

# PREA Facility Audit Report: Final

**Name of Facility:** Downeast Correctional Facility

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 12/17/2025

## 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:** 12/17/2025

## AUDITOR INFORMATION

**Auditor name:** Fitzgerald, Jack

**Email:** jffitzgerald@snet.net

**Start Date of On-Site Audit:** 11/03/2025

**End Date of On-Site Audit:** 11/04/2025

## FACILITY INFORMATION

**Facility name:** Downeast Correctional Facility

**Facility physical address:** 64 Base Road , Machiasport , Maine - 04655

**Facility mailing address:**

## Primary Contact

<b>Name:</b>	Patricia Stevens
<b>Email Address:</b>	Patricia.Stevens@maine.gov
<b>Telephone Number:</b>	207-454-8343

Facility Director	
<b>Name:</b>	Jeff Morin
<b>Email Address:</b>	Jeff.Morin@maine.gov
<b>Telephone Number:</b>	207-285-0816

Facility PREA Compliance Manager	
<b>Name:</b>	Scott Flannery
<b>Email Address:</b>	scott.flannery@maine.gov
<b>Telephone Number:</b>	(207) 816-1336
<b>Name:</b>	Chad Cooper
<b>Email Address:</b>	chad.w.cooper@maine.gov
<b>Telephone Number:</b>	(207) 861-2315

Facility Characteristics	
<b>Designed facility capacity:</b>	48
<b>Current population of facility:</b>	48
<b>Average daily population for the past 12 months:</b>	46
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Men/boys
<b>Age range of population:</b>	41

<b>Facility security levels/resident custody levels:</b>	Community
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	18
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	4
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	3

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

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

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

## Facility AUDIT FINDINGS

### Summary of Audit Findings

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

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

#### Number of standards exceeded:

1

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

#### Number of standards met:

40

#### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-11-03
2. End date of the onsite portion of the audit:	2025-11-04

### 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 a representative of the alternative reporting option for the facility and conducted online research on 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:	48
15. Average daily population for the past 12 months:	46
16. Number of inmate/resident/detainee housing units:	1

<b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b>	<input type="radio"/> Yes  <input checked="" type="radio"/> No  <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
<b>Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	46
<b>25. 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:</b>	0
<b>26. 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:</b>	0
<b>27. 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:</b>	0
<b>28. 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:</b>	0

<b>29. 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:</b>	0
<b>30. 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:</b>	1
<b>31. 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:</b>	0
<b>32. 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:</b>	0
<b>33. 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:</b>	1
<b>34. 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:</b>	0
<b>35. 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):</b>	No text provided.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	18
37. 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:	3
38. 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:	4
39. 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.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10



<p><b>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></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 type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p><b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The Auditor interviewed 25% of the current population. The Auditor was provided with a housing report showing inmates by pod. There are four sleeping pods off the common area for the unit. The report allowed, after the identification of target inmate interviews, for the auditor to use random numbers to select inmates for interviews, including individuals from each sleeping pod. The Auditor interviewed more than the required random interviews as there were not enough individuals who met the criteria for target interviews.</p>
<p><b>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>44. 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):</b></p>	<p>No text provided.</p>

**Targeted Inmate/Resident/Detainee Interviews**

<b>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	2
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><input checked="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>
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>There were no individuals reported with a significant disability. The Auditor reviewed the list with the PREA Coordinator, the Compliance Manager, and the Unit Manager for DCF.</p>

<b>48. 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:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	There were no individuals reported with a significant cognitive or mental health disability. The Auditor reviewed the list with the PREA Coordinator, the Compliance Manager, and the Unit Manager for DCF.
<b>49. 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:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>There were no individuals reported with a significant visual disability. The Auditor reviewed the list with the PREA Coordinator, the Compliance Manager, and the Unit Manager for DCF.</p>
<b>50. 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:</b>	<p>0</p>
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<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>
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>There were no individuals reported with a significant hearing disability. The Auditor reviewed the list with the PREA Coordinator, the Compliance Manager, and the Unit Manager for DCF.</p>
<b>51. 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:</b>	<p>0</p>
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<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>

