there for no notification could be facilitated. The Auditor took into consideration that though the facility was clearly out of compliance in 2018 they have corrected the situation and show an institutionalization of the process. The Auditor reviewed the form letter in investigatory files. and confirmed with a victim that he was informed timely on the outcome of the investigation and subsequent referral for prosecution. The Auditor also took into consideration that the DOC and MSP had undergone some changes in personnel but with the appointment of full time PREA Coordinator the issue was identified and resolved quickly. Interviews with both the PREA Coordinator and PREA Monitor confirm they have a clear understanding of the expectation of this standard moving forward.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statute) Administrative Sanction and Grievances
 Policy 3.15 Disciplinary Sanction
 MSP Allegation Tracker

Individuals interviewed/ observations made.

Interview with an Investigative staff Office of Professional Review
 Interview with Human Resources representative
 Interview with Warden

Summary Determination

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

Indicator (b) The PREA policy 6.11.4 on page 4 states that employees who engage in, attempt to, threaten to, or request an act constituting sexual misconduct will be subjected to termination as the presumptive disciplinary sanction. The Auditor confirmed the staff person who was substantiated for sexual misconduct with an inmate was terminated as a result of the investigational findings.

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

Indicator (d) The Auditor was able to confirm, with the Maine DOC’s Investigator of the Office of Professional Review, that any termination or resignation would not stop the case from being referred for prosecution.

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

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

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

MSP Allegation Tracker

Individuals interviewed/ observations made.

Interview with an Investigative Officer

Human Resources representatives

Interviews with Contracted staff and Volunteer

Interview with Warden

Interview with PREA Coordinator

Summary Determination

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

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

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

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

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

Policy 20.1 Inmate Discipline

Inmate Handbook

Individuals interviewed/ observations made.

Interview with an Investigative Officer

Interview with Inmates

Interview with Warden

Interview with PREA Coordinator

Summary Determination

Indicator (a) Inmates who have been found to have engaged in a criminal offense, including sexual assault, are not only subjected to criminal prosecution they are also referred for facility disciplinary hearing. Policy 20.1 page 6 to 15 defines the disciplinary hearing process and the levels of sanctions.

Indicator (b) Inmates can be sanctioned for engaging in sexual misconduct even if it is consensual. The discipline code defined in Policy 20.1 shows four levels of discipline that could be imposed. The Policy also goes on to state that the hearing officer should review inmate records to determine if prior disciplinary history, cognitive abilities or other mental health issues should be considered in the process. Inmates with frequent discipline can receive additional sanctions.

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

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

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

Indicator (g) Inmates who engage in consensual sexual misconduct can be subjected to discipline as defined in policy 20.1. Sexual activity not by force or under duress is considered a class B offense. An individual may receive similar sanctions to Class A behavioral offenses but for shorter periods.

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

Inmates who engage in sexual misconduct with staff can be disciplined unless it is determined the staff consented to the act. Inmates can be disciplined for making an intentional false report related to PREA. Compliance was based on policy, interviews and documentation provided. The case of sexual assault by a staff person did not result in a disciplinary hearing. The Auditor was able to review other cases in which inmates were disciplined for engaging in sexual misconduct that were not criminal in nature.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
 Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
 Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

Policy 6.11.2 Sexual Misconduct (PREA and the Maine Statute) Prevention
18.4 Health Screening and Assessment
18.5 Healthcare
18.6 Mental Health Services
Inmate intakes showing referral to Mental health
Inmate records

Individuals interviewed/ observations made.

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

Summary Determination

Indicator (a) Inmates who identified through the screening process or who admit a history of sexual trauma can be referred to either Wellpath Mental Health Services or to the local rape crisis agency. The Auditor confirmed this practice through the review of documented cases in client files and through interviews with resident and Mental health and case management staff.

Indicator (b) Inmates who engage in sexual assault or have a history of sexual offenses are automatically referred to Mental Health for an assessment. Some individuals may be placed in specific programming for sexual offenders.

Indicator (c) PREA policy 6.11.2 page 4 requires that inmates with prior victimization history are to be seen by the appropriate medical/ mental health provider to ensure the unit team has sufficient information to plan for the client's needs in the first 14 days. The DOC requires the PREA reassessment be completed by this date.

Indicator (d) The Auditor confirmed through interviews with intake staff, case management staff, medical staff, Mental health Staff, Unit Management, and the PREA Coordinator that sensitive information is protected. Custody staff do not have access to information in the medical or Mental Health records of Wellpath. Information obtained and documented in CORIS is also limited in access to those individuals who need to know. Through the unit management process line staff are provided only the specific information about who may be a potential or known victim or perpetrator. Inmates interviewed supported that information given to counseling staff is kept confidential.

Indicator (e) All inmates sign with Wellpath staff an understanding on the limits of confidentiality as it relates to criminal behaviors. Inmates interviewed confirmed both they had signed acknowledgement forms and they verbally understood the reasons why a medical or mental health staff have to disclose actual sexual abuse or imminent risk situations.

