

PREA Facility Audit Report: Final

Name of Facility: Bolduc Correctional Facility

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/17/2025

Auditor Certification

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.



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



Auditor Full Name as Signed: Jack Fitzgerald

Date of Signature: 07/17/2025

AUDITOR INFORMATION

Auditor name: Fitzgerald, Jack

Email: jffitzgerald@snet.net

Start Date of On-Site Audit: 05/22/2025

End Date of On-Site Audit: 05/23/2025

FACILITY INFORMATION

Facility name: Bolduc Correctional Facility

Facility physical address: 516 Cushing Road, Warren, Maine - 04864

Facility mailing address:

Primary Contact

Name:	Russell Worcester
Email Address:	russell.worcester@maine.gov
Telephone Number:	207-273-5135

Facility Director	
Name:	Russel Worcester
Email Address:	russel.worcester@maine.gov
Telephone Number:	207-273-5135

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

Facility Health Service Administrator On-Site	
Name:	Brian Castonguay
Email Address:	bcastonguay@wellpath.us
Telephone Number:	207-273-5481

Facility Characteristics	
Designed facility capacity:	222
Current population of facility:	220
Average daily population for the past 12 months:	215
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	22-79
Facility security levels/resident custody levels:	Minimum/Community Custody
Number of staff currently employed at the facility who may have contact with residents:	48
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	12
Number of volunteers who have contact with residents, currently authorized to enter the facility:	34

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

Agency Chief Executive Officer Information:	
Name:	Randall Liberty

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

Agency-Wide PREA Coordinator Information			
Name:	Joshua Dugal	Email Address:	joshua.dugal@maine.gov

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
2	<ul style="list-style-type: none"> • 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.213 - Supervision and monitoring
Number of standards met:	
39	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-05-22
2. End date of the onsite portion of the audit:	2025-05-23

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Auditor did research into community resources, including hospitals with SAFE/Sane Services and the local rape crisis services. The Auditor also spoke with the alternative reporting option for the facility and did research online for news stories about the facility. The auditor also researched state laws, state agencies that certify correctional officers, and law enforcement agencies.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	222
15. Average daily population for the past 12 months:	215
16. Number of inmate/resident/detainee housing units:	2

17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	215
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0

23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	5
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	48
31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	34
32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	12
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	14

<p>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>After identifying the target population, the auditor used the housing report and a random number to select the remaining individuals, ensuring representation across both housing units and a diverse range of time individuals had been at the facility.</p>
<p>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>8</p>

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

40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:

0

40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:

☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.

☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).

There were no individuals reported with a significant disability. The Auditor reviewed the list with the PREA Coordinator and the Director.

41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:

0

41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	There were no individuals reported with a significant disability. The Auditor reviewed the list with the PREA Coordinator and the Director.
42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	There were no individuals reported with a significant sight loss. The Auditor reviewed the list with the PREA Coordinator and the Director.
43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0

43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>The facility had no individual with a significant hearing loss. The Auditor reviewed the list with the PREA Coordinator and the Director.</p>
44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	<p>1</p>
45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	<p>1</p>
46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	<p>1</p>
47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	<p>0</p>

<p>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no individuals who reported sexual abuse at Bolduc Correctional Facility. The prior case from early 2024 is no longer in custody at the facility.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>5</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility is a community confinement facility. The facility does not have a segregation unit. Aggressive individuals would be removed to the neighboring Maine State Prison.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	12
52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </div>
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<div> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>
54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.

Specialized Staff, Volunteers, and Contractor Interviews

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

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

11

56. Were you able to interview the Agency Head?

☒ Yes

☐ No

57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

☒ Yes

☐ No

58. Were you able to interview the PREA Coordinator?

☒ Yes

☐ No

59. Were you able to interview the PREA Compliance Manager?

☐ Yes

☐ No

☒ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

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

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

68. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.	

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	1	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	1	0	1	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	1	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

1

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

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

Staff-on-inmate sexual harassment investigation files

91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

0

92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☐ No

☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☐ Yes

☐ No

☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

In addition to the two files reviewed. The Auditor was also presented with a case that was reported at Bolduc that occurred 20 years earlier at a former juvenile facility.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

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

☐ Yes

☒ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

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

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

☐ Other

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p>Policy 20.1 Prisoner Discipline</p> <p>Documentation that supports who is the PREA Coordinator (b)</p> <p>flow charts of the agency and facility management</p>
	<p>Individuals interviewed/ observations made.</p> <p>Interview with PREA Coordinator (PC)</p>

Interview with Deputy Director of Operations for the Agency Head

Interview with the Director of BCF

Interview with Staff

Interview with Residents

Tour Observations

Summary determination.

Indicator (a). The Maine Department of Correction has developed an agency-wide Policy on efforts to ensure compliance with the Prison Rape Elimination Act. Policy 6.11 Sexual Misconduct (PREA and Maine Statutes) was written to address the various requirements of the standards. The 43-page policy is divided into seven sub-policies which set forth a zero-tolerance expectation for any sexual activity. Page one of the policy sets forth the zero-tolerance condition, and this initial portion of the policy defines sexual misconduct as consistent with the federal terms in PREA. The agency's policy statement directly names the federal legislation and defines expectations.

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

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

The Department has zero tolerance toward all forms of sexual misconduct or sexual harassment, regardless of whether there is a violation of federal or state law."

The policy sets forth requirements for agency administrators and facility administrators to ensure PREA compliance. The policy states there is no consensual contact between residents and staff or between residents. It further identifies screening, education, and monitoring, along with other elements that support

prevention, allow for detection, and ensure a full legal and medical response to any complaint.

Maine DOC PREA policy by sections

6.11 provides a policy statement and an overview of the law, including definitions of the roles of agency administration and the purpose/roles of the PREA Coordinator and PREA Monitors.

6.11.1 provides a description on Sexual Assault and Harassment data collection analysis at facility and agency levels. The document sets forth requirements of auditing and the creation of an annual report

6.11.2 provides a description of the agency's education and training of staff, residents, and volunteers. It describes screening processes and their use to protect individuals from the risk of harm. This provision of the policy covers areas including housing, search, and steps for individuals at risk.

6.11.3 provides information on reporting methods, investigation requirements, and notifications to residents of the outcomes of investigations

6.11.4 Provides information on the sanctions of staff, contractors, volunteers or residents who engage in sexual abuse or harassment of a resident of a DOC facility. The document also covers the grievance process for allegations of sexual misconduct.

6.11.5 Provides information on first responder duties, access to forensic exams without cost, and the coordination with medical and mental health services throughout the investigation process.

6.11.6 Provided information to community corrections staff on their responsibilities when they become aware of a current or past resident's sexual abuse. Notifications in the documents included the PREA Coordinator for the DOC.

Residents are further educated on prohibited behaviors through Policy 20.01 Prisoner Discipline, which describes various offenses and their corresponding consequences. Information is available in the handbook. Through the definition of 'prohibited acts', residents are educated on items including exposure, offensive contact, and sexual activity by force or duress vs sexual activity not by force or duress. Residents understand that no sexual contact is permitted between residents and staff, volunteers, or contractors, as well as other residents.

The facility staff showed knowledge consistent with training materials about their role in preventing, detecting, and responding to sexual assault claims. Staff are also provided with reminder cards at training about the importance of a zero-tolerance environment. The cards are also found at the sign-in station, reminding staff that failing to report sexual assault is a crime. Random Residents reported to the Auditor that the Bolduc Correctional Facility is a PREA-safe environment and has a Zero Tolerance Culture.

Indicator (b). Bolduc Correctional Facility is one of several adult and Juvenile facilities run by the Maine Department of Corrections. PREA policy 6.11 Sexual Misconduct (PREA and Maine Statutes) defines the role of the PREA Coordinator (pages 5-6). The policy defines the duties of the PREA Coordinator to include coordinating and developing procedures for identifying, monitoring, and tracking sexual misconduct incidents occurring in DOC facilities. The Policy states, “The Department PREA Coordinator shall develop, implement, and oversee the Department’s efforts to comply with PREA standards in all its adult and juvenile facilities and shall receive reports and track responses to reports of sexual misconduct elsewhere in the Department.

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

- a. serving as the primary contact and resource for the Department on PREA-related inquiries;
- b. collaborating with the Department’s Policy Development Coordinator to develop policy and procedures in compliance with federal and state statutes, national standards, and Departmental goals concerning PREA issues;
- c. receiving reports of complaints and alleged incidents of PREA violations from the facility PREA monitors;
- d. reviewing PREA investigations as well as the resolution of complaints and alleged incidents;
- e. assisting in the development, implementation, and evaluation of all PREA-related training;
- f. collaborating with the Department’s Policy Development Coordinator to provide updates regarding law, policy, or services related to PREA;
- g. collaborating with the Department’s Director of Operations to ensure that all new contracts and contract renewals for the confinement of adult or juvenile residents outside the Department include the other facility’s obligation to adopt and comply with PREA Standards and monitoring by the Department for compliance;
- h. collaborating with the Department’s Director of Operations to ensure that when a new facility is designed or an existing facility is expanded or modified or facility monitoring technology is installed or updated, consideration is given to ways of enhancing the protection of residents from sexual misconduct and harassment;
- i. collaborating with the Department’s Director of Health Services and Director of Training to ensure that all facility health care staff have been trained in the prevention of, detection of, preservation of evidence of, response to, and reporting of sexual misconduct; and
- j. maintaining a memorandum of understanding with the Maine Coalition Against

Sexual Assault for the provision of support services to residents.

The Auditor was provided with an agency flow chart showing the relationship between the PREA Coordinator, who works in the Maine Department of Corrections Central Office, and DOC upper management, as well as the facilities' Wardens/Directors. The PREA Coordinator reports to the DOC Manager of Correctional Operations, who oversees conditions of confinement in DOC facilities and the state's County Jail system. The PREA Coordinator's predecessors have been involved in agency planning, including determining how the physical plant structure of new facilities affects PREA safety measures. The PREA Coordinator has been in the current role for just under a year. The documentation provided shows contact with the agency's Commissioner and senior leadership. The Deputy Director of Operations and the Manager of Correctional Operations both confirmed the PREA Coordinator has sufficient access to agency leadership to influence policy, training, and the overall efforts toward compliance and environments free from sexual abuse or sexual harassment.

Bolduc Correctional assigns the facility's Assistant Director as the PREA Manager. As a community confinement center, it is not required to have a PREA Manager, but the Maine DOC sees the value of ensuring a consistent effort in each of its facilities, no matter the size. Residents interviewed confirmed that the Director and Assistant Director were both routinely available to talk if needed. The agency's PREA Policy 6.11 requires, and the policy goes on to define, the role of the PREA Monitor. It states, " The facility PREA monitor's duties shall also include, but are not limited to, the following

- a. ensuring that all residents are screened for risk of sexual victimization or abusiveness, in accordance with the timeframes set out in departmental policy;
- b. ensuring that all residents are provided timely, comprehensive education, through written materials and/or video, regarding their rights to be free from sexual misconduct and sexual harassment and to be free from retaliation for reporting such incidents, as well as departmental policies for reporting and responding to such incidents. This education shall also include prevention, self-protection, and the availability of treatment and counseling;
- c. ensuring that key information is continuously and readily available to residents through posters, resident handbooks, or other written materials;
- d. reporting or ensuring the reporting of all PREA related complaints and alleged incidents to the PREA Coordinator within twenty-four (24) hours of the complaint or allegation;
- e. working with the facility's correctional investigative officer (detective) and other staff who have received specialized training in handling sexual misconduct allegations to ensure that all complaints or allegations of PREA violations are appropriately investigated;
- f. submitting a detailed report to the PREA Coordinator within three (3) weeks from

- the date of the complaint or allegation, to include a thorough description of the alleged incident, as well as any investigative steps taken;
- g. tracking each complaint or allegation of sexual misconduct on an ongoing basis using the PREA Supervisor and Monitor Checklist (Attachment A);
- h. ensuring that unannounced rounds to identify and deter staff sexual misconduct and sexual harassment are conducted by supervisory staff. These rounds shall be conducted on all shifts and shall be documented in unit logbooks. The PREA monitor shall ensure that staff are not alerted that these rounds are occurring;
- i. assisting in review and data collection relating to alleged incidents of sexual misconduct;
- j. developing and, as necessary, revising a plan, to be reviewed at least once a year with the PREA Coordinator, to protect residents against sexual misconduct. When developing the facility's plan, the following shall be considered:
- k. developing a written facility plan to coordinate actions taken in response to an incident of sexual misconduct or sexual harassment among security staff, first responders, medical and mental health staff, the correctional investigative officer (detective) and other staff who have received specialized training in handling sexual misconduct allegations, and facility management; and
- l. monitoring compliance with the plans to ensure that they are not deviated from except in emergencies and to ensure that the reasons for any deviations are documented.

Compliance Determination:

The Maine Department of Corrections has policies that define the steps taken to prevent, detect and respond to sexual abuse and sexual harassment incidents. Policy 6.11 Sexual Misconduct (PREA and Maine Statutes) is divided into seven sub-policies that outline the various aspects of the agency's efforts to create safe environments. Policy 6.11 defines the roles of the state PREA Coordinator and the facility PREA Monitor. Interviews with the Agency PREA Coordinator and the Bolduc Correctional Facility Director confirm the agency's ongoing efforts to maintain PREA Compliance. Residents in the facility knew they could call the DOC PREA Hotline as an option, ask to speak with the PREA Manager, or contact the facility's staff and Investigative staff. The leadership at the state and facility levels believe the individuals assigned to oversee PREA compliance have the capacity in their jobs to advocate for policy or procedural changes needed to support resident safety. This was confirmed with the Director and the Deputy Director of Correctional Operations for Maine DOC.

Maine DOC PREA Coordinator also supports the county system with PREA compliance efforts. Compliance was determined by considering multiple factors,

	<p>including an extensive policy. Interviews with agency and facility leadership confirm compliance with all standard expectations, including the roles of PREA Coordinator and PREA Monitor. The Policy also addresses prohibited behaviors and sanctions for any form of sexual misconduct by staff or residents. Residents, in formal interviews and spoken to during the tour, confirmed that sexual misconduct is addressed, and they had knowledge of resources available if a concern arises. The facility has been able to maintain a safe environment where the support violent sexual assault is not a concern. The auditor finds that the standard has been exceeded because the agency's efforts, including the assigned role of a PREA Manager at a community confinement center, have been successful.</p>
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115.212	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Pre-Audit Questionnaire</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p>MOU with Waldo County showing the requirement to be PREA-compliant</p> <p>Documentation of the ongoing monitoring by the Maine DOC</p> <p>Waldo County Jail Website</p> <p>PREA Report of Waldo County 2022</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Manager of Correctional Operations</p> <p>Interview with PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Corrections has one facility with which it has an agreement for housing residents, the Maine Coastal Regional Reentry Center (MCRRC). The county Sheriff's Office runs the Waldo County facility. The agreement between the Sheriff and the Department of Corrections began in January 2017. The current agreement goes from 2023-2026. A review of the language in the agreement finds on page 2 section 2.3 the state requires that the MCRRC is to</p>

comply with “the Federal Prison Rape Elimination Act” and add language on the requirement of an audit completed by the “federally certified PREA auditor”. The MCRRC has completed two PREA compliance audits, most recently 2022.

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 assists as needed. Compliance is based on the documentation supporting the contractor's requirement to provide a PREA-compliant environment. Interviews with the Manager of Correctional Operations confirmed oversight responsibility for the safety of the state's county jails. He reports at a minimum, annual visits occur. The Manager of Correctional Operations is informed of all critical incidents in the facilities. He serves as a resource for detainees to file complaints, and his team serves as the outside reporting option for county detainees to report a PREA-related concern through the hotline. The PREA Coordinator receives information directly from the county jails regarding PREA incidents. Since they work under the Manager of Correctional Operations, there would be immediate notification of concerns with ongoing compliance at the Waldo facility. The Auditor was also provided with documentation of agreements that allow county jails, including the contractor, to use the state PREA Coordinator as their outside reporting option.

Indicator (c). The indicator does not apply. Maine has one current contract for beds, and it does require compliance with the Federal Prison Rape Elimination Act.

Compliance Determination:

The Maine Department of Corrections has one current contract for the confinement of residents with the Waldo County Sheriff’s Office. The contract requires compliance with the Prison Rape Elimination Act, including independent audits and ongoing review by the Maine DOC. Residents of Leading the Way would not be eligible to transfer to the Waldo County facility. The interview with the Manager of Correctional Operations supports the idea that before considering the subcontracting of beds, the DOC would require specific compliance requirements, including obtaining and maintaining PREA compliance. Policy 6.11 Sexual Misconduct (PREA and Maine Statutes), page 9 supports compliance. The policy requires the Director of Operations to ensure that any new or renewed contract for housing DOC residents, which requires immediate adoption and compliance with PREA standards, including ongoing monitoring by DOC. The documentation provided to the Auditor, policy requirements, and the interview with the Manager of Correctional Operations support the assertion that the Maine DOC will not enter into a subcontracting arrangement for beds without ensuring PREA compliance.

Compliance is based on the above-stated factors and the auditor’s review of the contracted program's website.