<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>There were no individuals reported with a language barrier. The Auditor reviewed the list with the PREA Coordinator, the Compliance Manager, and the Unit Manager for DCF.</p>
<b>52. 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:</b>	<p>1</p>
<b>53. 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:</b>	<p>0</p>
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<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>
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>The facility reported zero individuals. Per US DOJ Direction of 12/2/2025, questions about this population should not be assessed</p>
<b>54. 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:</b>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were no individuals reported with an abuse situation at the facility. The individual who was a victim in 2025 has been released from custody. The Auditor reviewed the list with the PREA Coordinator, the Compliance Manager, and the Unit Manager for DCF.</p>
<p><b>55. 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:</b></p>	<p>1</p>
<p><b>56. 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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>

<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	Downeast is a minimum-security facility and does not have a segregation unit. Individuals needing that level of custody would be transferred out of the facility to MVCF.
<b>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>	The Downeast Correctional Facility is a minimum-security facility where residents work on the grounds or in the community. Medical services are not provided around the clock, and most mental health services are completed via telehealth. Individuals needing daily medical or mental health support may not be classified for a DCF placement, as it does not provide the immediate support that two other minimum-security Maine DOC facilities can provide.
<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
<b>58. Enter the total number of RANDOM STAFF who were interviewed:</b>	8
<b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<div> <input checked="" type="checkbox"/> Length of tenure in the facility </div> <div> <input checked="" type="checkbox"/> Shift assignment </div> <div> <input checked="" type="checkbox"/> Work assignment </div> <div> <input checked="" type="checkbox"/> Rank (or equivalent) </div> <div> <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) </div> <div> <input type="checkbox"/> None </div>
<b>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<div> <input type="radio"/> Yes </div> <div> <input checked="" type="radio"/> No </div>

<p><b>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p><b>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The Auditor interviewed all staff working at the facility on the two days of the Audit. The facility has staff working 12-hour shifts. The Auditor worked from early morning to mid-evening to ensure all staff were interviewed and the Auditor had the ability to see the operation across both shifts.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>13</p>
<p><b>63. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>



<b>65. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>66. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

**67. 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
<b>68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	4
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>70. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	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.

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

☒ Yes

☐ No

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

**72. 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

**73. 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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

<b>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b>	No text provided.
<b>Documentation Sampling</b>	
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.	
<b>77. 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?</b>	<input checked="checked" type="radio"/> Yes  <input type="radio"/> No
<b>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b>	No text provided.
<b>SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY</b>	
<b>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</b>	
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.	

**79. 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
<b>Inmate-on-inmate sexual abuse</b>	1	0	0	1
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	1	0	0	1

**80. 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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	1
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	1

### Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

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

1



<b>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<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)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	1
<b>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<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)
<b>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<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)
<b>Staff-on-inmate sexual abuse investigation files</b>	
<b>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<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)

<b>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<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)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>a. Explain why you were unable to review any sexual harassment investigation files:</b>	There were no sexual harassment allegations.
<b>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<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)

<b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<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)
<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	The one sexual abuse case was substantiated through the administrative investigation. The Investigator reports he conferenced the case with the local prosecutor, but that due to the nature of the assault, there was not enough physical evidence to move forward on a criminal case for prosecution.

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

**102. 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

**103. 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

**108. 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"> <li>Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>Does Not Meet Standard (requires corrective actions)</li> </ul>
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
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p>Documentation that supports the PC role/authority within the agency</p> <p>Posters and resident handbooks</p>
	<p>Individuals interviewed/ observations made.</p> <p>Interview with Warden</p> <p>Interview with PREA Coordinator (PC)</p>

Interview with PREA Manager (PM)

Interview with the Deputy Director of Operations confirming PC authority/duties

Interview with Staff

Interview with Residents

Tour Observations

Summary determination.