Conclusion: All inmates are screened when they arrive at the Maine State Prison. Inmates are seen by medical and mental health staff and the screening process is reviewed in a Unit Management team meeting within 14 days of admission. Inmates with sexual assault histories and sexual victimization histories are offered treatment. Inmates who are admitted to MSP are seen by Wellpath Medical and Mental Health staff. Wellpath staff have several intake questions that are PREA related, this allows inmates who did not disclose concerns at admission a second opportunity to disclose in a medical environment. Inmate Medical and Mental Health records are not accessible to the custody staff. CORIS, the DOC electronic case management system, has access controls and similarly the Wellpath Electronic Medical Records (EMR) limits access to the most vulnerable information protecting the inmates from having information exploited. Supporting documentation provided to the Auditor showed how Medical informs Mental Health who follows up on any disclosure of sexual abuse. Compliance was based on policy, documentation provided showing referrals for treatment follow up, the security of records, interviews and information provided on tours by the Medical and Mental Health staff.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

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

Policy 18.4 Health Screening and Assessment

Policy 18.5 Healthcare

Policy 18.6 Mental Health Services
Inmate records
Inmate screenings

Individuals interviewed/ observations made.

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

Summary Determination

Indicator (a) The Maine State Prison has a full-service medical clinic that operates around the clock. The services are diverse and consistent with any RN nurses and after-hours availability to on call medical and mental health practitioners. Inmates report access to these services if they are in crisis. Medical staff believe they have medical autonomy if the inmate has to go out of the building for instance, a forensic exam. The medical staff support the facility administration is supportive of the work they do, and they work to resolve issues when they arise.

Indicator (b) Medical services are available 24 hours per day at the Maine State Prison. Random staff knew as part of their first responder duties, that immediate notification to medical was required. This is also stated in the facility Sexual Assault Response plan.

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

Indicator (d) The Auditor confirmed that Wellpath medical services related to sexual assault victims are provided without cost. This is guaranteed in policy 6.11. 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. This is done to encourage all victims to come forward for help.

Conclusion: MSP has the ability to quickly respond to and provide emergency care and referral to a local hospital for forensic services. The agency response plan for PREA incidents outlines the steps taken to ensure access to care. Maine DOC has on site medical nursing staff 24 hours per day. The facility also has on call providers that can help to facilitate the referral to an outside medical provider.

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

from the State of Maine on Forensic exam requirements and interviews completed and client file information.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

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

Individuals interviewed/ observations made.

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

Summary Determination

Indicator (a) Inmates who have been found to have engaged in a criminal offense including sexual assault, are not only subjected to criminal prosecution they are referred for a facility disciplinary hearing. Policy 20.1 page 6 to 15 defines the disciplinary hearing process and the levels of sanctions.

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

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

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

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

Indicator (f) The Auditor confirmed with both the medical staff at MSP and the representative of Waldo County General that victims of sexual assault are offered testing for sexually transmitted diseases. This testing provided free of charge consistent with agency policy.

Indicator (g) Treatment services are provide without cost to the inmate including if the inmate must go out for a forensic exam.

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

Conclusion The Maine Department of Corrections ensures inmates have ongoing access to services. The DOC has several policies that address healthcare needs of inmates including services available to victims of sexual abuse. The Auditor reviewed the policies and found several references that address standard indicators along with information from the PREA policies. Wellpath, the DOC health services provider would provide follow up medical and mental health services for victims of sexual assault or perpetrators of sexual offenses. Wellpath would ensure that all medical needs and follow up treatment were provided after an initial referral to Waldo County General for a forensic exam. Medical staff confirm that they could educate inmates about the importance of testing and prophylactic treatment if they initially refused these treatments at the hospital. MSP facility is an all-male facility so indicator (d) and (e) do not currently apply. Compliance is based on the resources available on site and community-based services, the interviews with medical and mental health staff as well as interviews with representatives of SASSMM and an inmate victim.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

Policy 6.11.1 Sexual Misconduct (PREA and the Maine Statute)

Incident review form

MSP Allegation tracker

Individuals interviewed/ observations made.

Interview with an Investigative Officer

Interview with Inmates

Interview with Warden

Interview with PREA Coordinator

Summary Determination

Indicator (a) Policy 6.11.1 (page 2) sets forth the requirement of an incident review on all cases of sexual misconduct unless the investigation has determined the allegation was unfounded. The policy goes on to describe the individuals who should be on the review team and the information that should be considered. The Auditor was provided with examples of the review teams findings on the Maine Department of Correction Sexual Misconduct Review form. The Maine State Prison had been inconsistent with the completion of reviews in 2018. The Auditor was informed of this fact during the pre-audit phase. In 2019 with the appointment of a fulltime PREA Coordinator and PREA Monitor these items have been corrected. Documentation supports the reviews are occurring regularly in 2019.