115.213	Supervision and monitoring
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p>Policy 3.11 Staffing Requirements</p> <p>BCF Staffing Plan modified 12/18</p> <p>Logbook entry's supporting unannounced rounds</p> <p>Video Surveillance supporting Management Unannounced rounds</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with BCF Director</p> <p>Interview with Director of Operations</p> <p>Interview with PREA Coordinator</p> <p>Interview with Staff</p> <p>Observation on tour of logbooks and Supervisory movement</p> <p>Interview with housing officers</p> <p>Interview with Residents</p> <p>Summary Determination</p> <p>Indicator (a) Maine DOC PREA Policy 6.11 sets forth the requirements of what should be considered in the assessment of needs in determining a staffing plan that considers PREA. The policy outlines the various factors that should be considered in developing a plan, including generally accepted correctional practices, the frequency of sexual assaults and complaints, the population makeup of the units, and how video monitoring can support safety. The Director is to develop a staffing plan, "at least once a year, with the PREA Coordinator, to protect prisoners or residents against sexual misconduct. When developing the facility's plan, the following shall be considered:</p> <ol style="list-style-type: none"> 1) generally accepted correctional practices; 2) any findings of inadequacy by courts or by federal or state investigative or

oversight agencies;

3) all components of the facility's physical plant (including "blind-spots" or areas where staff or prisoners or residents may be isolated) and availability of video monitoring;

4) the composition of the prisoner or resident population;

5) the number and placement of staff, including supervisory staff;

6) facility programs occurring on a particular shift;

7) any applicable state laws, regulations, or standards; and

8) the prevalence of substantiated and unsubstantiated incidents of sexual misconduct; and any other relevant factors". Interviews with the BCF Director describe the development process used in completing the annual assessment of staffing. The staffing plan is based on the capacity of 222 residents. In the past year, the average population was 215. On the first day of the Audit, the population was also 215.

The Director reports that there were no findings of inadequacies by judicial, federal, or oversight bodies. He also confirmed the facility has not operated under the minimal staffing level. The population of the Bolduc Correctional facility is prior to placement by the Maine DOC's classification process. As a result, individuals with histories of recent sexual misconduct or aggression in an institution are unlikely to be placed at BCF or would be identified to ensure higher monitoring of their behavior. The Bolduc Correctional Facility combines a work release program with a fully functioning farm, an industry program, and a trade education program. Residents support the notion that the administration is routinely available and visible in various areas of the facility throughout the day.

Indicator (b). The Director reports that the facility has not had an incident in the last 12 months when minimal staffing was not maintained. The staffing plan for the Bolduc Correctional Facility enables management to adjust the deployment of staff as needed and in response to critical staffing positions. When staff call out, there is an ability to mandate staff to ensure the overall safety of residents. The Bolduc Correctional Facility features fixed posts and pull posts that enable supervisory staff to adjust staffing levels to manage critical incidents, such as a PREA incident or a medical emergency. Bolduc has several Correctional Trade Supervisors who are also trained as correctional officers, who could assist in an emergency. Alternatively, the facility can request assistance from the neighboring Maine State Prison. The auditor observed this in action at the prison, where a CTI was working overtime after his shift at BCF. The Duty Sergeant notifies the Director or Assistant Director of all critical events, which are documented in the shift report. The Director reviews the overtime and staffing levels to ensure minimums have been maintained. A report is generated daily and sent to the Director, Assistant Director, and the Maine

Department of Corrections Central Office. The residents' support staff are always available to them and did not express any concerns about a lack of staffing at any time.

Indicator (c) In March 2024, the staffing plan was updated with the assistance of the DOC PREA Coordinator. The Director of BCF signs the document annually to show the plan's annual review. The plan describes the population housed at Bolduc Correctional Facility. Staffing requires Housing Officers in each of the two housing units, a rover/transport officer, and a control officer. Each housing unit has an office for case management or mental health staff, who are on-site and provide additional support and oversight to resident interactions. As an open environment, BCF utilizes monitoring technology to help monitor residents throughout the complex. The facility. Staff members interviewed are aware of the importance of actively monitoring residents, including conducting random, staggered rounds of the housing units and responding promptly when individuals are out of place or in areas that are not visible to the camera system. Staff wear body cameras to allow documentation of any critical incidents. Supervisory staff move about the facility regularly throughout the shift. Although not required in the community confinement standards, Documentation was provided to support following the same unannounced rounds requirements as the state's prisons.

Compliance Determination:

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

	audit, and documentation provided, which is consistent with the standard. The Auditor supports a finding of exceeds, due to the facility's requirement for unannounced rounds and the observed interactions between upper administration and the residents.
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 14.14 Search Procedures</p> <p>PREA policy 6.11.2 Sexual Misconduct (Prevention Planning)</p> <p>Policy 23.8 Management of Transgender and Intersex Prisoners and Residents</p> <p>Log entry on cross gender announcements</p> <p>Staff training records</p> <p>Search training materials.</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the PREA Coordinator</p> <p>Interview with BCF Director</p> <p>Interview with random Staff</p> <p>Interview with random residents</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Corrections policy 14.14 Search Procedures (page 6) prohibits cross gender strip searches of residents except in emergencies. It sets forth a practice that searches in general should be conducted with two staff members present, but only one should perform direct observation, who should be of the same gender as the resident. The Policy also ensures documentation and</p>

description of the emergent situation requiring such a search. The DOC PREA policy 6.11.2 Sexual Misconduct (page 6) also sets forth the same requirements for cross-gender strip searches, including the requirement of documentation of the emergent situation that caused the need for such a search to occur. "Searches of Prisoners and Residents and Protection of Privacy

1. Facility staff shall not conduct an opposite gender anal or genital body cavity search under any circumstances and all staff observing an anal or genital body cavity search shall be of the same gender as the prisoner or resident.

2. Facility staff shall not visually search an anal or genital body cavity unless the staff are of the same gender as the prisoner or resident and all staff observing a visual search of an anal or genital body cavity shall be of the same gender as the prisoner or resident, except in an emergency, or unless an examination is being performed by medical staff for a medical purpose.

3. Facility staff shall not conduct an opposite gender strip search and all staff observing a strip search shall be of the same gender as the prisoner or resident, except in an emergency.

4. Facility staff shall not conduct an opposite gender pat search of a female prisoner or resident and all staff observing an opposite gender pat search of a female prisoner or resident shall be of the same gender as the prisoner or resident, except in an emergency.

5. Facility staff shall document all opposite gender visual searches of an anal or genital body cavity, opposite gender strip searches and opposite gender pat searches of female prisoners or residents. The documentation shall include a description of the emergency justifying the opposite gender search.

6. Other than same gender pat searches and opposite gender pat searches of male prisoners, at least one staff shall observe searches, whenever possible.

7. A prisoner or resident being searched shall be treated with professionalism and respect by staff to minimize embarrassment and indignity. Other than same gender pat searches and opposite gender pat searches of male prisoners, searches shall be conducted in a location where the search cannot be observed by persons other than those staff involved in the search.

8. The decision whether male or female security staff will conduct and observe searches of a transgender or intersex prisoner or resident shall be made on a case by case basis by appropriate facility staff, as determined by the Chief Administrative Officer, or designee. The decision shall be made based on discussions with the prisoner or resident, security and safety needs, and, if appropriate, consultation with the PREA Coordinator and other Central Office staff.

9. The PREA Coordinator shall ensure that security staff are trained in how to conduct opposite gender pat and strip searches and searches of transgender and intersex prisoners or residents in a professional and respectful manner and in the

least intrusive manner possible, consistent with security and safety needs.

10. The Chief Administrative Officer, or designee, shall implement practices that enable prisoners or residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in an emergency or when such viewing is incidental to routine cell or room checks.

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

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

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

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

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

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

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

Indicator (e) Maine DOC Policy 6.11.2 sets forth the requirement that transgender individuals are not searched to determine genital status. As a sentenced facility, the Bolduc Correctional Facility does not receive individuals who were not previously housed in other DOC facilities or county jails. As such, individuals identifying at intake as transgender for the first time would be rare. These same residents would also have undergone a full medical assessment prior to transfer, so their genital status would be known. Intake staff recognize that strip searches for this purpose are inappropriate and that they can obtain information through an interviewer or by referring the resident to medical staff with whom they may feel more comfortable discussing the matter. Medical staff confirm that they are responsible for reviewing all new admissions to the facility and would be able to have these conversations with the individual. There have been no transgender residents housed at Bolduc in the last three years. The facility has a handicapped room available that could be used if transgender individual was needed the accommodation. These spaces have a bathroom inside the room.

Indicator (f) The Maine Department of Corrections trains all staff in the respectful, professional, and in least intrusive practice possible in searching residents. All DOC staff are trained to routinely use the back of their hand instead of the front when completing pat searches. The Maine Criminal Justice Academy provides training specific to working with LGBT residents. The training focuses on professional and supportive communication with the resident. The training addresses the frequency of trauma in this population, as well as the facility's process for determining housing and search preferences through a multidisciplinary process that includes the resident's preference for searches. The Auditor reviewed the state training program and the records that support all BCF staff having received training and refreshers on cross-gender and transgender search requirements. Random staff confirmed their training and explained the process they would use to complete the search in a professional manner.

Compliance Determination:

	<p>The Maine Department of Corrections has policies to address the various elements in this standard, including 6.11.2 Sexual Misconduct Prevention and 23.8 Management of Transgender and Intersex Prisoners and Residents. In 6.11.2 Sexual Misconduct Prevention elements in indicators B,C,D and E are addressed on pages 6 ,7 and 8. These policy elements direct staff consistent with the standards on pat search, strip searches, residents' right not to be naked in front of staff of opposite gender and procedures for working with Transgender and intersex residents.</p> <p>Supporting documentation provided to the Auditor by Bolduc Correctional Facility included training outlines and PowerPoints for completing searches and working with LGBTQI populations. The file included information confirming that no exigent circumstances of cross-gender searches have occurred at BCF in the past three years. The BCF Facility has not housed any transgender individuals in the past three years. Interviews with staff and residents were consistent with standard and policy expectations. There have been no cross-gender strip searches, and residents confirmed they can change and perform hygiene without opposite gender observation. Residents and staff reported, and the Auditor observed during the tour, the announcement of when a female enters the housing unit.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p>Policy 18.12 Accommodations for Prisoners with Disabilities or Other Special Needs</p> <p>Policy 19.2 Program and Services - Resident Rights</p> <p>Policy 1.10 Staff Communication with Persons of Limited English Proficiency</p> <p>Language link contract for interpretive services</p> <p>ALS contract</p> <p>Resident Handbooks- in English and Spanish, and in large Print</p> <p>Intake notices in English and Spanish</p> <p>Agency PREA Video in English, Spanish, Somali, and ASL</p> <p>Individuals interviewed/ observations made.</p>

Interview with the Director of Operations for the agency head

Interview with random Residents who are LEP or have Disabilities

Interview with Random Staff

Interview with Intake Staff

Interview with Facility PREA Coordinator

PREA Signage in English and Spanish

Summary Determination

Indicator (a) The Maine Department of Corrections has taken appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to provide a PREA safe environment. As a Community Confinement Facility, there is a limited number of individuals with significant medical or mental health needs. BCF can provide support to those individuals with visual or hearing impairments and informative supports to those individuals with significant developmental delays or significant mental illness that might make them a target for abuse. The Auditor was informed that there were no individuals in the population who would have required the use of interpretive services or who were Limited English Proficient. Residents supported the idea that there were staff members they or others could approach if they had difficulty understanding their rights related to PREA. There was signage throughout the facility regarding PREA safety, and residents were aware of the information in the handbook if needed. Policy 19.02 defines further the rights of individuals with disabilities. "In accordance with the Americans with Disabilities Act, no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or denied the benefits of the services, programs, or activities of the Department of Corrections. Services, programs, and activities include, but are not limited to:

- a. academic and vocational education
- b. exercise and recreational activities
- c. work programs
- d. mail, telephone, and visiting
- e. library
- f. religious services and programs
- g. reception and orientation
- h. classification

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

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

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

Compliance Determination:

	<p>PREA policy 6.11.2, Prevention, and two other Maine DOC policies contain language addressing the equal access to services for residents with disabilities or those with limited English proficiency. The Auditor was able to speak with residents with disabilities, but no residents required translation services. The Auditor confirmed this through conversations with residents during tours, random interviews with residents, and interviews with staff. The residents reported knowing their rights, how to report PREA concerns, and if they had difficulty understanding information, how to get help.</p> <p>BCF provides all residents with a video education about PREA upon admission. The video education is also available in Spanish, Somali, and American Sign Language, the most common languages spoken in the Maine Correctional system, in addition to English. These videos are available on the state website. In addition to the video, the facility has signage on the units explaining how to report concerns in both English and Spanish. The CORIS information system that the Maine DOC uses allows for the identification of information about language comprehension, physical and mental health barriers, and other critical details, enabling the transferring facility to plan accordingly. Staff were aware that it was not appropriate to use residents as interpreters 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, residents, and administration, as well as hard materials (posters, handbooks, videos) and policies that support equal access to all services. The educational materials seen repeatedly on the tour support the ongoing access to information.</p>
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 3.24 Pre-Employment Background Checks</p> <p>Policy 3.3 Personnel Selection and Retention</p> <p>Policy 3.05 Code of Conduct</p> <p>State Sexual Harassment Document</p> <p>Department of Administrative and Financial Services -Protocol</p> <p>Wellpath (contracted Medical MH service provider) policy on background checks</p> <p>HR documentation for DOC staff, and contractors</p>

Individuals interviewed/ observations made.

Interview with the PREA Coordinator

Interview with BCF Director

Interview with HR staff

Summary Determination

Indicator (a). The Maine DOC policy 3.24 Pre-Employment Background Checks addresses the requirements of this indicator. The Policy prohibits employing or contracting the services of individuals who have engaged in or have been adjudicated for sexual assault. It states, "To the extent permitted by law, the Department shall decline to hire or promote anyone who may have contact with adult residents, juvenile residents, or community corrections clients, and decline to enlist the services of any contractor who may have contact with adult or juvenile residents or community corrections clients, who has:

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

Interviews with HR staff support the process of screening all applicants for employment at Maine State Prison or the Bolduc Correctional Facility, including employees of the Healthcare provider Wellpath. The HR staff at MSP also oversees the process for BCF. Any approved volunteer undergoes the same screening process and the same acknowledgment form. The process includes the employees and contractors confirming that they have not engaged in any form of the sexual misconduct described in indicator (a), including sexual assault in a prison or jail, any attempt to engage in sexual activity by force in the community or through coercion or engagement with an individual who could not consent.

Indicator (b). The Maine Department of Corrections subcontracts it's medical and Mental health services through Wellpath. Both Wellpath and the DOC policy prohibit the employment of individuals who may have engaged in behaviors described in indicator (a). The Auditor confirmed with the HR staff that the Maine DOC performs criminal background checks on these individuals.

Indicator (c). The Maine Department of Corrections completes criminal background checks on all employees. File reviews completed by the Auditor confirmed that the process is in place and is consistently followed for all new employees and at the required 5-year intervals, as indicated in (e). The Check includes a criminal background check and prior institutional checks. Random sampling allowed for confirmation of the practice of prior institutional checks.

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

Indicator (e). BCF provided the Auditor with information on random employees who had been employed for over 5 years and had undergone criminal background checks within the last 5 years. The random sample was confirmed through a review of files onsite. The Auditor reviewed 26 files of staff contractors and volunteers between MSP and BCF for consistency of practice. The HR staff described the process she has in place to track individuals who are coming up for their 5-year reviews.

Indicator (f). The requirements of this indicator are covered in Policy 3.05, Code of Conduct (page 5), which includes a continued responsibility to self-report any misconduct. As noted in Indicator (a) all MSP employees are asked to complete the PREA Employee Questionnaire. This document requests information from all prospective employees regarding the required element specified in the indicator above. The Policy addresses the requirements in stating, "The PREA Questionnaire for Applicants/Promotions form (Attachment A), a self-evaluation questionnaire about any previous PREA violations, is required to be completed: a. by all applicants who may have direct contact with adult residents, juvenile residents, or community corrections clients by any employee being considered for promotion who may have direct contact with adult residents, juvenile residents, or community corrections clients; c. and the completed form shall be retained in each employee's personnel file."