Indicator (a). The Maine Department of Corrections has developed an agency-wide Policy on efforts to ensure compliance with the Prison Rape Elimination Act. Policy 6.11 Sexual Misconduct (PREA and Maine Statutes) was written to address the various requirements of the standards. The 47-page policy is divided into seven sub-policies, which set forth a zero-tolerance expectation for any sexual activity. Page one of the policy outlines the zero-tolerance policy, and this initial section defines sexual misconduct in accordance with federal PREA standards. The agency's policy statement explicitly cites the federal legislation and sets 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, 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 outlines the 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, facilitate detection, and ensure a comprehensive legal and medical response to any complaint. The facility staff showed knowledge consistent with

training materials about their role in preventing, detecting, and responding to sexual assault claims. 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 of Sexual Assault and Harassment data collection analysis at facility and agency levels. The document sets forth the 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 Downeast Correctional Facility is a PREA-safe environment and has a Zero Tolerance Culture.

Indicator (b). The Downeast Correctional Facility is one of several adult and juvenile facilities run by the Maine Department of Corrections. The facility is a satellite unit of the Mountain View Correctional Facility. PREA policy 6.11 Sexual Misconduct (PREA and Maine Statutes) defines the role of the PREA Coordinator (pages 5-6). The policy defines the PREA Coordinator's duties to include coordinating and developing procedures for identifying, monitoring, and tracking sexual misconduct incidents in DOC facilities. The Policy states, "The Department PREA Coordinator shall develop, implement, and oversee the Department's efforts to comply with PREA standards in all its adult and juvenile facilities and shall receive reports and track responses to reports of sexual misconduct elsewhere in the Department. Duties of this position include, but are not limited to:

a. serving as the primary contact and resource for the Department on PREA-related inquiries;

b. collaborating with the Department's Policy Development Coordinator to develop policy and procedures in compliance with federal and state statutes, national standards, and Departmental goals concerning PREA issues;

c. receiving reports of complaints and alleged incidents of PREA violations from the facility PREA monitors;

d. reviewing PREA investigations as well as the resolution of complaints and alleged incidents;

e. assisting in the development, implementation, and evaluation of all PREA-related training;

f. collaborating with the Department's Policy Development Coordinator to provide updates regarding law, policy, or services related to PREA;

g. collaborating with the Department's Director of Operations to ensure that all new contracts and contract renewals for the confinement of adult or juvenile residents outside the Department include the other facility's obligation to adopt and comply with PREA Standards and monitoring by the Department for compliance;

h. collaborating with the Department's Director of Operations to ensure that when a new facility is designed or an existing facility is expanded or modified or facility monitoring technology is installed or updated, consideration is given to ways of enhancing protection of residents from sexual misconduct and harassment;

i. collaborating with the Department's Director of Health Services and Director of Training to ensure that all facility health care staff have been trained in the prevention of, detection of, preservation of evidence of, response to, and reporting of sexual misconduct; and

j. maintaining a memorandum of understanding with the Maine Coalition Against Sexual Assault for the provision of support services to residents.

The Auditor was provided with an agency flow chart showing the relationships



among the PREA Coordinator, who works in the Maine Department of Corrections Central Office, DOC upper management, and the facilities' wardens, superintendents, and 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 role requires involvement in agency planning, including how modifications to existing facilities or the physical plant structure of new facilities affect PREA safety measures. Although the Downeast Correctional Facility is a Community Confinement Facility, the agency assigns a PREA Monitor to each facility. The PREA Monitor from Mountain View will support DCF. The PREA Monitor for Mountain View Correctional Facility also attended the Auditors' site visit. Interviews with the Mountain View Correctional Facility Warden, who is the responsible correctional administrator for DCF and the Unit Manager for the Downeast Correctional Unit, support the idea that communication regarding PREA would flow quickly between the two sites and the Maine DOC Central Office. The Warden confirmed the involvement of the MVCF/DCF PREA Monitor and the facility investigator in supporting the investigations of sexual misconduct at DCF. The Deputy Director of Operations for the Maine DOC supports the agency's PREA Coordinator's authority to manage ongoing compliance, citing several examples.

#### 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 agency's efforts to create safe environments. Policy 6.11 defines the roles of the state PREA Coordinator and the facility PREA Monitor. Discussions with the Agency PREA Coordinator and PREA Monitor for Mountain View /DCF confirm their roles in maintaining PREA Compliance. Residents at the facility knew they could call the DOC PREA Hotline or ask to speak with the Unit Manager. The PREA Coordinator has the capacity, according to the Deputy Director of Operations for Maine DOC, to advocate for policy or procedural changes needed to support resident safety.