Indicator (b) The policy states the review should occur within 30 days of the investigation conclusion. The sample provided in the electronic file supports this time frame.

Indicator (c) As noted in indicator (a) the policy language addresses the multi discipline nature of the team. In review of documentation provided and various staff interviewed, the multi-disciplinary nature of the team was confirmed. The review was chaired by the Deputy Warden and included both medical and mental health staff and the facility's PREA Monitor along with custody staff.

Indicator (d) The elements described in this indicator are all covered in policy 6.11.1 page 2. The agency form used to document the review panels considerations includes the required information. The form asked if policy needs to be reviewed, it looks at the underlying motivation of the incident including if the

victim was targeted due to their perceived member of a particular group. It goes on to look at staffing, physical plant issues and surveillance needs.

Indicator (e) The form documents the finding of the various questions and provides the reader with information if the team has determined any recommended actions take place. In the form reviewed the Auditor was able to see a recommendation on staffing in a particular housing unit.

Conclusion The Maine DOC 6.11.1 pg. 2 requires the completion of the steps outlined in this standard. The steps to provide for a critical incident review on all PREA sexual assault cases. The policy requires what information needs to be part of the incident review. The language comes directly from standard. As evidence to support the standard the facility provided a documentation of the Incident review. The information supported that the questions in indicator D were all asked and answered. The review team included a multi- disciplinary team of management, custody and medical and Mental Health Services. Compliance was determined based on policy language, documentation provided, staff understanding of the requirements and the improved practice of the reviews being completed in 2019. Since the issue has been corrected for over 6 months the Auditor chose to forgo a further corrective action period.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

Institutional data tracking
Agency annual report

Individuals interviewed/ observations made.

Interview with Director of Operations
Interview with PREA Coordinator

Summary Determination

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

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

Indicator (c) The Auditor was able to confirm the various elements of the Survey of Sexual Violence are maintained and could be used to complete the report if requested by the Department of Justice.

Indicator (d) The agency has rules on the retention of records at all DOC facilities. Copies of criminal files involving inmate on inmate contact will be retained locally with a copy to the agency PREA Coordinator. If the alleged incident involved a staff person as the accused perpetrator the Maine DOC Office of Professional Review would retain the copy of the incident. The Auditor completed a phone

interview with the OPR investigator and reviewed inmate on inmate investigative files when onsite in Maine.

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

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

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

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

Policy 6.11.1 Sexual Misconduct

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with the Warden

Interview with the Director of Operations

Summary Determination

Indicator (a) The Maine Department of Corrections utilizes both data related to PREA incident and data related to other critical safety incidents to determine program improvements. The department's central office staff and the facility's administrative teams review critical incidents with an eye toward improving safety. Interview with the Warden and the Director of Operations support critical analysis occurs not only at the facility level but also at a system level. Examples were provided how improvements have

been used across the system to improve inmate safety. The Warden also confirmed his team looks for trends to further guide policy/ procedural practices or the disbursement of resources.

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 year's data. The report shows if the accused was a staff or an inmate and provided the outcome determination

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

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

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

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

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

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)

Policy 5.3 Computer Safety

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Intake staff persons

Medical and Mental health staff

File security

Summary Determination

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

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

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

Indicator (d) Policy 6.11 Pages 6 and 7 set forth the obligations of the agency's PREA Coordinator including the responsibility for collecting all incidents. Maine statute controls record retention. The

Agency PREA Coordinator is aware that all PREA related Data be maintained for a period of no less than 10 years.

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and written/electronic documentation reviewed.

Maine Department of Corrections website

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Summary Determination

Indicator (a) The Maine Department of Corrections website shows all its current and former facilities have been audited for PREA Compliance starting in 2014. The website supports that the audit are ongoing every three years since the initial audits. The DOC terminated contracts with county facilities who did not complete a PREA audit before the end of the first PREA cycle in 2016. The State has one current contracted facility for bed which underwent its PREA audit in 2018

Indicator (b) The Maine DOC has no less than one facility audited in a year. The number of DOC facilities audited per year has been impacted by the closing of facilities and the combination of other institutions. The five current adult and juvenile facilities have all been audited in the past three years

Indicator (h) The Auditor did have open access to all parts of the facility. The Auditor was able to move freely about the housing units on the tour to be able to speak informally with inmates to ensure they were aware of the Audit, the agency's efforts to educate inmates and how to seek assistance if the need arises.

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

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

Indicator (n) The Auditor was able to meet with one inmate who had sent confidential information to the Auditor. The Auditor's information was posted and the facility PREA manager was informed the posting should remain up until the final report is issued.

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

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and written/electronic documentation reviewed.

Maine Department of Correction website

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Summary Determination

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

Conclusions:

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

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

Jack Fitzgerald

[Click here to enter text.](#)

Auditor Signature

Date

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

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