Indicator (g). Contained also in the PREA Employee Questionnaire is the following passage: "Any material omissions regarding such misconduct, or provision of

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

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

Compliance Determination:

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

The agency has several policies, including Human Resource and Personnel Policies (3.3, 3.24), as well as union contracts, which 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 and Bolduc Correctional Facility undergo prior institutional employer checks, pre-employment criminal background checks, and subsequent checks every five years. Compliance for this standard is based on policies, the several levels of documentation provided in advance and confirmed during the onsite visit, and the interviews with the Human Resource Manager and the Director.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the DOC Deputy Director of Correctional Operations</p> <p>Interview with the Director</p> <p>Interview with the PREA Coordinator</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) is Not Applicable as the facility has not undergone any major construction that would impact the safety concerns of residents. During the tour, the Director highlighted how staff utilize supervision expectations in the various work environments and housing locations at BCF. Policy 6.11 requires the agency PREA Coordinator to collaborate “with the Department’s Director of Operations to ensure that when a new facility is designed or an existing facility is expanded or modified or facility monitoring technology is installed or updated, consideration is given to ways of enhancing protection of residents from sexual misconduct and harassment.”</p> <p>Indicator (b) The Bolduc Correctional Facility has not added any fixed camera locations since the last audit. As noted in indicator (a), the agency has policy language to ensure that monitoring technology is considered. Although BCF has undergone no significant changes in monitoring technology, it is part of the annual staffing plan considerations that the Director reports he is continually assessing. If a critical incident occurred, including a sexual assault, the Director reports that they will assess how monitoring technology could have augmented the situation.</p> <p>Compliance Determination:</p> <p>The Bolduc Correctional Facility is an open environment spanning approximately 1,200 acres. The facility has many outbuildings and must rely on active staff</p>

	<p>members moving throughout the day to monitor residents at multiple workstations. The facility, as noted in indicator (a) has not undergone any major construction. The Department reportedly has a practice of involving PREA in the discussions when designing new facilities. The Director realizes the limitations of the camera system and must rely on residents being actively supervised in open settings. T</p> <p>Compliance is based on formal and informal interviews that support a consistent understanding of the use of active supervision skills. The interviews also support the Maine DOC's commitment to regularly reviewing its physical plant needs and electronic surveillance to enhance resident safety.</p>
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115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 7.1 Investigations by a Correctional Investigator</p> <p>Policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Reporting and Investigating.</p> <p>Policy 14.6 Preservation of Evidence</p> <p>Policy 18.8 Forensic Information or Evidence</p> <p>Policy 18.3 Access to Healthcare Services</p> <p>Maine Statutes 34A Chapter 3 Article 1</p> <p>Maine Sexual Assault Forensic Exams and the Care of Sexual Assault Patients</p> <p>BCF Sexual Assault Response Plan</p> <p>Memos</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Wellpath Medical Staff</p> <p>Interview with DOC Investigators</p> <p>Interview with SASSMM representative</p>

Interview with Hospital staff about SAFE/SANE access and services

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

Summary Determination

Indicator (a) The Maine Department of Corrections is responsible for completing investigations, including sexual assaults. The facility employs a Detective who is a trained law enforcement staff member with full powers of a police officer, as do some staff members of the Special Investigations and Intelligence unit (SII). The state of Maine has a protocol for sexual abuse cases that was developed through the Attorney General's office with the assistance of medical, legal, and sexual assault advocates. The protocol and the Maine DOC investigative policies ensure uniform steps are taken in obtaining physical evidence. Neither DOC nor Wellpath staff would complete the forensic exam. The resident victim instead would be sent to the local hospital with SANE-trained individuals. There are at least two hospitals in the region with SANE-trained individuals. In addition to the facility-based investigative staff, criminal investigation of alleged staff misconduct can be completed by the Maine DOC Office of Professional Review or by an Investigator from the Maine Equal Employment Opportunity Office.

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

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

The Bolduc Correctional Facility will offer victims of sexual assault the ability to have a forensic exam without cost, regardless if they cooperate in the investigation. This

is confirmed in the DOC policy, interviews with investigators, and discussions with local hospital staff. Agency policy addresses this in policy 11.6.5. "The Chief Administrative Officer, or designee, shall ensure that medical and mental health services are provided to alleged victims of sexual misconduct without financial cost and regardless of whether an alleged victim names the perpetrator or cooperates with any investigation arising out of the incident." It is also addressed in the Attorney General's Protocol on page 14, where it explains that the state's Victims Compensation funds cover medical costs for treatment. The Residents are also provided with information in the handbook, notifying them that a forensic examination will be conducted in a hospital by a medical professional at no cost.

Indicator (d) BCF has an agreement with the local rape crisis agency to provide support services to victims of sexual assault. The Sexual Assault Support Services of Mid-Coast Maine (SASSMM) is part of the state coalition against sexual assault (MECASA). Discussions with the SASSMM representative support the ability to provide support to victims during forensic exams and police interviews. There have been no instances where SASSMM has been required to provide accompaniment services for forensic exams or police interviews related to an allegation at BCF. The Department of Corrections Director of Victim Services has also reportedly been trained in providing forensic support services.

Indicator (e) Both hospital and agency staff confirm that a rape crisis staff would be available to help a victim through a forensic exam and criminal justice interview and provide ongoing support and referral to the victim. An MOU was provided to the Auditor. The PREA Coordinator and PREA Monitor are both encouraged to continue building on the relationship with the SASSMM staff. The Auditor also reviewed the facility's Coordinated Response Plan, which requires medical staff to contact SASSMM to request an advocate to meet the victim at the hospital and support them through the examination.

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 a support advocate was unavailable for any reason, the DOC has a trained individual on staff.

	<p>Compliance Determination:</p> <p>The Maine Department of Corrections has two policies that address concerns related to 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 department has appropriately trained individuals to collect evidence and complete criminal investigations into sexual abuse. Residents 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 refer victims to Pen-bay Hospital, located approximately 10 miles away, where SANE-certified nurses are available. 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 provided specific steps for forensic exams and was developed in conjunction with medical and legal experts from Maine, including nine SAFE or SANEs. The Auditor spoke with hospital staff who confirmed the availability of SANEs at Waldo County General. Hospital staff confirmed that this service would be provided free of charge, and if a SANE is not on duty, one could be called in. It is also reported that the hospital would call a Rape Crisis Agency in addition to the protocol set up by DOC to offer supportive services. Sexual Assault Support Services of Mid-Coast Maine (SASSMM) is the regional rape crisis agency who the Auditor confirmed would send a victim advocate to support the resident through the forensic exam and any investigative process. Compliance is determined based on the availability of resources to effectively investigate, secure and process evidence. Also taken into consideration in this determination was the overall staff knowledge displayed in the random staff interviews of how to preserve evidence, including instructions to the residents involved.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Maine Statutes related to Correctional Law Enforcement Powers</p> <p>Policy 6.11.3 Sexual Misconduct</p> <p>Policy 07.01 Criminal Investigations</p>

Individuals interviewed/ observations made.

Interview with the PREA Coordinator

Interview with BCF Director

Interview with Investigative staff

Summary Determination

Indicator (a) The Maine Department of Corrections 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 Detective and a Special Investigation and Intelligence (SII) unit staff. A review of investigative files indicates that all investigations are initiated immediately upon receipt of an incident report. There was one investigation of potential sexual abuse that was unfounded, given in part that the potential victim denied the alleged events.

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

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

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

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

Compliance Determination:

The Maine Department of Corrections has a policy and trained investigative staff in place to ensure all allegations of sexual assault and sexual harassment are investigated. The DOC has trained law enforcement staff who will ensure all crimes, including sexual assaults, are investigated. According to the Deputy Director of Correctional Operations, incidents involving staff members are investigated by a centralized unit, either the Office of Professional Review or the state's EEO unit. Using a different investigator than the facility's Criminal Investigator ensures an impartial investigation.

The Maine Department of Corrections investigates all incidents of sexual contact by residents as a potential criminal investigation. This is done to ensure that all evidence is collected, even if the residents initially claim the contact was

	<p>consensual. This process has resulted in actual criminal charges after residents are separated and re-interviewed about the incident. Compliance was determined based on the published policy, investigative information provided by the Detective, SII unit members, and interviews with the Department of Corrections' Director of Operations. Compliance is determined utilizing the above-stated information, which meets the requirements of Indicators (a) and (b). The Auditor did consider the information supporting the timeliness of investigations at BCF. Indicator (c) for standard 115.222 is not applicable because Maine DOC is the criminal investigative body. Interviews further supported compliance, as the agency takes all allegations seriously and ensures the impartiality of staff involved through the Office of Professional Review.</p>
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115.231	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Policies and written/electronic documentation reviewed.</p> <p>6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention</p> <p>BCF staff training records</p> <p>State-approved training materials, lesson plans, and PowerPoint on PREA</p> <p>Maine Justice Academy/ Maine Coalition Against Sexual Assault videos</p> <p>LGBT Training Materials</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with BCF PREA Monitor</p> <p>Interviews with random staff</p> <p>Summary Determination</p> <p>Indicator (a) The Bolduc Correctional Facility ensures all staff are trained in the agency's Zero Tolerance for Sexual Misconduct. All Employees, no matter what role in the institution, are aware of their role in the prevention, detecting, and responding to sexual assault and sexual harassment of residents. Random staff members were able to describe in the interviews how their day-to-day jobs keep</p>

residents PREA safe. The staff members knew the signs and symptoms of someone who may be victimized, the rights of residents related to PREA, and were able to give examples of why sexual assaults may occur. Staff members confirmed that they receive training on avoiding inappropriate situations with residents, the criminal liability for failing to report a PREA incident, and how to respectfully work with LGBTI residents. The staff knew to use the Transgender or intersex resident's preferred name and pronouns. They were aware that a multidisciplinary committee reviews the transgender resident's case individually to determine housing and canteen items they can access, search procedures, Medical or mental health treatment planning. The Auditor reviewed the training materials to confirm that the elements were addressed. The training material includes videos developed in conjunction with the state Rape Crisis agencies, county jail staff and Maine DOC staff. The Agency's PREA Policy 6.11.2 outlines requirements that are consistent with the standards. "The Department PREA Coordinator shall ensure that all staff, volunteers, and student interns who may have contact with a prisoner, resident, or person under supervision of the Department in the community receive initial training with respect to:

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

reactions of victims as these relate to each gender, as well as to lesbian, gay, bisexual, transgender, intersex, or gender nonconforming persons; and

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

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

Indicator (c) The Maine Department of Corrections employees receive classroom training on PREA while in the state’s Justice Academy, in the form of the onboarding process described in indicator (a) and through the Power DMS platform. Staff records and their knowledge of the training information indicators indicate that they receive training frequently. Staff reports that they receive full PREA-specific training annually and will receive regular updates to policies. The staff also noted that they receive additional training updates and participate in discussions with a supervisor during shift briefings, which aid in understanding policy and its daily implementation. The facility also provided the auditor with additional training materials that the department uses to educate staff on working with LGBTI residents.

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Indicator (d) Employees sign for their training, acknowledging their understanding of the content. Online training would include an electronic signature and a quiz used to confirm knowledge of the content. The Auditor was provided with a report showing the training dates for 48 staff and contractors who received PREA training in the past year. The report shows that all staff have completed the ongoing training and their respective score, showing they have understood the materials presented.

Compliance Determination:

All staff are trained on 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, such as online education or classroom presentations. The Maine Department of Corrections has a training program for all staff related to the 10 requirements on indicator (a). New employees

	<p>are required to undergo PREA training at the Maine Criminal Justice Academy. If the employee starts before attending the academy, they will receive PREA training from the facility's PREA Manager. Policy 6.11 Sexual Misconduct (page 2) addresses the requirements of the standard, including the required areas of education outlined in indicator (a), the frequency of training, and the importance of gender-specific understanding of sexual victimization for staff. All employees (including the contracted Medical and Mental Health staff) have had on-site or online training via a learning management system and understand the facility's Sexual Assault Response plan.</p> <p>This Auditor reviewed a copy of the PowerPoint portion of the general PREA training. All staff interviewed formally and as part of the tour confirmed regular training on PREA. Random staff member interviews confirmed they were aware of the different aspects of the training presentations and were able to give examples of the information provided. Staff also reported the ability to refresh PREA issues through online information that comes out through Power DMS. Training records and staff interviews support the fact that PREA-related education of staff occurs regularly, and electronic signatures confirm that they have understood the training. The Auditor confirmed the training dates for 12 staff members, including initial PREA training and the most recent PREA education. Compliance determination was based on training records, the materials used in presentations, and the ability of random staff members to share examples of the content they had learned as part of PREA training, consistent with standard requirements.</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention</p> <p>Training materials for volunteers and sign-off on trainings</p> <p>Wellpath training materials</p> <p>Contractor Sign-in - (PREA acknowledgment of Brochure for 1 time or infrequent visitors)</p> <p>Memo and notes on the 2024 volunteer training class</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with BCF PREA Monitor</p>

Interview with Contractor

Interview with a Volunteer

Observation on tour

Summary Determination

Indicator (a) All Contractors providing direct service to residents at the Bolduc Correctional Facility are employed by Wellpath, a Medical/ Mental Health treatment provider. As such, they receive full PREA training, which all DOC employees receive, in addition to the required specialized training in Section 115.35. The supporting documentation indicates that Wellpath staff members are involved, although the vast majority are primarily assigned to work at the neighboring MSP. All other contractors and volunteers with routine access to the facility must undergo an on-site education program to understand their responsibilities and procedures for maintaining a safe environment. As part of that program, individuals are trained on PREA, consistent with agency policy (6.11.2, Page 2), which outlines training expectations to inform them on how to support a zero-tolerance culture and know when and how to report concerns. At BCF, all approved volunteers who are granted regular access receive training. In the 36-slide orientation program, the auditor found PREA-specific information for volunteers on what the law is, the residents' rights to be free from sexual abuse or harassment, and how to report concerns. The presentation also had a separate section on professional boundaries and how to maintain them. One-time visitors are provided with a PREA brochure that outlines aspects of the overall training and informs them on how to report. The Auditor was offered this information when I arrived on day one, and I signed into the facility on a log that again acknowledges that I was aware of PREA and the resident's rights.

Indicator (b) The training, as noted in indicator (a), includes three distinct levels of training, all of which address how to report a PREA Concern. Staff providing direct services to residents (Wellpath) undergo full DOC training. Individuals who have routine visits (such as religious staff, educational volunteers, and canteen vendors) receive an abbreviated educational program provided by the BCF PREA Monitor. The auditor reviewed materials from a 2024 training session the facility had conducted for volunteers. Interviews support an understanding of the importance of making a PREA notification and to whom to speak if they become aware of actual or threatened sexual misconduct.

Indicator (c) PREA policy 6.11.2 Sexual Misconduct (pages 2-3) requires the agency PREA Coordinator to keep track of the training. The policy requires individuals to sign for the information they receive. Those one-time volunteers sign in and receive a PREA brochure upon entrance to the BCF facility. The Auditor was able to see

	<p>documentation on-site showing this process in use. The Auditor was also provided with documentation to show that individuals who receive more formal training are required to sign PREA acknowledgment forms, similar to the ones signed by DOC employees at the time of hire. A sampling of volunteer files in Human Resources confirmed they had signed off on the form. The Auditor was unable to speak with a volunteer at BCF but did speak with an individual at MSP who is part of a group that provides services at both MSP and BCF.</p> <p>Compliance Determination: The Bolduc Correctional Facility is compliant with the standard expectations. BCF ensures all contractors and volunteers receive training in the agency's efforts to prevent, detect, and respond to sexual assault and sexual harassment. Training records and formal interviews support that these individuals have received comprehensive training equivalent to their level of contact with the residents. Training records and interactions with contractors support an understanding of the agency's zero tolerance for PREA-related issues. Nursing and Mental Health staff confirm that Wellpath staff receive the required DOC training, in addition to medical and mental health-specific training. Infrequent and one-time service contractors, who provide services under the supervision of DOC staff, are given notice of PREA upon arrival at the facility, including a brochure on PREA. The Auditor was offered information about PREA upon arrival at the facility as part of the registration. Compliance was determined through supporting documents and interviews with the contracted staff persons and the volunteer, who were able to identify training elements. They were all able to explain how they could report a PREA concern at the facility if it arose.</p>
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115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Maine DOC Website (PREA Education Videos)</p> <p>6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention</p> <p>BCF Resident Handbook</p> <p>Resident files showing they have received PREA educational materials</p> <p>PREA Education Videos</p>

Individuals interviewed/ observations made.

Interview with Intake Staff Person

Interview with Unit case managers

Interview with residents

Observation on tour of PREA Signage in two languages

Summary Determination

Indicator (a) All residents are provided information about PREA upon admission to BCF. As a Community Confinement Facility, residents entering BCF have been educated on PREA at other Maine DOC facilities. Residents are provided with a description of PREA, including how to protect themselves, how to report a concern, and what services are available if someone has been a victim. There were no intakes on the day of the Audit for the Auditor to observe, so the Duty Sergeant described the admission process and how residents are educated on PREA, including a review of the resident handbook and watching the Maine DOC PREA video. All residents are provided with information immediately upon arrival and also receive a review with their caseworker during the first meeting. Agency policy addresses the standard requirement. "Within ten (10) days of intake to the facility, each newly admitted prisoner or resident shall receive a comprehensive education concerning sexual misconduct and sexual harassment and shall receive the appropriate acknowledgment and safety memo."

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

Indicator (c) All residents at the BCF have received an education in PREA and how to report any concerns. Resident education is documented in CORIS (Maine DOC electronic case management system), and random residents confirmed that PREA was addressed immediately upon transfer from their prior prison or jail. Education is available in multiple languages, including written, video, and large print documents. One of the videos features American Sign Language (ASL). Residents support the idea that they can go to staff if they need assistance with comprehending written or oral PREA education. The assistance is available to any individual who needs it, including those with physical disabilities, cognitive limitations, or visual

impairments, as well as those who have difficulty reading. Many residents stated that PREA wasn't a concern, but they acknowledged that the information was available and noted that there were people who could provide assistance, including line officers, case managers, clinicians, and unit managers. The agency policy outlines the requirement to ensure educational materials are appropriate to address any disability or LEP concern. "This education shall be in formats accessible to all prisoners and residents, including, but not limited to, those who are limited English proficient, hard of hearing or deaf, visually impaired, developmentally disabled, or have limited reading skills. Receipt of this education shall be documented in CORIS for each prisoner or resident."

Indicator (d) Records were reviewed for a random sampling of clients. This supports that they have received PREA education and is consistent with statements by residents about the education process at BCF, as well as their signing a form after orientation. As it is a step-down environment, some residents have remarked about the times they were previously educated about PREA in state and county jails.

Indicator (e) Observations throughout the tour confirm that materials are available to residents on a continuous basis. The information viewed included handbooks, posters, and other signage about PREA, as well as resources such as the local rape crisis agency. The Maine DOC has begun using tablets, which will enhance access to educational materials at BCF.