Compliance was determined based on multiple factors, including an extensive policy. Interviews with the agency and facility leadership support compliance with all standard expectations, including the PC and PM roles. The Policy also addresses prohibited behaviors and sanctions for any form of sexual misconduct. Residents, in formal interviews and spoken to during the tour, confirmed that sexual misconduct would be addressed, and they had knowledge of resources available if a concern arose. The facility has been able to maintain a safe environment where the support of violent sexual assault is not a concern. The Auditor determined that the standard has been exceeded based on the fact that the facility runs under the same policy requirements as the state's secure prisons, they have assigned a PREA Monitor to oversee ongoing compliance though not required by standards and the Auditor's observation of the PREA Coordinator and PREA Monitor's interactions with the

	facility staff which shows a culture of support to the state’s most remote facility.
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<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Pre-Audit Questionnaire</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p>MOU with Waldo County showing the requirement to be PREA-compliant</p> <p>Documentation of the ongoing monitoring by Maine DOC</p> <p>Waldo County Jail Website</p> <p>PREA Report of Waldo County (viewed online)</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 to 2026. A review of the language in the agreement finds on page 2 section 2.3, that the state requires the MCRRC to 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 in 2022.</p> <p>Indicator (b). The Maine Department of Corrections has some statutory responsibility (Maine statute 34-A Corrections) for monitoring county jail facilities.</p>

	<p>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.</p> <p>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.</p> <p>Compliance Determination:</p> <p>The Maine Department of Corrections has one current contract with the Waldo County Sheriff's Office for the confinement of residents. 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 subcontracting beds, the DOC would require specific compliance requirements, including 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.</p>
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<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Policies and written/electronic documentation reviewed.

Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)

Policy 3.11 Staffing Requirements

Maine Statutes requiring accreditation

DCF Staffing Plan

Logbook entries supporting unannounced rounds

Video Surveillance supporting Management Unannounced rounds

Individuals interviewed/ observations made.

Interview with Mountain View Correctional Facility Warden

Interview with DCF Unit Manager

Interview with Deputy Director of Operations

Interview with PREA Coordinator

Interview with PREA Monitor

Interview with Staff

Observation on tour of logbooks and Supervisory movement

Interview with officers

Interview with Residents

Summary Determination

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

1) generally accepted Correctional practices;

2) any findings of inadequacy by courts or by federal or state investigative or

oversight agencies;

- 3) all components of the facility's physical plant (including "blind-spots" or areas where staff or prisoners or residents may be isolated) and availability of video monitoring;
- 4) the composition of the prisoner or resident population;
- 5) the number and placement of staff, including supervisory staff;
- 6) facility programs occurring on a particular shift;
- 7) any applicable state laws, regulations, or standards; and
- 8) the prevalence of substantiated and unsubstantiated incidents of sexual misconduct; and any other relevant factors". Interviews with the DCF Unit Manager describe the development process used in the completion of the annual assessment of staffing. The staffing plan is based on a minimum of 48 minimum-security residents. The average population for the past year was 46. On the first day of the Audit the population was 46.

The Warden reports that there were no findings of inadequacies by judicial, federal, or oversight bodies. He also confirmed that the facility has not operated at the minimum staffing level. The Facility is working toward American Correctional Association certification. The population of the Downeast Correctional Facility has been screened through the Maine DOC's classification process. As a result, individuals with histories of recent sexual misconduct in an institution are unlikely to be placed at DCF or would be identified to ensure higher monitoring of their behavior. The Auditor was provided a document supporting the staffing plan is also reviewed annually. This year's meeting included the Warden and senior leadership of the Mountain View/DCF team and the Maine DOC PREA Office.

Indicator (b). The Unit Manager and Warden both report that they have not had an incident in the last 12 months when minimal staffing was not maintained. The Duty Sergeant notifies the Unit Manager of all critical events, which are documented in the shift report. The residents' support staff are always available to them.