Compliance Determination:

The Maine Department of Corrections Policy 6.11.2 PREA-Prevention sets forth the expectation of timeliness in resident education, the delivery method of education, and the requirement for materials for LEP and disabled resident education. Residents at BCF confirm that they are educated on PREA and the zero-tolerance expectations as soon as they arrive at the facility. PREA information is reviewed with the resident by the Intake Officer, and they are provided a resident handbook that contains PREA information. The education session is signed by the resident and placed in their case record. The facility offers PREA educational materials to residents in the form of brochures, posters, and a handbook. The orientation process also includes viewing the Maine Department of Corrections' PREA video. This video is available in multiple languages, including American Sign Language (ASL). The video is also posted on the Maine DOC Website. Residents have access to handbooks that can be translated into multiple languages as needed. Resident handbooks inform residents about the consequences for negative behavior, including sexual misconduct. The handbook tells residents about PREA and the importance of reporting and seeking help. Information also includes phone numbers

	<p>to state PREA Coordinator and the local rape crisis agency.</p> <p>During the tour, the Auditor saw posters informing residents on how to report PREA events or access advocate services. Residents report that they are given facility-specific PREA information within one day of admission. Interviews with residents confirm that they know how to report incidents if they were to occur. Residents reported comfort in telling staff if they were to experience or be a witness to an incident of sexual abuse or harassment. During interviews with residents, they expressed several ways to contact the administration or outside individuals if they did not feel comfortable speaking with the line staff. Many of the residents stated that PREA was not a concern at the BCF. They also reported they believed any complaint would be taken seriously and investigated.</p> <p>The compliance determination took into account the supporting educational documents, the residents' responses regarding training, and their understanding of facility-specific procedures for reporting concerns. Further supporting compliance is the Auditor's review of client records, which showed their education, the materials viewed during the tours, and the videos from the state website.</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention</p> <p>Maine DOC Investigator Training</p> <p>NIC training for Investigation of Sexual Assault in a Correctional environment</p> <p>Training rosters</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the PREA Coordinator</p> <p>Interview with trained Investigators</p> <p>Observation on tour</p> <p>Summary Determination</p>

Indicator (a) The Main Department of Corrections employs its own investigative body. The Department of Corrections' Special Investigations and Intelligence (SII) unit and the Detective are all law enforcement officers in the state of Maine. The Unit working out of MSP covers issues at both MSP and BCF. As such, they have received training in conducting investigations in accordance with Maine statutes and DOC policy. The Maine Department of Corrections was able to train a cadre of staff members in the DOC's 20-hour "The Maine Department of Corrections PREA Investigative Training." Newer SII staff have also taken the National Institute of Corrections course on the same topic.

Indicator (b) The material from the DOC training and the Auditor's review of the NIC course on investigating sexual assaults supports that the required topics were addressed. The training materials and the interview with a trained investigator confirmed the training covered, how to communicate with a victim of sexual assault, the use of Miranda and Garrity Warnings, proper steps in the collection and preservation of evidence, and the factors in making a determination of substantiation for administrative action or prosecutorial referral. The Auditor discussed with the Detective and SII members on when Garrity and Miranda are used. We also discussed interview techniques, credibility assessments, and how they contribute to determining the case finding.

Indicator (c) Training records were provided for onsite staff who complete investigations.

Compliance Determination:

The Maine Department of Corrections ensures that staff who complete investigations have received appropriate specialized training on investigating sexual assault in a correctional setting. Currently, there are 6 individuals approved by the Maine Department of Corrections to complete criminal investigations into sexual abuse allegations at BCF. The agency can also bring other investigators from the Office of Professional Review or from other facilities if there is a perceived conflict of interest.

Documents and interviews support that the facility's investigators are trained in the requirements of a PREA-related investigation. Maine has established that if allegations are made against staff, the agency's Office of Professional Review will 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.

115.235	Specialized training: Medical and mental health care
	<p data-bbox="279 185 983 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 338 1070 371">Policies and written/electronic documentation reviewed.</p> <p data-bbox="279 412 617 445">Pre-Audit Questionnaire</p> <p data-bbox="279 486 1214 519">6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention</p> <p data-bbox="279 560 746 593">Wellpath PREA training materials</p> <p data-bbox="279 633 724 667">Documentation of staff training</p> <p data-bbox="279 770 904 804">Individuals interviewed/ observations made.</p> <p data-bbox="279 844 957 878">Interviews with Medical and Mental Health Staff</p> <p data-bbox="279 981 630 1014">Summary Determination</p> <p data-bbox="279 1055 1469 1469">Indicator (a) The Bolduc Correctional Facility employs the services of Wellpath, a private Correctional Medical and Mental Health Services Provider. The agency trains staff on PREA-specific considerations from the perspective of medical and mental health providers. Included in the training materials and the staff interviews was information on how to address signs and symptoms of abuse, communicate with a victim, report an allegation, and preserve evidence. Nursing staff knew that they should not clean any injuries and only treat critical health concerns before transporting them to the hospital for a rape kit. Medical and Mental Health staff confirmed that a significant amount of support work would be required upon the resident's return from the hospital.</p> <p data-bbox="279 1572 1101 1606">Indicator (b) The staff does not complete a forensic exam.</p> <p data-bbox="279 1709 1476 1966">Indicator (c): Documentation was provided to the Auditor for the Wellpath staff, confirming the completion of specialized training. The Auditor reviewed the training records for the 41 medical and mental health professionals currently servicing the residents of the Maine State Prison and the Bolduc Correctional Facility. The record shows that all medical staff have been refreshed on the topic in the past 18 months, in addition to the normal DOC training on PREA.</p>

	<p>Indicator (d) A review of the training record and the interview with staff confirms that all Wellpath staff receive the same training as the DOC employees annually, as well as the training described in 115.32.</p> <p>Compliance Determination:</p> <p>Wellpath employs medical and Mental Health Staff at Maine DOC facilities. Wellpath provides PREA training with a medical and mental health focus for its employees and provides the PREA Monitor with the documentation. The PowerPoint reviewed by this Auditor addressed how to detect, assess, and preserve evidence of a sexual assault. The training materials and interviewed staff support that they were trained in responding appropriately to sexual assault victims. The Auditor met formally with Wellpath staff and was able to ask questions of other Wellpath staff on tour. Medical and Mental Health staff knew to whom to report allegations and suspicions of sexual abuse or sexual harassment. They were able to explain that the reporting would be up their agency's chain of command while also notifying the chain of command at the prison. Medical and mental health staff were also instructed to report any concerns to the Criminal Investigator, the SII Corporal, or the PREA Monitor. The contracted staff reported that they attended PREA classes with state employees from the Maine DOC. Wellpath staff will not conduct forensic medical examinations; however, they are aware of how to protect evidence and which facilities they would refer residents to for an exam by a SAFE or SANE, if needed. Policy 6.11.2 was also reviewed by the Auditor to determine compliance, along with interviews and a review of the Wellpath training program materials for Medical and mental health staff, as well as training records for Wellpath staff, which contributed to the compliance assessment. The Wellpath staff work under one supervisory structure at the Maine State Prison and the Bolduc Correctional Facility.</p>
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention</p> <p>Policy 18.4 Health Screening and Assessment</p> <p>Population report for BCF</p>

BCF Stoplight Coris Report

Initial and follow-up assessments for residents

Individuals interviewed/ observations made.

Interview with the PREA Coordinator

Interviews with Wellpath staff.

Interview with Director

Observation on tour

Summary Determination

Indicator (a) All residents who are admitted from County jails or transferred from a Maine DOC facility will be assessed with an objective screening. As a minimum security facility it would be unlikely for an individual to be directly admitted to BCF. Most admissions have been in one or more Maine DOC facility and have been screened before. This requirement is outlined in policy 6.11.2 Sexual Misconduct – prevention (pages 3-4) that all individuals admitted or transferred be screened for the likelihood of being a victim of sexual violence or the likelihood of being a perpetrator of the same said violence. It states, “The PREA monitor’s duties with respect to screening and assessing prisoners or residents for risk of sexual vulnerability or sexual violence shall include, but are not limited to, the following:

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

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

This information was verified through file reviews at BCF of current and former residents and in interviews with randomly selected residents. The Auditor asked for a sample of current admissions and discharges in the previous 6 months.

Indicator (b) The Policy stated in indicator (a) sets forth an obligation for the screening to be completed sooner than the standard requirement. The Maine DOC

requires the screening to be completed in the first 24 hours. The review of the screening reports at Bolduc Correctional Facility supports that this practice standard is met. The Department of Corrections has established a report from its CORIS system that logs compliance with screening and reassessment timeliness. A review of the report shows consistent compliance with the policy. Ninety-five percent of the residents were screened within the first 24 hours, and 100% were screened before 72 hours. The client record reviewed confirmed the report and showed dates consistent to the CORIS report. The PREA Coordinator demonstrated to the Auditor how staff actions feed into the report, enabling facility and agency administration to monitor completion timelines. The Auditor found that the facility admitted over 200 residents and found consistency in the dates in the resident files and those in the report. Residents interviewed confirmed that the screening occurs not long after you are brought into the facility and before you are assigned a bed.

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

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

Indicator (e) The tool does consider the resident's history of violence or sexual abuse in the community and in prior institutional settings. There are several factors, including prior sexual and physical aggression in an institution and prior criminal charges for sexual misconduct. As a minimum security facility, residents with past aggression histories must show a significant period of compliance to be approved by the state's classification process to be moved to Bolduc. As the Director points out, aggression will not be tolerated, and those individuals can be removed quickly to the Maine State Prison next door.

Indicator (f) Maine DOC Policy 6.11.2 sets forth the requirement that all residents are reassessed for PREA within 14 days of admission. This agency standard is more stringent than the PREA standard indicator. The policy states, "ensuring that the PREA assessment of all prisoners or residents transferred to a facility is administered by a case manager or other staff trained to administer the assessment between five (5) days and fourteen (14) days after the PREA screening;" The PREA

Monitor at BCF completes all initial and rescreening of residents within 14 days. As a result, this measure has been consistently maintained as documented in the agency report and the files reviewed by the Auditor. The Auditor also used the CORIS report to assess overall compliance with the standard's requirements. Residents confirmed that staff do come back and ask questions necessary to ensure an accurate scoring is obtained after the resident has had time to adjust to the environment.

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

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

Indicator (i) The Maine Department of Corrections completes the screening information in its electronic case management system. The system limits access to screening information, particularly the client's more sensitive information. Disclosures made in the Medical or Mental health record are completely siloed from the custody staff. Policy language also speaks to this concern, "ensuring that information from the risk screening is reviewed and considered by appropriate staff when making housing and work, education and other program assignments so that those prisoners or residents at high risk of being sexually vulnerable are kept separate from those identified as being at high risk for sexual violence and ensuring that determinations about how to ensure the safety of each prisoner or resident are individualized; and ensuring that information from the risk screening and risk assessments is otherwise kept confidential."

Compliance Determination:

The Bolduc Correctional Facility ensures all residents are screened for sexual victimization and abusiveness using an objective tool. Policy 6.11.2 (page 4) requires

	<p>that all residents be initially screened within 24 hours and reassessed within 14 days by the facility's classification team. The Maine DOC has developed a report that can be used by the facility's PREA Monitor and the State PREA Coordinator to ensure that standard timeliness benchmarks are being met. The Agency also requires periodic rescreening by using the PREA assessment instrument in CORIS. This is also done when warranted due to a referral, request, incident of sexual misconduct or receipt of additional information that bears on the prisoner's risk of sexual vulnerability or sexual violence. CORIS is the Maine DOC's electronic case file system, which links their records as the resident moves between facilities.</p> <p>Maine DOC developed the objective tool and has clear guidelines for its use. The tool accounts for all thirteen factors required in indicators (D) and (e). They have also implemented a system to ensure that the residents are asked about sexuality, victimization history, and perceived safety after the initial screening. It is confirmed through interviews that only case management, Medical and Mental Health, and administrators know the specific reasons for PREA scoring results in CORIS. Medical staff will also ask for PREA-related information during the initial assessment and pass any new information back to the intake staff to ensure the screening encompasses all relevant information obtained. Compliance determination was based on the PREA screenings provided, which were consistent with the time requirements outlined in the standard, policy language, and residents who confirmed that screening occurred in accordance with the policy. The Maine DOC has provided a reporting tool on the timeliness of initial screening and reassessment, available through CORIS, to the PREA Coordinator and PREA Monitors. This tool is a credible example of ensuring the timely screening of residents.</p>
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.2 Sexual Misconduct – Prevention) DOC</p> <p>Policy 23.8 Management of Transgender Residents</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Facility PREA Monitor</p> <p>Interview with Random Staff</p> <p>Interview with random residents</p>

Population report

Observation on tour

Summary Determination

Indicator (a) The PREA screen used at BCF provides immediate assistance in determining the appropriate housing unit for any new resident. If an individual is a known perpetrator of sexual offenses, they would be prohibited by the agency's electronic case management system from being placed in the same room as an individual with a known victim history. If residents have a sexual offense history, they may be required to undergo treatment as part of their program. As a minimum confinement facility, residents may have already completed such programs before being transferred. Individuals with victimization history are provided counseling onsite by Wellpath staff or through the rape crisis agency SASSMM. Unit staff, in conjunction with a multidisciplinary team, determines when a resident is ready to transition to work programming. During the Unit team meetings, potential conflicts would be identified between the known individuals on each side. Residents are matched with work crews and housing assignments, which further ensures individuals with past sexual aggression are kept apart from those with abuse histories. As previously noted, individuals with current or recent aggressive behaviors are not eligible for placement at BCF through the state's classification process.

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

Indicator (c) There was one non-binary individual at BCF. The Maine correctional system considers transgender/ intersex individuals' safety indetermining. Residents who identify as transgender after intake are allowed to be evaluated medically for clinical needs. The team will then consider when it is appropriate for the individual to be transferred to the identified facility, taking into account safety and security. Transgender males would be eligible for placement at BCF. The DOC central office, the sending facility, and the BCF staff would all be engaged in a plan to support the residents' smooth transition. The facility can utilize handicapped housing space to further protect the resident, including a private shower.

Indicator (d) The Auditor considered the policy that requires all transgender individuals' own preferences and perceptions of safety to be part of the considerations in determining housing. Transgender Policy 23.08 states, "If there is a possibility that the prisoner might be recommended for transfer to another facility, the Chief Administrative Officer, or designee, of the facility where the prisoner is currently housed shall contact the Chief Administrative Officer, or designee, of the other facility for inclusion of that facility's staff on the team. The Department's Director of Classification, or designee, shall also be included on the team. This team shall make recommendations about the following: a. whether male or female housing is appropriate for the prisoner; b whether male or female staff will conduct searches; c. property items to be allowed; d. shower and toilet arrangements; e. any safety or security precautions required; and f. any other relevant decisions."

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

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

Compliance Determination:

Maine DOC Policy 6.11.2 Sexual Misconduct – Victim Services described the use of the PREA Screening tool (Pg 3-4) in Indicators (a) and (b). The remaining indicators are covered in 23.8 Management of Transgender and Intersex Residents. The electronic case management system of Maine DOC (CORIS) will prevent housing of potential or known victims with potential or non-aggressors based on the PREA Screening tool in 115.41. All individuals entering BCF are asked about their safety concerns, which helps guide the placement process for housing and eventually programming. BCF has no transgender residents. Documentation supports that LGBTI residents are not all housed together or denied programming or work. There is no legal judgment requiring such a condition to exist.

Through the Unit Management process, other areas of the resident's life are given sufficient information to ensure that potential victims and potential perpetrators are closely monitored. Correctional Trade Instructors and Correctional Industries Supervisors were aware that some individuals may be at greater risk for victimization. The Auditor discussed with several of these staff members during the

	<p>tour how they take steps to manage residents on the job site and protect individuals' safety.. Line custody staff also understand the need to protect potential victims from potential aggressors. This was discussed during both informal and formal interviews, as well as how they get to know the residents and observe and address any concerning behaviors.</p> <p>The standard is deemed compliant based on policy, supporting documents, and interviews with residents and staff. The Auditor finds that practices are in place to utilize screening information to protect the population from abuse, and there is effective communication about those at risk.</p>
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes)- Reporting and Investigations</p> <p>Sexual Assault Brochure</p> <p>Resident handbook</p> <p>PREA Posters</p> <p>Knox County Jail MOU</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Random Staff</p> <p>Interview with Contracted staff</p> <p>Interview with residents</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) The Maine DOC has policy language to address the requirements of the standard. Policy 6.11.3 Sexual Misconduct - Reporting and Investigations states,</p>

"The Chief Administrative Officer, or designee, shall provide multiple internal means for prisoners or residents to report sexual misconduct or sexual harassment; attempts to deter them from reporting sexual misconduct or sexual harassment; retaliation for reporting sexual misconduct or sexual harassment; and staff, volunteer or student intern neglect or violation of responsibilities that may have contributed to such incidents. These multiple internal means shall include verbally, in writing, anonymously, and by way of third parties." Random resident interviews confirmed that residents are aware of multiple ways to report concerns within the facility or to the Department of Corrections Central Office. Residents were aware of the postings and information in the resident handbook, which describes options for reporting concerns, including directly to a trusted staff member, to any case manager or medical or mental health staff, by writing to the Director, or by calling the DOC PREA hotline (agency PREA Coordinator). The Auditor observed the postings on the walls and discussed with residents their access to supervisory staff and their ability to write individuals internally and externally through the mail system. Residents confirm access to materials to make a report, and that mail sent to outside agencies, such as the Knox County Jail, would be considered a protected communication. The Knox County Jail serves as an outside reporting option for residents. A representative of the Knox County Jail confirms the MOU and states that residents have sent mail to the county jail, but not recently. The residents also confirm they can place notes in the in-house mail to any staff and administration. The PREA Coordinator has a memo posted to all residents that further supports the encouragement of reporting sexual abuse, harassment, or retaliation.

Indicator (b) The Maine Department of Corrections has set up two ways in which residents can report a PREA concern to an outside agency. The Poster also includes the address of the PREA Coordinator for the Knox County Jail, in case individuals do not feel comfortable reporting to DOC staff. The posted and handbook also provides the phone and mailing addresses of the state PREA Coordinator. Residents were aware of these options and stated they could call attorneys or family members to report a concern. The Phone numbers for the local rape crisis agency are posted prominently in each housing unit. The residents were also confident that if a family member called to report a concern, the staff would take it seriously and investigate it. The Auditor also tried to call the PREA Hotline, the Knox County Jail, and local rape crisis agency SASSMM 24-hour manned line for emotional support. The Knox County Jail would notify the DOC of concerns while allowing the individual to remain anonymous. The Bolduc Correctional Facility does not house residents for immigration violations. The Auditor confirmed access to the PREA Hotline. Most prisoners were unsure about who was on the other end, but they felt it was an option for them to report a concern. The Auditor called the Hotline, and the state PREA Coordinator confirmed that he received a voicemail within minutes. The Auditor also spoke with a representative from the Knox County Sheriff's Office. The residents also confirmed access to send and receive mail, and that individuals without financial resources are provided with stamps to mail letters on a weekly basis.

Indicator (c) Interviews confirm consistent with agency policy (6.11 Sexual Misconduct -page 3) that all staff take any report of a PREA-related incident seriously and report the concern to a superior or to the facility investigator. Random staff knew that they had to report the claim, regardless of the source of information, including anonymous notes. The staff reported that any claim, even if they thought it did not occur, needed to be reported. The staff also confirmed that they were required to file a written report on the claim after giving notice to a supervisor. Finally, the staff also confirmed they had to report on a fellow employee's actions or failure to act that led to a sexual assault.

Indicator (d) The Maine Department of Corrections provides several avenues for staff to report a concern of sexual assault or sexual harassment. Beyond reporting an incident to their immediate supervisor, if staff have a concern about the supervisor or another staff member being involved with a resident, they can report it to another supervisor or to the BDF Director. They can report using either the posted phone numbers to local police, Human Resources, or the Maine DOC PREA Coordinator. Staff interviews confirmed that they were aware of multiple avenues to report concerns. The staff knew they could report out of the chain of command without consequences. One resident with a prior abuse history was aware of SASSMM's ability to provide support to residents with victim histories.

Compliance Determination

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

Residents interviewed were aware of multiple ways to report, including telling staff, calling the hotline to one of two numbers, mail administration or the local county jail, completing a grievance form, or calling or writing the local rape crisis agency. Posters are displayed on all housing units during the tour, directing residents to contact the DOC PREA Coordinator or write to the local county Jail if they do not wish to speak with DOC personnel (indicator (d)). The rape crisis information is also available in the resident handbook, on posters, and on tablets. Residents spoken to formally and on tour reported feeling comfortable speaking with staff, including unit staff, if they had concerns. Custody staff reported knowing how to report PREA concerns to the administration privately 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 during the tour, the interview findings of randomly selected staff and residents, the testing of critical functions (phone and mail), and interview information from the Director and PREA Coordinator.
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.4 Sexual Misconduct – Administrative Sanctions and Grievances</p> <p>PREA Coordinator Memo</p> <p>Grievance log</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with BCF Assistant Director</p> <p>Interview with Random Residents</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) The Bolduc Correctional Facility is not exempt from the standard; residents have the ability to file a grievance on conditions that violate their rights or prison rules. Sexual misconduct is a reason for which a resident can file a grievance. There were no reported grievances at BCF related to PREA in the past three years. Of the 42 grievances filed in the year prior to the visit, zero were related to PREA. The agency policy supports that they are not exempt, and the PREA allegations of sexual abuse or sexual harassment can be processed through the grievance system. “An adult or juvenile resident who is alleging that he or she has been a victim of sexual misconduct constituting a PREA violation or a violation of Maine criminal law by staff or a victim of sexual misconduct constituting a PREA violation or a violation of Maine criminal law by a volunteer, student intern, or another resident for which he or she believes staff is responsible, in addition to, or as an alternative to, making a report of sexual misconduct, may file a grievance about the alleged sexual misconduct with the facility Grievance Review Officer as set out below. It is</p>

anticipated that prior to filing a lawsuit, a resident will attempt to resolve his or her allegation by using this grievance process.” Grievance boxes were visible in the facility housing units and the main building.

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

Indicator (c) All PREA-related grievances are forwarded to the Assistant Director. Residents are allowed to send sealed mail to the grievance officer. By policy, if the grievance officer is the subject of the complaint, the residents are allowed to send the grievance directly to the facility administrator.

Indicator (d) Maine DOC policy 6.11.4 SEXUAL MISCONDUCT (PREA AND MAINE STATUTES) ADMINISTRATIVE SANCTIONS AND GRIEVANCES sets forth the requirements for response and appeal consistent with the standard. A review of the policy indicates that an initial response to a grievance must be made within 30 days. The policy allows for a ten-day extension but requires written notification, including the reason for the delay. Each level of the appeal process requires similar notifications if the inmate does not respond within the required timeframes. The total time, excluding appeals preparation, is expected to be 90 days by the resident, as per the policy.

Indicator (e) Policy 6.11.4 (page 6) states, “The prisoner or resident may be assisted in filing the grievance by any Departmental staff person or by any other person with whom the prisoner or resident is permitted to have contact. Such a person may also file the grievance on behalf of the prisoner or resident, provided that the prisoner or resident consents to the filing. If there is any question about consent, the Grievance Review Officer may personally speak to the prisoner or resident to

ascertain whether he or she consents to the filing of the grievance on his or her behalf. If he or she does not consent, the Grievance Review Officer shall document that fact and shall not respond to the grievance.” Residents spoken to by the Auditor confirmed that there is no prohibition on assisting or filing a grievance for another resident. Staff also knew they needed to accept all complaints or grievances from third-party individuals.

Indicator (f) The policy describes the provisions for an emergency grievance. “If the grievance contains a claim that the resident is at a substantial risk of being a victim of imminent sexual misconduct, the grievance must be clearly marked as an emergency grievance. If the facts alleged support the claim, the Grievance Review Officer shall immediately notify and forward the claim to the Chief Administrative Officer, or designee, for a determination as to whether the resident is subject to such a risk. If the Chief Administrative Officer, or designee, determines there is such a risk, he or she shall take immediate preventative or remedial action. The Chief Administrative Officer, or designee, shall make an initial written response to the claim within forty-eight (48) hours of its receipt and a final written response to the claim within five (5) days of its receipt. The rest of the grievance shall be processed in the ordinary way.” The Policy goes on to state, “If the Grievance Review Officer otherwise learns that a resident is at a substantial risk of being a victim of imminent sexual misconduct, the Grievance Review Officer shall immediately notify the Chief Administrative Officer, or designee, for a determination as to whether the resident is subject to such a risk. If the Chief Administrative Officer, or designee, determines there is such a risk, he or she shall take immediate preventative or remedial action.” There were no incidents in which an emergency grievance was filed in the last 12 months. The facility handles all allegations of sexual abuse as emergencies and will ensure investigations commence immediately. Once an investigation begins, the administration will assess the safety needs of the resident and take the appropriate steps to ensure safety.

Indicator (g) Residents can only be disciplined if, through an investigative process, it is substantiated that the grievance was filed in bad faith. This standard applies to all PREA complaints, regardless of whether they are filed through the grievance process. Agency policy addresses the expectation consistent with the indicator. “No resident or other person using this grievance process in good faith shall be subjected to retaliation in the form of an adverse action or the threat of an adverse action for using this grievance process. However, a resident may have his or her access to this grievance process suspended and/or may be subjected to disciplinary action for abuse of this grievance process.”

Compliance Determination:

	<p>The Bolduc Correctional Facility is not exempt from the exhaustion of administrative remedies. The Maine Department of Corrections has policy 6.11.4 Sexual Misconduct – Administrative Sanctions and Grievances as an option for residents to file a PREA complaint. The Director and the Assistant Director report that there have been no instances in the past year in which a resident used the grievance process for a sexual assault case. The Maine DOC allows residents to file through this process, but will immediately turn the case over for investigation. There were no instances in which an emergency grievance was filed. Residents knew they could file a PREA-related concern through the grievance process, but acknowledged that it would not be as quick to resolve as reporting it directly to a staff person. Residents report they can get assistance from other residents in completing forms if needed. Residents in the random interviews reported no history of filing a grievance related to a PREA concern. Residents reported feeling comfortable in telling staff directly about their concerns; if they felt that their concerns were not addressed, they would send a request to the Director or schedule a meeting to discuss their concerns. With no PREA Grievances to review, the compliance determination relied on the policy and interviews with the Assistant Director, the Director, and the residents, who were all aware that the grievance process was a possible avenue for reporting concerns about sexual misconduct.</p>
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115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.2 Sexual Misconduct – Prevention) DOC</p> <p>MOU with MECASA</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the PREA Coordinator</p> <p>Interview with Director</p> <p>Interview with PREA Coordinator</p> <p>Interview with SASSMM representative</p> <p>Observation on tour</p>

Summary Determination

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

Indicator (b) All residents are informed at the inception of services that confidentiality is limited when an individual has been a victim of abuse or neglect within the institution. All MSP and BCF residents sign acknowledgment forms with Wellpath as part of their service introduction for both medical and mental health services. Communication is allowed on the agency phone system, which does not record the communication. Agency policy 21.03 states, "A phone call between a prisoner and the toll-free statewide sexual assault helpline concerning a complaint of sexual misconduct shall be treated as a privileged phone call." Mail can be properly marked as privileged communication. The Auditor tested the ability to speak with an advocate through the phone system with the assistance of a resident.

Indicator (c) The Department of Corrections has a Memorandum of Understanding with SASSMM, which covers both the Maine State Prison and the Bolduc Correctional Facility. The agreement is renewable for two-year periods. The DOC agreement was also last signed in 2024 with MECASA, of which SASSMM is a member. The representative of SASSMM confirmed the MOU and the relationship with the DOC PREA Office. The Auditor spoke with the facility leadership and the SASSMM representative on expanding relationships and communication.

Compliance Determination:

Resident victims at 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 the Maine Coalition Against Sexual Assault (MECASA). The Deputy Commissioner has signed the MOU SASSMM, which has a renewal clause. As part of the audit process,

	<p>the Auditor spoke by phone to a SASSMM representative, who confirmed their ability to provide service at DOC facilities. The PREA Brochure and signage at both facilities had a toll-free number for residents to access from the pay phone in the facility or with their case manager. The handbook informs residents that they can call or write to SASSMM, who may come to the facility to provide services as a professional visit. Requirements for compliance with this standard are outlined in agency policies 6.11.4, 21.03, and 21.04. Residents whose sexual assault history was not in the institution may also pursue treatment options through the facility's Mental Health services or through SASSMM. Residents could identify how confidential the communication is within the facility, including mail and telephone contacts. Residents knew that outside counseling staff could be consulted in a professional, visiting setting. The Auditor could see on the tour posters for SASSMM. All three indicators of this standard were covered in the policy, which supported compliance, along with the documentation visible during the tour and through resident interviews and conversations with the SASSMM representative. Finally, the Auditor considered the interview with the SASSMM representative, who confirmed that they have been providing services to clients at MSP but are not currently providing services to anyone at BCF.</p>
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.2 Sexual Misconduct – PREA and Maine Statutes</p> <p>Policy 21.03 Prisoner Telephone</p> <p>Maine DOC Website</p> <p>PREA Posters on Housing units</p> <p>Logs of the PREA report Hotline</p> <p>Information from Knox County Jail on reports made.</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Observation on tour</p>

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 residents, family or friends. Information can be given in person, by phone, by e-mail, by US mail or by contacting the agency PREA Coordinator through the agency website Maine.Gov. There is information directing residents in the PREA brochure, PREA poster, resident handbook, and the website noted above. The residents are provided information on how to send complaints to the local county jail. Staff knew they must take all reported concerns about PREA potential violations, including from third parties. The facility phones allow for residents to dial out to the advocates or the Maine DOC PREA Coordinator. The Maine DOC Policy on communication (21.03) and PREA policy 6.11 address the requirements of this standard. "The Chief Administrative Officer, or designee, shall provide multiple internal means for prisoners or residents to report sexual misconduct or sexual harassment; attempts to deter them from reporting sexual misconduct or sexual harassment; retaliation for reporting sexual misconduct or sexual harassment; and staff, volunteer or student intern neglect or violation of responsibilities that may have contributed to such incidents. These multiple internal means shall include verbally, in writing, anonymously, and by way of third parties." The policy goes on to state, "The Department's PREA Coordinator shall establish a method to receive third-party reports of sexual misconduct or sexual harassment and shall distribute through the Department's website information on how to report sexual misconduct or sexual harassment on behalf of a prisoner or resident." The Auditor was provided with documentation, emails to and from the local county jail, with whom they share a reciprocal role as an outside reporting mechanism. The Auditor was able to see how these elements resulted in investigations. There were zero allegations investigated that were initiated by a BCF contacting the agency hotline or through the Knox County Jail. No family member or other interested party has used this process to report sexual misconduct at BCF in the past year.

Compliance Determination:

The Maine Department of Corrections has established multiple resources for residents and families to report PREA-related concerns. The PREA Coordinator shared the log of calls and emails from the local jail, where outside reporting may occur, to demonstrate that systems are in place and functioning. As part of the audit process, the PREA Auditor spoke with the PREA Coordinator of the local jail. Compliance was based on policy and the systems the Maine DOC has put in place to support residents, ensuring that residents were aware they could make a complaint on behalf of another resident. The Auditor took into consideration the systematic logs of information on all calls to the PREA Line over the past three years. Compliance also included policy interviews with the PREA Coordinator and discussions with staff at the Knox County Jail.

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.5 Sexual Misconduct – responding</p> <p>Policy 6.11.3 Sexual Misconduct – Reporting and Investigating</p> <p>BCF PREA response plan</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the PREA Coordinator</p> <p>Interview with random staff</p> <p>Interview with Detective</p> <p>Interviews with Medical and Mental Health staff</p> <p>Summary Determination</p> <p>Summary Determination</p> <p>Indicator (a) In several parts of the Agency’s PREA policy 6.11 Sexual Misconduct (PREA and Maine Statutes), staff are directed to report all knowledge or suspicion related to sexual misconduct against a resident. The policy requires, “It is the policy of the Department to require the reporting of any sexual misconduct or sexual harassment or suspicion of either and to refer all reports for investigation.” Staff understood, as evident in random staff questioning, that the expectation included that when a resident discloses information about abuse in a prior institution. The staff were also clear that knowledge of misconduct by staff, through actions or inaction that lead to abuse, must be reported. They were also aware that all allegations are reported, regardless of the source or their personal belief as to the validity of the allegation. In the case investigated, staff reported to their supervisors immediately upon discovering written documents. Although the resident did not make any complaints and denied that the alleged actions occurred, the facility investigated the matter immediately. A review of the tracking form shows that the staff discovery, supervisory notice, PREA Manager, Director, and Detective Assignment all occurred on the same day.</p>

Indicator (b) Staff were aware of the importance of keeping information disclosed by a resident to those with a need to know, such as the Supervisor on duty and appropriate medical or mental health staff who may respond. The policy also outlines this on page 3 of the Reporting and Investigation portion of the DOC PREA policy. "If a staff person, volunteer or student intern observes, receives a report of, or otherwise discovers what appears to be sexual misconduct or sexual harassment between prisoners or between residents or sexual misconduct or sexual harassment by a staff person, volunteer or student intern against a prisoner or resident, that person shall immediately verbally report the incident to the facility Chief Administrative Officer, or designee, and as soon as possible, to the facility PREA Monitor, who shall then immediately report it to the Department's PREA Coordinator." Staff members spoken with understood that unnecessary disclosure was a violation of the victim's rights and could negatively impact an ongoing investigation.

Indicator (c) As noted in previous standards, the Wellpath Medical and Mental Health Staff ensure client confidentiality unless there is a risk that another could impact the safety of individuals. Staff report that residents sign a document acknowledging they understand the limits of confidentiality regarding medical and mental health information upon initiation of services. Discussions with healthcare staff confirmed that residents are given reminders throughout their stay that discussions on items that could impact their own safety or the safety of others may be disclosed to the facility administration. The Auditor confirmed with residents on their understanding of the medical and mental health staff's limits of confidentiality if they are aware of any abuse in the facility.