Indicator (c) In February 2025, the staffing plan was updated with the assistance of the DOC PREA Coordinator. The plan describes the population housed at Downeast Correctional Facility. Staffing authorized for Downeast Correctional Facility is the following security staff: Ten (10) Correctional Officers; two (2) Correctional Officer/Cooks; two (2) Correctional Sergeants; one (1) Correctional Trade instructor, and one (1) Building Maintenance Superintendent; the investigator is shared with MVCF.

The facility has 22 cameras that help staff monitor residents inside and in approved outdoor areas. The Unit Manager and Sergeants are aware of blind spots, and the

	<p>staff discussed with the Auditor the steps taken to monitor inmates who enter blind spots. Staff members interviewed knew the importance of active monitoring of residents, including random, staggered rounds of the housing units and responding when individuals were out of place or in areas that were not visible to the camera system. The Auditor recommended a few areas in the outbuildings where cameras could be beneficial. They are considering utilizing a former offline camera system to cover these areas until funds for expansion can be obtained.</p> <p>Compliance Determination:</p> <p>The Maine Department of Corrections has two policies that address the requirements of this standard's three indicators. Policy 3.11 Staffing Requirements and 6.11 Sexual Misconduct – (General) sets forth the requirements of the Director to develop a staffing plan. The DOC policy requires unannounced supervisory rounds for all its facilities, even though this is not a standard requirement for Community Confinement Facilities. The Downeast Correctional Facility has developed a plan, presented in narrative format, that addresses the various considerations outlined in indicator (a). The facility is not under any current judgment for inadequacy. The plan is reviewed annually with the administration, and then a request is submitted to the Maine DOC Central Office for staffing needs or technology upgrades. The Auditor was able to see the staffing package across both shifts, staying on-site until 8:30 pm. Custody staff, as well as vocational supervisors, supported the importance of active monitoring of residents during the day. Staff support is required to maintain minimums and ensure that staff work together to keep residents and staff safe. The standard is determined to be compliant based on policy, interviews, observations made throughout the onsite audit, and documentation provided, all of which are consistent with the standard.</p>
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115.215	Limits to cross-gender viewing and searches
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>DCF Pre Audit Questionnaire</p> <p>Policy 14.14 Search Procedures</p> <p>PREA policy 6.11.2 Sexual Misconduct (Prevention Planning)</p>

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with DCF Unit Manager

Interview with random Staff

Interview with random residents

Observation on tour

#### Summary Determination

Indicator (a) The Maine Department of Corrections policy 14.14 Search Procedures (page 6) prohibits cross-gender strip searches of residents except in emergency situations. It sets forth a practice that searches in general should be conducted with two staff 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 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 documentation of the emergent situation that necessitated such a search. "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.”

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

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

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

DCF has not had an exigent circumstance incident requiring a cross gender visual or body cavity search. If a body cavity search was required, that would be performed by medical staff. The Downeast facility is an all-male institution with a very limited number of female employees.

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

Indicator (c) As noted in indicator (b) both policies require documentation of cross gender strip searches of both male and female residents, including the emergent reason for the search. The facility does not house females, so the second portion of this indicator does not apply. The DCF Unit Manager 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, and announcements are made if they enter the building.

Indicator (d) Policy 6.11.2 Sexual Misconduct (Prevention Planning) page 7 states, "The Chief Administrative Officer, or designee, shall implement practices that enable prisoners or residents to shower, perform bodily functions, and change clothing without a nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in an emergency or when such viewing is incidental to routine cell or room checks." Resident interviews support that they are never required to be unclothed in front of opposite-gender staff, including for strip searches or while taking care of personal hygiene. At DCF, toilets and showers are in a central bathroom off the main common area outside the four housing pods. All showers are single shower stalls with two shower curtains to provide privacy while showering and getting dressed. When an individual is in the shower, the curtain is opaque in the middle, giving staff the ability to only see the tops of heads and the feet of individuals using the shower. Staff also confirm that residents are not observed in any form of undress by female staff, as there is no female custody staff presently assigned to the unit.

Indicator (e) This provision is no longer applicable to your compliance finding as of Dec 2025.

Indicator (f) This provision is no longer applicable to your compliance finding as of Dec 2025.