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

Indicator (e) All staff are clearly aware that the Detective or the SII team must be called as part of the response plan. Documentation reviewed in the investigative file and documents loaded into the OAS support the assertion that staff refer all information on potential sexual offenses in a timely manner and that investigative

	<p>teams are put into action immediately.</p> <p>Compliance Determination:</p> <p>Policies that direct the staff of the Bolduc Correctional Facility in handling a report of Sexual Assault or Sexual Harassment. These policies include Maine DOC's Sexual Misconduct Policy 6.11.3 and Sexual Misconduct Policy 6.11.5. Random staff interviews confirmed that staff are aware of the immediate need to report all accusations of Sexual Assault or Sexual Harassment. They knew this included third-party and anonymous complaints and accusations that may not be true. The staff interviewed knew they also had to report on a coworker whose actions or inactions led to a sexual assault. Staff were aware of the importance of timely reporting and the need to maintain confidentiality about information. Staff were aware that exceptions apply when reporting to supervisory staff, investigative staff, or when providing other information needed to secure treatment or ensure the safety and security of others.</p> <p>The facility's medical and mental health clinicians were aware of the timely reporting of concerns to Wellpath and the Bolduc Correctional Facility administration. Medical and Mental Health staff report that they inform residents about the limits of their confidentiality at the initiation of service and periodically throughout their treatment meetings. All staff, including the contractors, were aware of mandated reporting and their legal responsibility to report. The above-stated facts support compliance, and the Bolduc Correctional Facility staff clearly understands their responsibility to report concerns related to PREA.</p>
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.2 Sexual Misconduct (PREA and Maine Statutes)</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Deputy Director of Correctional Operations</p> <p>Interview with the PREA Coordinator</p>

Interview with the Director of BCF

Interviews with random residents

Summary Determination

Indicator (a) The Bolduc Correctional Facility has not had to protect a resident at imminent risk of sexual abuse in the past year. The Deputy Director of Correctional Operations for Maine's Department of Corrections and the Director of BCF acknowledged that the agency's response would be immediate. Efforts would include housing changes, investigations, and other facility-based measures if needed, as well as the movement of residents to increase safety. The agency's PREA Coordinator, who reports to the Deputy Director of Operations, would also be notified of these events. If the agency believes a resident might be at risk, the facility can place them on Administrative Status. This is a temporary limitation of movement and allows time for the facility investigators to determine the validity of and level of risk to the resident. Because BCF is a community confinement environment, aggression is rare. The Director confirmed that the aggressor(s) would be removed if any validity is found in the reported concern. Agency policy 6.11.2 addresses the concerns of this standard when it states, "If any staff learns that a prisoner or resident is at a substantial risk of being a victim of imminent sexual misconduct, the staff shall take immediate action to protect the prisoner or resident. This may include immediately separating the potential victim and potential perpetrator and any other steps deemed necessary to prevent an incident of sexual misconduct.

3. The staff shall also immediately notify the facility's Chief Administrative Officer, or designee, for a determination as to whether the prisoner or resident is subject to a substantial risk of being a victim of imminent sexual misconduct.

4. If there is determined to be such a risk, the Chief Administrative Officer, or designee, shall take additional preventative or remedial action. This action may include but is not limited to: changing the prisoner's or resident's housing, changing a program location; starting an investigation into the situation; and any other steps deemed necessary to prevent an incident of sexual misconduct."

The 2024 incident investigated did not have any imminent risk situation; the resident was evaluated by mental health.

Compliance Determination:

The Bolduc Correctional Facility is committed to ensuring the safety of its residents. The administration supports that they have several housing options to protect residents from potential abuse, rather than placing them involuntarily in administrative segregation. As a community confinement facility, BCF does not have a segregation unit, and the aggressive individuals would be moved to higher

	<p>custody level facilities. Interviews with the facility and agency administration supported the ability to be responsive to individuals at risk of abuse and those who may have been the victims of abuse. Random staff members interviewed identified what to do in situations of imminent risk, including immediate separation of parties, increased contact, support for residents, notification up the chain of command, and documentation of the incident. Absent an actual case, compliance was determined based on the interviews with the 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 Imminent Sexual Misconduct.</p>
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115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>6.11.3 Sexual Misconduct- PREA Reporting and Investigations</p> <p>Documentation supporting notification to other facilities</p> <p>Investigation referred</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the PREA Coordinator</p> <p>Interview with the Director</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Corrections Policy outlines the requirements if an individual discloses at one facility that they were previously victimized at a prior correctional facility. The policy requires notification by the PREA Monitor, the facility administrator or designee. "If the report is of alleged sexual misconduct or sexual harassment of a prisoner or resident while confined at another detention or correctional facility, regardless of whether it was a Department facility, in addition to forwarding a copy of the report to the Department's PREA Coordinator, the Chief Administrative Officer, or designee, of the facility where the allegation was made shall forward a copy of the written report to the Chief Administrative Officer, or</p>

	<p>designee, of the facility where the alleged sexual misconduct or sexual harassment occurred, no later than seventy-two (72) hours after receipt of the report by the Chief Administrative Officer, or designee. The Chief Administrative Officer, or designee, shall document that notification was provided.” Three sexual abuse allegations required notification to another facility. Notifications were made to two state facilities and one county jail.</p> <p>Indicator (b) The PREA Coordinator and the Director were both aware, as stated in their formal interviews, that notifications to outside facilities should be made as soon as possible, but no later than 72 hours. As noted above, the policy sets the timeframe in which the notification is supposed to have occurred. The Auditor made recommendations on ways to improve documentation.</p> <p>Indicator (c) The Director is aware of the need to follow up any telephone notification with a written email. As noted in indicator (a), the facility is supposed to document the notification.</p> <p>Indicator (d). The Director of BCF confirmed that the SII investigator or the Detective would be immediately notified of any allegation of abuse, including any allegations of past misconduct received about past BCF incidents. There were no such incidents at BCF in the past year, according to reports.</p> <p>Compliance Determination:</p> <p>Maine Department of Corrections Policy 6.11.3 Sexual Misconduct- PREA Reporting and Investigations, pages 2 and 3, addresses the requirements of reporting to other confinement facilities of incidents of sexual assault that had occurred in those facilities. The Policy requires that notification be done in writing and within 72 hours at all DOC facilities. The interview with the BCF Director confirmed he was aware of his responsibilities, including the documentation of notifications. The Director discussed the expected response if another site notices, including ordering an investigation and notifying the facility's PREA Monitor. Compliance is based on policy, interviews, and the corresponding investigative files.</p>
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Bolduc Correctional Facility Pre-Audit Questionnaire

Policy 6.11.3 Sexual Misconduct- PREA Reporting and Investigations

Policy 6.11.5 Sexual Misconduct- Responding

Investigation files

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with investigative staff

Interview with Staff

Summary Determination

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

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

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

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

	<p>All randomly selected staff members interviewed were aware of the duties of a first responder. The employees were able to follow these steps based on the training they received. In addition to the policy review and interviews with staff who acted as first responders, the Auditor reviewed Investigative files. The investigation file indicated that staff took immediate action, although the resident denied that anything had happened.</p> <p>Indicator (b) The Department of Corrections has trained all staff and contractors on how to protect evidence in the event of a sexual assault. The staff interviewed recognized the importance of sealing off the crime scene, separating individuals, and instructing them not to eat, drink, wash, or use the bathroom. They also know not to have them change clothing. The Auditor interviewed case workers, vocational staff, and healthcare staff, who were also aware of the importance of protecting evidence. The Auditor relied on consistent answers about the steps staff would take to protect evidence. The Auditor also reviewed investigative files, including cases brought forward by non-custody staff about abuse at other institutions.</p> <p>Compliance Determination:</p> <p>The Maine DOC trains all employees in the duties of a first responder. The Maine DOC has developed a coordinated response plan that provides first responders with directions and information to support them throughout the crisis. Compliance determination relied on the interviews with staff who could identify steps in (Indicator A) and that they were to tell the alleged victim and perpetrator not to do anything that could affect the evidence collection. Medical staff and vocational staff were also aware of the steps to preserve evidence. (Indicator B). Staff at the Bolduc Correctional Facility are prepared to respond, as evidenced by their answers that support compliance. The staff have separated individuals while investigative teams' complete their investigations. No case involved an incident where the individual needed to undergo a forensic exam. All staff and contractors consistently understood the importance of protecting evidence. Compliance is based on policies, interviews, and investigative files supporting the immediate separation of individuals.</p>
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed.

Bolduc Correctional Facility Pre-Audit Questionnaire

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

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

BCF Sexual Assault Response Plan

Documentation of staff training

Individuals interviewed/ observations made.

Interview with the PREA Coordinator

Interview with the Director of BCF

Interview with Investigators

Interview with Medical Staff

Interview with the Hospital SAFE/SANE staff

Interview with local Rape Crisis Agencies

Summary Determination

Indicator (a) The Maine Department of Corrections updated its facility preparedness plan in 2019 for sexual assault incidents. The revised plan directs staff in their duties, ensuring a coordinated response is completed consistently each time. The ten-page plan is individualized at the facility level to increase staff response time and accuracy of information needed, including local hospital numbers and contact information for local rape crisis agencies. Policy 6.11. (page 7), The described duties of the PREA Manager outline the responsibility for developing an institutional response plan to address how individuals in various roles within the facility will ensure that the appropriate tasks are taken in the event of a sexual assault or sexual harassment case. Policy 6.11.5 ensures understanding by requiring the BCF Director (CAO) to ensure that staff understand the expectations. The policy states, "The Chief Administrative Officer, or designee, shall ensure that all facility staff are familiar with their facility's PREA Response Incident Plan."

Compliance Determination:

The Bolduc Correctional Facility is compliant because it has developed a coordinated response plan that directs staff in their duties. Policy 6.11.5 (page 2) Sexual Misconduct Response addresses the steps to coordinate efforts in response to a sexual assault. The facility plan outlines the responsibilities of first responders, supervisory staff, investigative staff, and medical and mental health personnel. The

	document includes information on how to contact the local hospital to ensure that a SANE staff member is available, as well as details about the local rape crisis agency. The Auditor confirmed with these agencies their ability to provide the services described in the plan. Interviews with the Director, Sergeants, PREA Coordinator, and Medical staff all confirm knowledge of their roles in the plan. Compliance is based on the policies, the plan provided, available community resources, and staff knowledge of the plan.
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>The Department of Corrections has a policy that (Policy 6.11.5 Sexual Misconduct AFSCME and MSCA Union Contracts</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the PREA Coordinator</p> <p>Interview with Director</p> <p>Interview with the Deputy Director of Correctional Operations</p> <p>Summary Determination</p> <p>Indicator (a): The Maine Department of Corrections has union employees, but the contracts are consistent with Policy and do not prohibit the agency from placing a staff person on administrative leave.</p> <p>Indicator (b) The Auditor is not required to review this indicator</p> <p>Compliance Determination:</p> <p>The Department of Corrections has contracts with multiple bargaining units. A review of the contracts by the Auditor did not find any language that would limit the</p>

	<p>Department of Corrections from removing an alleged Staff Sexual Abuser from having contact with the reported victim. Each of the contracts has a subsection on the Prison Rape Elimination Act. In this section the unions and the Department of Corrections acknowledge they must comply with the Prison Rape Elimination Act. The Deputy Director of Operations for the Maine DOC and the BCF Director confirmed the ability to remove staff from contact with residents if needed. The Office of Professional Review confirmed the use of administrative leave during investigations to protect residents from encountering accused abusers. The agency has used administrative suspensions to separate staff from residents during an investigation. This standard is compliant based on the information provided, which supports the practice being used.</p>
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.3 Sexual Misconduct (PREA and the MAINE Statutes) Reporting and Investigating</p> <p>Retaliation monitoring form</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Deputy Director of Correctional Operations</p> <p>Interview with BCF Director</p> <p>Interview with an Investigative Staff</p> <p>Summary Determination</p> <p>Indicator (a) The 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 2 and 3. "Procedure C: Monitoring, Reporting Parties and Alleged Victims.</p> <p>1. The Chief Administrative Officer, or designee, shall ensure that a prisoner or resident or staff, volunteer or student intern who reports sexual misconduct and the prisoner or resident who is alleged to have been the victim of the sexual misconduct</p>

is monitored for ninety (90) days, and longer if appropriate, for any signs of possible retaliation, including, but not limited to, monitoring of disciplinary reports, housing status changes, or program changes, and negative performance evaluations, as applicable. Monitoring shall include periodic contact directly with the person monitored. The agency developed a standardized tracking form during the second round of audits to ensure more consistent documentation. The PREA Coordinator also provided a workflow diagram to aid the facilities in the process. The PREA Monitor is aware of the form if an incident was to occur.

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

3. If an allegation is determined, after investigation, to be unfounded the monitoring process shall cease even if ninety (90) days has not yet passed.

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

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

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

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

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

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

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

The agency adopted a monitoring tool across the agency in a previous audit cycle, which provides for consistent documentation of those who report or cooperate in investigations in the facility. No sexual assault allegation required an individual to be monitored while at BCF. The one case where the resident was transferred supported that the monitoring was completed at the next facility.

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

Indicator (c) As noted in Indicator (a), the Department of Corrections policy supports all individuals (Residents and Staff) who report a PREA Incident, and 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 whether they have reviewed discipline, if housing moves occur or are requested, programmatic or job performance changes, as well as whether face-to-face communication has occurred or if a mental health follow-up was requested for 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's notes or the resident's Wellpath medical or mental health chart.

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

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

Compliance Determination:

The Department of Corrections has a policy in place to address the elements of this standard. The facility did not have a resident or staff member who required monitoring this year. The Human Resources staff are aware of the standard, and the Director would also utilize his administrative staff to further monitor staff.

The Deputy Director of Correctional Operations for Maine DOC, and the BCF Director, described multiple mechanisms that would be put in place to protect individuals who report sexual assaults which include changing housing, preventing

	<p>contact between the accused and the victim and monitoring reports about the resident or staff to see if there is any change in behaviors. Unit management notes would also support this practice. The facility also has an administrative report, available through its CORIS system, for supervisory staff to identify residents who require separate accommodations. The PREA Coordinator and Director were aware that protection monitoring should be done with all individuals who cooperate with the investigation. The standard is compliant based on the information provided, interview statements, and the policy.</p>
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.3 Sexual Misconduct (PREA and the MAINE Statutes) Reporting and Investigating</p> <p>Policy 7.1 Investigations</p> <p>Policy 7.3 Investigations</p> <p>Sexual Assault Response Plan (SAR</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the PREA Coordinator</p> <p>Interview with BCF Director</p> <p>Interview with an Investigative Staff</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Corrections, in Policy 6.11.3, sets forth the responsibilities of the investigative team, including the need for a prompt and thorough investigation of the facts, a complete report outlining the processes undertaken, and the reasoning behind the findings. The Maine Department of Corrections completes criminal investigations at its facilities, including into sexual</p>

assault and sexual harassment allegations. The policy language includes. "The Chief Administrative Officer, or designee, shall forward a copy of any report containing an allegation of sexual misconduct or sexual harassment to an investigator to make a determination if the allegation meets the definition of sexual misconduct or sexual harassment under Department Policy 6.11, Sexual Misconduct (PREA and Maine Statutes), General. The investigator must have received special training in sexual misconduct and sexual harassment investigations. If the investigator determines that the allegation does not meet either definition, they shall so notify the facility's Chief Administrative Officer, or designee, PREA Manager, and PREA Monitor. The PREA Monitor shall then close out the case. If the investigator determines that the allegation does meet either definition, they shall so notify the facility Chief Administrative Officer, or designee, PREA Manager, and PREA Monitor, and the processes set out in all of the following procedures shall be followed. If any report is of alleged sexual misconduct or sexual harassment by a staff person, volunteer, or student intern with a resident, the Department's PREA Coordinator shall forward a copy of the written report to the Department's Director of the Office of Professional Review, or designee." The policies and the Sexual Assault Response Plan define duties, and agency policy requires investigation of all allegations, including those from third-party or anonymous sources. Random staff members interviewed supported the idea that they must report all claims, regardless of the source or whether they believe the incident occurred. To further support an objective and transparent process, the Maine DOC has an Office of Professional Review, which is tasked with conducting all criminal and administrative investigations of DOC staff members.

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Indicator (b) As noted in 115.34, the Maine DOC has several staff members who have completed a course through the Moss group on Investigations of Sexual Assaults in a Correctional Institution. The training included three members of the current MSP/BCF investigative team. As noted in indicator (a), the agency has policies and state statutes for law enforcement officers that guide the process of completing sexual assault investigations.

Indicator (c) Investigative staff interviewed, residents who were part of an investigation confirmed, and investigative files reviewed supported the requirements of this indicator. The 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, a forensic exam of the victim would not occur at the MSP or BCF, but at a local hospital with SANE-trained nurses. The Detective and the SII Supervisors are certified law enforcement individuals with training on the collection of evidence at a potential crime scene.

Indicator (d) The investigator supports that individuals can complete compelled interviews and that they would work closely with the local prosecutor on the case.

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

Indicator (e) The investigator interviewed confirmed that there is no requirement for a victim to undergo any polygraph or other truth-telling process to proceed with an investigation. The Detectives and the SII staff interviewed report that they assess the credibility of each individual involved in the case without bias toward their position as staff or resident.

Indicator (f) All criminal investigations potentially can include a referral to the Office of Professional Practice if the evidence supports that a staff person's actions or inactions led to a resident-on-resident sexual assault. Administrative investigations into sexual harassment claims or other staff actions related to sexual misconduct can result in discipline that may include, but is not limited to, termination. The Bolduc Correctional Facility disciplined an employee in the past year, reportedly for failing to report information. All completed administrative investigations 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 include an investigation checklist to facilitate the tracking of information obtained.

Indicator (h) Agency policy requires all criminal acts to be referred for criminal prosecution (policy 6.11.3). "If the investigator determines that there has been sexual misconduct rising to the level of a criminal offense or juvenile criminal offense, the investigator shall refer the matter to the appropriate criminal or juvenile criminal prosecuting authority, i.e., the Attorney General's office or a District Attorney's office and shall notify the Commissioner, or designee, the Chief Administrative Officer, or designee, and the Department's PREA Coordinator of the referral." As noted above, the auditor observed documentation in the report

regarding discussions between the detective and the prosecutor of jurisdiction.

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

Indicator (j) Agency policy and the Investigators interviewed confirmed that individuals departure from the institution would not result in the case being closed. The Detective is a law enforcement officer, as defined by the Maine Justice Academy, with full police authority to go outside the institution to continue pursuing information related to the case. Agency policy speaks to the completion of all investigations when it states, "An investigation shall not be terminated due to the release from custody of the alleged victim. If the alleged perpetrator is a prisoner or resident, an investigation shall not be terminated due to that person's release from custody. If the alleged perpetrator is a staff person, volunteer, or student intern, an investigation shall not be terminated due to that person's leaving his or her position. An investigation shall not be terminated due to the release from custody of the alleged victim. If the alleged perpetrator is a prisoner or resident, an investigation shall not be terminated due to that person's release from custody."

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

Indicator (l) This indicator does not apply, as noted above; the Maine DOC has full authority to conduct criminal investigations within 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 Section 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 sexually related incidents as possible PREA events, even if the residents report the actions were consensual. In doing so, they ensure that all incidents are investigated and evidence is collected, providing an opportunity for a reluctant victim to come forward at a later date. To ensure issues are handled impartially, if the incident involved a staff member, the DOC central

	<p>office's Office of Professional Review would lead the investigation.</p> <p>In the Auditor's interview, the investigative staff was able to identify the steps taken to gather evidence, how the credibility of the various persons involved is determined on an individual basis, and that polygraph exams would not be required for the initiation of an investigation. Consistent with policy, it was stated that investigative reports will be completed on all administrative and criminal investigations. The agency has implemented forms that direct the consistent formation of a report, including its content. As part of the audit process, the Auditor reviewed correctional investigative files from MSP since there were limited cases at BCF. The Auditor found consistent reports, including physical, testimonial, and documentary evidence, used in determining the outcome. In determining compliance, the Auditor considered the stated information found in the policy, as well as interviews with the investigative staff. As noted, the Auditor considered the investigative files from MSP since the same investigative team would conduct investigations at BCF.</p>
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.4 Sexual Misconduct</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with an Investigative Staff</p> <p>Summary Determination</p> <p>Indicator (a) Maine DOC Policy 6.11.4 (Page 4) states, "The burden of proof for determining whether there is substantiated an allegation concerning sexual misconduct, sexual harassment, or another violation of a departmental sexual misconduct policy by a Department employee is preponderance of the evidence."</p> <p>Compliance Determination:</p> <p>The Department of Corrections has several staff members trained as PREA investigative staff for the Maine State Prison and the Bolduc Correctional Facility, as</p>

	<p>noted in Section 115.34. The investigative staff throughout the Maine Correctional system consistently report that no standard higher than the preponderance of evidence in making determinations on cases. The Detective and SII Investigators who reviewed cases with the Auditor confirmed that this was the standard used. Compliance was based on the policy and the interview with the Detective and Investigators, who provided an explanation of the case files.</p>
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Investigations</p> <p>Investigative files</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Investigative Staff</p> <p>Interview with BCF Director</p> <p>Interview with PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator (a) Maine DOC provides notification to all residents on the outcome of their investigations into Sexual misconduct. The agency policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Investigations, page 7, requires notification to residents if the allegation is substantiated, unsubstantiated, or determined to be unfounded. In a section of the policy, Follow-up with Prisoner or Resident it states,</p> <p>“1. Following an investigation into a prisoner’s or resident’s allegation that he or she suffered sexual misconduct or sexual harassment in a Department facility, the Chief Administrative Officer, or designee shall inform the prisoner or resident in writing as to whether the allegation has been determined to be sustained, not sustained, unfounded, or exonerated, if the alleged perpetrator is a prisoner, resident, volunteer, student intern or staff person who is not a state employee.</p> <p>2. Following an investigation into a prisoner’s or resident’s allegation that he or she</p>

suffered sexual harassment or sexual misconduct by a staff person who is a state employee, the Commissioner, or designee, or Chief Administrative Officer, or designee, as applicable, shall inform the prisoner or resident in writing that the investigation has been completed and shall also inform the prisoner or resident whenever the staff person is no longer posted within the prisoner's or resident's unit or the staff person is no longer employed at the facility.

3. The Chief Administrative Officer, or designee, shall also inform the prisoner or resident whenever any alleged perpetrator has been indicted on a charge related to the alleged sexual misconduct or has been convicted on a charge related to the sexual misconduct."

Indicator (b) The first portion of the indicator does not apply as Maine DOC completes criminal and administrative investigations at all DOC facilities. BCF has one full-time ISS team member who works under the direction of the ISS Supervisor at MSP. There was one allegation of sexual abuse and one allegation of sexual harassment at BCF in the past year. The alleged victims did not bring either of the cases forward, and both cases were unsubstantiated.

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 into contact, or if they have been removed from access to the facility. The policy also requires notifications be made to any resident regarding any indictment or conviction of a perpetrator as long as the victim is still in custody. It states the following on notification requirements.

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

2. Following an investigation into a prisoner's or resident's allegation that he or she suffered sexual harassment or sexual misconduct by a staff person who is a state employee, the Commissioner, or designee, or Chief Administrative Officer, or designee, as applicable, shall inform the prisoner or resident in writing that the investigation has been completed and shall also inform the prisoner or resident whenever the staff person is no longer posted within the prisoner's or resident's unit or the staff person is no longer employed at the facility.

3. The Chief Administrative Officer, or designee, shall also inform the prisoner or resident whenever any alleged perpetrator has been indicted on a charge related to the alleged sexual misconduct or has been convicted on a charge related to the

	<p>sexual misconduct.” In the one case of staff sexual misconduct, the potential victim denied the allegation, stating the document was a joke.</p> <p>Indicator (d) The Policy language covered in indicator (c) requires notification in all cases and does not differentiate between the perpetrator being a staff person, contractor, volunteer, or another resident. The policy requires notification on all indictments and convictions. Notices of investigation were provided in the OAS. In one case, BCF was provided to the resident by the Assistant Director, and in the other, it was provided by the PREA Manager at the facility where they were housed at the end of the investigation.</p> <p>Compliance Determination:</p> <p>The Department of Corrections has policies in place to ensure that residents are properly informed about the progress of any investigation, including the outcome of the investigation, if the case was referred for prosecution, and if an indictment was reached. The residents are also required to be notified if the perpetrator has been removed from their ability to have contact with them. The compliance determination relied on policy, interviews with investigative staff members, investigative files, and the BCF Director.</p>
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115.276	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances</p> <p>Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) General</p> <p>Policy 3.15 Disciplinary Sanction</p> <p>Policy 3.05 Code of Conduct</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with an Investigative Staff</p>

Interview with Human Resources representative

Interview with BCF Director

Summary Determination

Indicator (a) Maine DOC provides notification to all employees regarding several policies on sanctions for violating agency policies. In its Disciplinary policy (3.15), the DOC states that the use of sanctions is to “enforces high standards of professional conduct, and assures a safe and efficient operation in compliance with all applicable State laws”. The policy also goes on to state, “Misconduct that is considered to be egregious may result in disciplinary action, up to and including termination, as applicable, without progressive discipline.” The Auditor confirmed this expectation with the Agency Head’s representative and the facility administration.

Indicator (b) The Maine Department of Corrections has a policy in place to discipline staff who engage in sexual misconduct. The PREA policy 6.11.4 encourages the reporting of any violation and acknowledges the rights of adult and juveniles in their custody to grieve sexual abuse or sexual harassment. The policy defines the consequences for staff who engage in sexual misconduct. “If the violation is that a Department employee engaged in, attempted, threatened, or requested an act constituting sexual misconduct, termination of the employment of the employee shall be the presumptive disciplinary sanction.” There were no terminations or discipline at this facility in the past year.

Indicator (c) Maine Department of Corrections Policy allows other sanctions to occur besides termination if the incident is a non-criminal act. Discipline can occur for other behaviors related to PREA, such as inappropriate comments or language. In these cases, the DOC would review the individual’s history and make suitable sanctions consistent with laws and the bargaining unit agreement. Agency policy also addresses expectations consistent with the standard, “Disciplinary sanctions for a violation of a departmental sexual misconduct policy by a Department employee shall be commensurate with the nature and circumstances of the employee’s act or failure to act, the employee’s disciplinary history, and the sanctions imposed for comparable violations by other employees with similar histories, in accordance with applicable collective bargaining agreements or civil service rules.” The facility had no formal staff discipline in the past year. The BCF Director supports the notion that any sexual misconduct that does not reach the level of termination would normally include some form of retraining.

Indicator (d) The Auditor was able to confirm, with the DOC’s Investigator, that any

	<p>termination or resignation would not stop the case from being referred for prosecution. The DOC employs individuals to conduct investigations at the facility level and at the Office of Professional Review who are certified law enforcement agents in the state, with full arrest authority both within the institution and in the community. Policy 6.11.4 states, 'Termination of employment for a violation of a departmental sexual misconduct policy, or the resignation by a Department employee who would have been terminated if not for his or her resignation, shall be reported to the appropriate criminal prosecuting authority, i.e., the Attorney General's office or a District Attorney's office, unless the activity was clearly not criminal, and to any relevant licensing or certifying bodies.'" The trained investigator interviewed discussed how cases could be reopened even after the initial case might have ended if new information occurs or a party who did not cooperate later provides information. He also reports that they investigate allegations that are years old. The Auditor did see the investigation of an allegation at another facility that was decades old.</p> <p>Compliance Determination:</p> <p>The Department policy 6.11. Sexual Misconduct and 3.15 Employee discipline states that staff who violate agency sexual abuse or sexual harassment policies are subject to disciplinary action. Disciplinary actions include a variety of sanctions, including termination, which will be presumed for a substantiated finding of sexual abuse. Compliance is based on policy, interviews, and the track record of DOC's handling of cases. There were cases in which staff were disciplined in any way for sexual misconduct allegations.</p>
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115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with an Investigative Officer</p> <p>Human Resources representatives</p>

Interviews with Contracted Staff and Volunteers

Interview with Director

Summary Determination

Indicator (a) The Maine Department of Corrections provides notification to all contractors and volunteers about the agency's zero tolerance for sexual misconduct with residents. Any violation of agency policies can lead to an immediate cessation of privileges. If the investigative process reveals that the actions were criminal, the case would be referred for prosecution. In the case of Wellpath staff, the appropriate state licensing body would be informed. All contractors and volunteers, as noted in 115.32, sign an acknowledgment at the time they are initially granted access that their access can be terminated and are at risk for criminal and or civil litigation for engaging in sexual misconduct. Agency PREA Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances States, "If the violation is that such a person engaged in, attempted, threatened, or requested an act constituting sexual misconduct, barring that person from Department property and from contact with residents and, if possible, community corrections clients shall be the presumptive action." The OAS and Director's interview confirmed there have been no instances where contractors or volunteers committed sexual abuse of a resident.

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

Compliance Determination:

The Bolduc Correctional Facility requires contractors to sign an acknowledgment form, which notifies them that any sexual misconduct may result in the termination of their 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.

	<p>Policy 6.11.4 Sexual Misconduct -Administrative Sanctions (page 3) allows BCF to bar entry to any contractor or volunteer to prevent contact with potential victims in incidents of sexual abuse or harassment. The policy requires the agency to refer incidents involving these individuals for investigation by law enforcement agencies. There were no incidents requiring the removal of a contractor or volunteer for Sexual Assault or Sexual Harassment, according to the Director and the PREA Coordinator. Contracted staff were aware that they could be barred for violation of DOC rules related to PREA. The Auditor was able to speak to the volunteers and contractors to confirm their training and understanding of PREA. In the absence of an allegation, compliance is based on policy and interviews.</p>
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Boluc Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes)</p> <p>Policy 20.1 Resident Discipline</p> <p>Policy 18.6 Mental Health Services</p> <p>Policy 23.06 Privileged level system</p> <p>Resident Handbook</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with an Investigative Officer</p> <p>Interview with Residents</p> <p>Interview with Director</p> <p>Interview with PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator (a) Residents who have been found to have engaged in a criminal offense,</p>

including sexual assault, are not only subjected to criminal prosecution, but they are also referred for a facility disciplinary hearing. Policy 20.1, Resident Discipline, pages 6-15, defines the disciplinary hearing process and the levels of sanctions. Resident-on-resident sexual abuse is a class A offense, and resident aggressors can receive a period of restricted housing, loss of good time, and privileges. Residents are also educated about sanctions upon admission and have continued access to information in the resident handbook. The Auditor reviewed the handbook to confirm that the information was clear. Residents spoken to understood that any sexual contact with another resident could result in formal disciplinary proceedings.

Indicator (b) Two policy's address this indicator, Policy 6.11.4 states on page 4, "Disciplinary sanctions for a violation of a departmental sexual misconduct policy by a resident shall be commensurate with the nature and circumstances of the resident's act, the resident's disciplinary history, and the sanctions imposed for comparable violations by other residents with similar histories, in accordance with the applicable Department disciplinary policy." Agency policy also states that residents can be sanctioned for engaging in sexual misconduct even if it is consensual. The discipline code defined in Policy 20.1 shows four levels of discipline that could be imposed. The Policy also states that the hearing officer should review resident records to determine if prior disciplinary history, cognitive abilities, or other mental health issues should be considered in the process. Residents who receive frequent discipline may be subject to additional sanctions. "If facility staff observes, receives a report of, or otherwise discovers prisoner conduct that is considered a Class A rule violation, the staff shall complete and submit a disciplinary report in accordance with the formal resolution process." There were no substantiated cases of resident-on-resident sexual abuse in the past year. Individuals who commit resident-on-resident sexual abuse will be disciplined in the described process herein, but the individual will likely have been placed back in a secure facility immediately.

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

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

	<p>except upon a finding that the other person did not consent to such activity.”</p> <p>Indicator (f) Page four of Policy 6.11.4 states that a resident cannot be disciplined for a PREA allegation unless it is proven that the allegation was filed in bad faith. The Investigative team must conclude this then the resident would be subject to a Class A violation for Deception. Class A events can result in disciplinary restrictions, loss of privileges and loss of good time. The policy supports a requirement of proof of intentional deceit. “A resident may be disciplined for knowingly making or soliciting a false report of sexual misconduct, sexual harassment, or another violation of a departmental sexual misconduct policy or otherwise knowingly making or soliciting a false statement related to a report of sexual misconduct, sexual harassment, or another violation of a departmental sexual misconduct policy. A statement made or solicited in good faith shall not constitute making a false statement, even if an investigation does not establish evidence sufficient to substantiate the statement.” There were no residents disciplined for false statements related to sexual misconduct.</p> <p>Indicator (g) Residents who engage in consensual sexual misconduct can be subjected to discipline as defined in policy 20.1. Sexual activity not by force or under duress is considered a class B offense. An individual may receive similar sanctions to those for Class A behavioral offenses, but for shorter periods. There were no incidents of residents engaging in sexual misconduct resulting in a discipline referral.</p> <p>Compliance Determination:</p> <p>Maine DOC policies 20.1 Prisoner Discipline, 6.11 Sexual Misconduct (general), and 6.11.4 Sexual Misconduct (administrative sanctions) address the requirements of this standard. Policy 20.1 addresses the requirements of indicators (a) through (d), relating to disciplinary hearings, the consideration of the resident's mental health in determining consequences, the requirement for ongoing treatment, and that sanctions within the facility will be proportional to the offense. The Maine Department of Corrections prohibits consensual relationships between residents and between residents and staff, which is stated in the resident handbook.</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding</p>

Policy 18.4 Health Screening and Assessment

Policy 18.5 Healthcare

Policy 18.6 Mental Health Services

Website of the Maine Attorney General

Website of Wellpath

Memo from HSA

Resident records

Resident screenings

Individuals interviewed/ observations made.

Interviews with Medical Staff

Interviews with Mental Health Staff

Interview with Residents

Interview with PREA Coordinator

Observation of the medical unit

Summary Determination

Indicator (a) Bolduc Correctional Facility has a clinic on site, and the neighboring Maine State Prison medical staff responds to all emergency and after-hours medical emergencies. Bolduc Correctional Facility has a clinic on site, and all emergency and after-hours medical emergencies are responded to by the neighboring Maine State Prison medical staff. The state contracts with Wellpath, a medical and mental health provider based in Nashville, Tennessee. Wellpath's website reports that they work in 135 state and federal prisons, as well as an additional 350 jails and community institutional settings. The contract ensures that Registered Nurses are available at BCF daily, and there is after-hours availability of on-call medical and mental health practitioners. The services are diverse and consistent with community health clinics. Residents report having access to these services in the event of a crisis. Medical staff report having medical autonomy if the resident needs to leave the building for emergency services to facilitate that trip. The Wellpath medical staff states that the facility administration is supportive of their work, and they work to resolve issues as they arise. SANE Services are available approximately 10 miles away from the facility. Residents were able to describe the process to request to be seen by medical or mental health staff. They support the requests are met in a timely fashion.

Indicator (b) Medical services are available daily. Some staff members knew, as part of their first responder duties, that immediate notification to medical personnel was required. This is also stated in the facility's Sexual Assault Response plan. The Auditor confirmed with the Health Service Administrator that, in addition to the RN staff on site, there is backup availability of MSP, including on-call resources of both medical and mental health practitioners.

Indicator (c) Discussions with hospital staff and facility medical staff confirm that sexual assault victims would be offered prophylaxis medications. The Auditor confirmed that the same medications would be offered to the resident again upon return from a forensic exam, even if they initially denied it.

Medical staff confirmed that they would educate the resident on the importance of these medications for maintaining their health. As an all-male facility, pregnancy testing is not applicable.

Indicator (d) The Auditor confirmed that Wellpath medical services related to sexual assault victims are provided without cost. This is guaranteed in policy 6.11, which states, "The Chief Administrative Officer, or designee, shall ensure that medical and mental health services are provided to alleged victims of sexual misconduct without financial cost and regardless of whether an alleged victim names the perpetrator or cooperates with any investigation arising out of the incident." The Auditor also confirmed that victims of sexual assault are provided initial and follow-up services at a local hospital through funding from the state. The Maine Attorney General's website confirms that the state covers the cost of sexual assault exams no matter if the victim wants to pursue a criminal case. This is done to encourage all victims to come forward for help. The clinic at BCF would function in the same way by providing follow-up care.

Compliance Determination:

Bolduc Correctional Facility can quickly respond to and provide emergency care and referral to a local hospital for forensic services. The facility's response plan for PREA incidents outlines the steps taken to ensure access to care. The Maine DOC has on-site medical nursing staff during the day, with 24-hour backup services provided by Wellpath staff at the Maine State Prison, which adjoins the Bolduc property. The facility also has on-call providers who can help facilitate referrals to outside medical providers.

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. Residents at BCF would be referred to Waldo County General Hospital in Belfast, ME, for SANE services. As part of the audit process, the Auditor spoke to a hospital representative to confirm access to SANEs and the services provided to victims of sexual assault. There is no financial cost to any resident in DOC. The State of Maine Website has the document: SEXUAL ASSAULT FORENSIC

	EXAMINER PROGRAM GUIDELINES for the CARE OF THE SEXUAL ASSAULT PATIENT, which covers the need to offer victim patients prophylaxis treatments for STD and emergency contraception. The compliance determination took into consideration access to services, Wellpath policies of the DOC, information from the State of Maine on Forensic exam requirements, and interviews completed, as well as client file information.
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding</p> <p>Policy 18.4 Health Screening and Assessment</p> <p>Policy 18.5 Healthcare</p> <p>Policy 18.6 Mental Health Services</p> <p>Maine Attorney General's website</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Medical Staff</p> <p>Interview with Resident</p> <p>Interview with SASSMM</p> <p>Interview with PREA Coordinator</p> <p>Observation of the medical unit</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Corrections ensures that all residents are provided with the appropriate level of medical and mental health services for any issues of sexual abuse. Wellpath staff will provide the appropriate level of care depending on how long ago the abuse occurred. If the incident has occurred</p>

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

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

Indicator (c) As noted in indicator (a) the medical clinic at the Bolduc Correctional Facility is equivalent to an urban community Medical clinic. The facility offers a full array of medical and mental health services. Specialty services, including dental and vision care, as well as infirmary care, can be provided at MSP or at the local hospital.

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

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

Indicator (f) The Auditor confirmed with the medical staff at BCF/MSP and the representative of Waldo County General that victims of sexual assault are offered testing for sexually transmitted diseases. This testing is provided free of charge, consistent with agency policy. Policy 6.11.5 addresses the expectation of this indicator. "If the prisoner or resident has not been offered testing for sexually

	<p>transmitted diseases at the hospital or has not been transported to the hospital, the facility medical staff shall offer it as soon as possible and shall offer antibiotic and/or anti-viral treatment, as deemed medically appropriate by the facility medical provider.”</p> <p>Indicator (g) Treatment services are provided at no cost to the resident, including when the resident must go out for a forensic exam. PREA policy 6.11.5 states, “The Chief Administrative Officer, or designee, shall ensure that medical and mental health services are provided to alleged victims of sexual misconduct without financial cost and regardless of whether an alleged victim names the perpetrator or cooperates with any investigation arising out of the incident.” The Attorney General’s website also confirmed that all sexual abuse victims in the state can have forensic exams covered by state funding.</p> <p>Indicator (h) All individuals involved in a sexual assault, both the victim and perpetrator, are referred for mental health assessments. There were no such individuals at the Bolduc Correctional Facility in the past year.</p> <p>Compliance Determination:</p> <p>The Maine Department of Corrections ensures residents have ongoing access to services. The DOC has several policies that address residents' healthcare needs, including services available to victims of sexual abuse. The Auditor reviewed the policies and found several references that address standard indicators, along with information from the PREA policies. Wellpath, the DOC health services provider, would provide follow-up medical and mental health services for victims of sexual assault or perpetrators of sexual offenses. Wellpath would ensure that all medical needs and follow-up treatment were provided after an initial referral to Waldo County General for a forensic exam. Medical staff confirmed that they could educate residents about the importance of testing and prophylactic treatment if they initially refused these treatments at the hospital. BCF is an all-male facility, so indicators (d) and (e) do not currently apply. Compliance is based on the resources available on-site and community-based services, as well as interviews with medical and mental health staff, and representatives of SASSMM.</p>
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed.

Bolduc Correctional Facility Pre-Audit Questionnaire

Policy 6.11.1 Sexual Misconduct (PREA and the Maine Statutes)

Incident review form

Investigation File

Individuals interviewed/ observations made.

Interview with an Investigative Officer

Interview with Residents

Interview with BCF Director

Interview with PREA Coordinator

Summary Determination

Indicator (a) Maine DOC PREA Policy 6.11.1 (page 2) sets forth the requirement of an incident review on all cases of sexual misconduct unless the investigation has determined the allegation was unfounded. The policy further describes the individuals who should comprise the review team and the information that should be considered. "The facility PREA Monitor, or designee, shall ensure that a sexual misconduct incident review is conducted at the conclusion of every sexual misconduct investigation, including when the allegation has been determined to be unsubstantiated unless the allegation has been determined to be unfounded.

a. Such review shall ordinarily occur within thirty (30) days of the conclusion of the investigation. b. The review team shall include upper-level management officials, with input from line supervisors, investigators, the PREA Monitor, and medical or mental health care staff. The Department's PREA Coordinator shall also be invited to be a member of the review team."

The Auditor was provided with examples of the review team's findings on the DOC Sexual Misconduct Review form. In the cases reviewed, the hearings were completed in a timely fashion with all indicators taken into consideration. The OAS pre-audit questionnaire stated there were zero cases reviewed. The Auditor spoke to the Investigator and the Director to confirm that there was one investigation begun from letters found in a room, but the case was unfounded.

Indicator (b) The policy states that the review should occur within 30 days of the conclusion of the investigation, as noted in Indicator (a). The Auditor confirmed with the facility Director and the investigator that they would both likely be part of the review panel of a criminal sexual abuse allegation and were aware that the review should occur within 30 days of the conclusion. Since the one investigation was

unfounded, there was no review.

Indicator (c) As noted in indicator (a), the policy language addresses the multi-disciplinary nature of the team. Absent an actual case to review, the Auditor spoke with the facility leadership and the PREA Monitor to ensure an understanding of who should be on a review committee, including the state PREA Coordinator. The review of the form indicates a designated location for documenting individuals who participate in the review. The form categorizes the various individuals by their management levels and roles within the facility. Discussions with medical and mental health professionals confirm that they would also be represented in these reviews.

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

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

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

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

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

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

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

Administrative Officer and the Department's PREA Coordinator."

The agency form used to document the review panel's considerations includes the required information. The form asks if the policy needs to be reviewed, examining the underlying motivation of the incident, including whether the victim was targeted due to their perceived membership in a particular group. It goes on to examine staffing, physical plant issues, and surveillance needs.

Indicator (e) The form documents the findings of the various questions and provides the reader with information on whether the team has determined any recommended actions to take place. PREA Policy 6.11.1 addresses the requirement of this indicator. "The Chief Administrative Officer shall implement the recommendations for

	<p>improvement made by the review team or shall document any reasons for not doing so.” The interview with the Director confirmed that he would take seriously any recommendations from the team to ensure the overall safety of the environment.</p> <p>Compliance Determination:</p> <p>The Maine DOC PREA 6.11.1, page 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 specifies what information needs to be included in the incident review. The language comes directly from the standard. As evidence to support the standard, the facility provided a review form for Incident reviews of PREA allegations. The information supported that the questions in indicator D would be asked and answered. Absent an actual review, compliance was determined based on policy language, documentation provided, and staff understanding of the requirements.</p>
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>Institutional data tracking</p> <p>Agency annual report</p> <p>Memo on Federal request</p> <p>SSV report filed with US DOJ</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Deputy Director of Correctional Operations</p> <p>Interview with PREA Coordinator</p> <p>Summary Determination</p>

Indicator (a) The agency collects data consistent with the policy definitions that were developed to align with the standard. PREA Policy 6.11.1 defines the data collection responsibilities of the PREA Coordinator and the facility PREA Compliance Manager. "Each facility's PREA Monitor shall ensure the collection of incident-based sexual misconduct data and shall report that data to the Department's PREA Coordinator at least annually, who shall aggregate it for all Department facilities.

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

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

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

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

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

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

Indicator (c) The Auditor was able to confirm that the various elements of the Survey of Sexual Violence are maintained and could be used to complete the report if requested by the Department of Justice. The agency's PREA Coordinator confirms that all information has been provided to the Central Office. As the PREA Coordinator, he reports that it is his responsibility to ensure the materials meet the requirements of the DOJ reporting forms in SSV. The Auditor also reviewed the most recent SSV tool in preparation for questioning and file reviews. The Auditor determined that the investigative files and 30 incident review forms contained the elements needed to answer the federal SSV report.

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

Indicator (e) The Department of Corrections has provided the Auditor with the Data from the county jail with which they subcontract. There were no reported incidents at the facility in the past year. The Auditor did find information about PREA on the

	<p>contracted agency’s website, which confirmed that no allegations occurred in the past three years.</p> <p>Indicator (f) The Department of Justice in 2024 requested PREA-related information from the Maine DOC in the past year. A cumulative report was provided, which coincided with the data reviewed in the annual report.</p> <p>Compliance Determination:</p> <p>The Auditor has determined that the standard is compliant with the PREA standards for Community Confinement Centers. The Maine DOC has a system in place for collecting uniform data that could be used to complete the Survey of Sexual Violence. The 2024 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. Agency policy 6.11.1, page 3, commits the agency to comply with the standard data collection requirement. 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 provided the appropriate data to the US Department of Justice for the Survey of Sexual Violence. Interviews with the PREA Coordinator confirm that all data is provided to him from which the annual report is made. Because the PREA Coordinator’s supervisor has Jail oversight, there is confidence in the data received from the contracted provider. The Auditor also reviewed the contractor's website to confirm the information provided.</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.1 Sexual Misconduct</p> <p>Maine DOC Annual Report</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the PREA Coordinator</p> <p>Interview with the BCF Director</p> <p>Interview with the Director of Operations</p>

Summary Determination

Indicator (a) The Maine Department of Corrections utilizes data related to PREA incidents and 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. Interviews with the BCF Director and the Deputy Director of Operations support critical analysis, which occurs not only at the facility level but also at a system level. In discussions with these individuals, examples of how improvements have been implemented across the system based on these exercises. The BCF Director also confirmed that his team seeks trends to further inform policy and procedural practices, as well as the allocation of resources. Agency policy supports the expectations of this standard. "The Department's PREA Coordinator shall review data collected and totaled in order to assess and improve the effectiveness of the Department's sexual misconduct prevention, detection, and response policies, procedure, practices, and training, including by identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of findings and corrective actions for each facility, as well as the Department as a whole.

a. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the Department's progress in addressing sexual misconduct.

b. The report shall be approved by the Commissioner, or designee, and made readily available to the public through the Department's website.

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

Indicator (b) The Maine Department of Corrections completes an annual report that provides a comparison by each facility on the number of sexual assault and sexual harassment claims. Each facility's data compares the current year to the prior year's data. The report shows whether the accused was a staff or a resident and determines the outcome. The Commissioner approved the 2024 report.

Indicator (c) The Director of Correctional Operations confirms that the Commissioner approves the PREA report developed by the agency's PREA Coordinator before placing it on the agency's website. The Agency uses this information, along with data from incident review team meetings, to identify areas for change, not only at the facility level but also system-wide. When needed, policy, operational practices or training enhancement can be implemented to address concerns.

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

	<p>Compliance Determination:</p> <p>Maine Department of Corrections meets the requirements of this standard. As noted in Indicator (a), Policy 6.11.1 includes language that is consistent with the standard. The agency's PREA Coordinator must review the data elements to ensure consistency in the data. The Director and the Deputy Director of Operations supported the state's utilization of data to inform decisions on programmatic and policy needs. This is consistent with the standard expectation of critically reviewing data to identify problem areas and implementing 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 at either the facility level, such as advocating for additional staff or electronic surveillance equipment, or at a central administrative level, such as policy or procedural modifications. Compliance is based on interviews, policies, and the presentation of data and reports that affirm how information is used to continually assess the effectiveness of policies, procedures, and training.</p>
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115.289	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Bolcuc Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p>Policy 5.3 Information Technology</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the PREA Coordinator</p> <p>Intake staff persons</p> <p>Medical and Mental health staff</p> <p>File security</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Corrections has policies that protect the security of information. Policies 5.3 and 6.11 outline the safety of PREA information</p>

	<p>and who has access. Discussions with the PREA Coordinator, individuals who complete screenings, and medical and mental health staff describe a layer of controls in place to ensure no unnecessary disclosure.</p> <p>Indicator (b) The Maine Department of Corrections ensures that the information related to PREA incidents and the agency's efforts to support a zero-tolerance culture are published in an annual report available on the agency website.</p> <p>Indicator (c) The annual report located on the state's website does not include any identifiers.</p> <p>Indicator (d) Policy 6.11, Pages 6 and 7, set forth the obligations of the agencies' PREA Coordinator, which include the responsibility for collecting all incidents. Maine state statutes control record retention. The Agency PREA Coordinator is aware that all PREA-related data must be maintained for a period of no less than 10 years.</p> <p>Conclusion: The Standard is compliant. Maine State Statute (Title 5 pg. 65) and Department of Corrections policies ensure that records are maintained in a secure manner. Since much of the DOC documentation is stored within the CORIS information system, policy 5.3 dictates security measures. Aggregate data for DOC and contracted facilities are available on an annual basis. The Auditor reviewed the agency website to ensure the report was posted without any identifying information. The Policy 6.11.1 requires "The Department's PREA Coordinator shall maintain the data reported or collected for at least ten (10) years." DOC PREA Coordinator confirmed compliance with this standard's expectations.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>Maine Department of Corrections website</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the PREA Coordinator</p> <p>Summary Determination</p>

Indicator (a) The Maine Department of Corrections website shows that all its current and former facilities have been audited for PREA Compliance since 2014. The website confirms that audits have been conducted every three years since the initial audits and are publicly available for review. The state has one current contracted facility for beds, which completed its most recent PREA audit in 2022. It has subsequent years of PREA information on its site. The Maine DOC had added two programs that opened in 2021 and had their first PREA audit in late 2022. The agency provides the auditor with information in a timely basis to plan for future audit dates for new programs that they are planning

Indicator (b) The Maine DOC has no less than one-third of its facilities audited in a year. The agency has adjusted the schedule to include one-third of facilities by type per year, as requested by the Department of Justice.

Indicator (h) The Auditor had open access to all parts of the facility. The auditor was able to move freely about the housing units during the tour, speaking informally with residents to ensure they were aware of the audit, the agency's efforts to educate them, and how to seek assistance if needed. The auditor was able to test critical functions such as phone systems and video surveillance, and observe the electronic case management systems. As a working facility, the auditor visited various DOC worksites on the property or adjacent to it, where residents work under staff supervision.

Indicator (i) The Maine Department of Corrections has used electronic PREA auditing files in the past and has provided the current information in the Online Audit System. The Auditor was also able to obtain copies of other requested documentation on-site. He collaborated with facility leadership and the agency's PREA Coordinator to add additional documentation during the post-audit period.

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

Indicator (n) The Auditor's information was posted in multiple areas of the facility, visible to residents, staff, and visitors. The PREA Coordinator sent photos of the posting once it was up, and the Auditor confirmed with residents that they had been posted for the appropriate time frame prior to the audit. The facility Director and PREA Coordinator were informed that the posting should remain until the final report is issued.

	<p>Compliance Determination:</p> <p>The Maine Department of Corrections has had PREA audits of each of its facilities since 2014. The agency has spread its facility audits over the three-year PREA cycle and has set up strong deadlines when contracting for new beds to be PREA compliant, including undergoing formal audits. The Auditor was given full access to the site and was not prohibited from returning to areas of the facility if requested. The Auditor was provided ample space and privacy to conduct confidential interviews with staff and residents. The facility posted the audit notice, which was visible during the tour, and residents were aware of both the posting and the audit. The posting resulted in no correspondence. Compliance is based on the above-mentioned facts, which support a culture in which PREA is monitored on a daily basis.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Bolduc Correctional Facility Pre-Audit Questionnaire</p> <p>Maine Department of Corrections website</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator: (f) The Maine Department of Corrections website has posted all the previous PREA Audits. The Auditor determined, through a review of the state's DOC Website, that the agency has been posting its report. The Auditor confirmed with the agency head's representative and the PREA Coordinator that the final report will be made public through the agency's website.</p> <p>Compliance Determination:</p> <p>The Maine Department of Corrections website posts all previous facility PREA audits under its PREA information link. The Auditor's prior experience with the agency</p>

	allows first-hand knowledge of the prompt uploading of these documents. The Auditor also took into consideration that the agency's PREA Coordinator was aware of the timing requirement for posting the audit.
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Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	yes

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	yes
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	na

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	na
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	yes
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

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

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	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?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	na
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

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

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(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
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

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

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