#### Compliance Determination;

The Maine Department of Corrections has a policy to address the various elements of this standard, including 6.11.2, Sexual Misconduct Prevention. In 6.11.2 Sexual Misconduct Prevention elements in indicators B, C, and D, 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 high-risk residents.

Supporting documentation provided to the Auditor by Downeast Correctional Facility included training outlines/PowerPoints for completing searches and the importance of verbal communication. The file included information confirming that no exigent circumstances of cross-gender searches have occurred at DCF since its opening. Interviews with staff and residents were consistent with standard and policy expectations. There have been no cross-gender strip searches, and residents confirmed they can change and perform hygiene without opposite-gender observation. Residents and staff reported, and the Auditor observed during the tour,

	the announcement of when a female enters the building.
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<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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 renewal</p> <p>Resident Handbooks- in English and Spanish</p> <p>Intake notices in English and Spanish</p> <p>Agency PREA Video in English, Spanish, Somali, and ASL</p> <p>Inmate Tablet</p> <p>Resident Safety Information</p> <p>Screening process information</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Deputy Director of Operations</p> <p>Interview with the Warden</p> <p>Interview with random Residents</p> <p>Interview with Random Staff</p> <p>Interview with Intake Staff</p> <p>Interview with Facility PREA Coordinator</p>

## 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. DCF can provide support to those individuals with visual or hearing impairments and informative support to those individuals with cognitive challenges that might make them a target for abuse. The Auditor was informed that no individuals in the population would have required interpretive services or been Limited English Proficient. Residents supported the idea that there were staff members they or others could approach if they had difficulty understanding their PREA rights. There was signage throughout the facility regarding PREA safety, and residents were aware of the handbook information if needed. Policy 19.02 further defines the rights of individuals with disabilities. "In accordance with the Americans with Disabilities Act, no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or denied the benefits of the services, programs, or activities of the Department of Corrections. Services, programs, and activities include, but are not limited to:

- a. academic and vocational education
- b. exercise and recreational activities
- c. work programs
- d. mail, telephone, and visiting
- e. library
- f. religious services and programs
- g. reception and orientation
- h. classification
- i. food service
- j. sanitation and hygiene
- k. health care
- l. social services
- m. release preparation and discharge

- n. disciplinary and grievance procedures
- o. access to media, courts, counsel, and law library
- p. commissary/canteen
- q. volunteer programs
- r. mental health services.”

The Maine DOC has in place a Classification Director who reviews the appropriateness of each resident for consideration in minimum or community housing. The process looks at all the inmates' needs, including health, mental health, and disabilities, and tries to align them to the lower classification facility that best meets their needs.

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 Downeast Correctional Facility to interview residents. The Auditor was able to see signage in a secondary language in the facility, although there were no LEP residents in the facility. The Auditor was able to review the current contract, which will be in force until the end of 2026.

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

#### Compliance Determination.

The Downeast Correctional Facility did not receive an individual in the past year who needed extra support to understand their PREA rights. PREA policy 6.11.2, Prevention, and two other Maine DOC policies include language addressing equal access to services for residents with disabilities or limited English proficiency. The Auditor spoke with custody staff, the case manager, and the Unit Manager to

	<p>confirm that resources and staff training match policy statements. No residents required translation services. The Auditor confirmed this through conversations with residents on tours, and random interviews with residents and staff. The residents reported knowing their rights, how to report PREA concerns, and if they had difficulty in understanding information, how to get help. Most residents stated they felt comfortable speaking with the case manager or the Unit Manager if they had any questions about PREA.</p> <p>DCF provides all residents with a video education about PREA upon admission. The video education is also available in Spanish, Somali, and American Sign Language, the most common languages other than English spoken in the Maine Correctional system. These videos are available on the state website. In addition to the video, the facility has signage on the units explaining how to report concerns in both English and Spanish. The CORIS information system used by the Maine DOC allows identification of 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 interpretive service contracts) and policies that support equal access to all services.</p>
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<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 3.24 Background Investigations</p> <p>Policy 3.3 Personnel Selection and Retention</p> <p>Policy 3.05 Code of Conduct</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 staff and contractors</p> <p>Individuals interviewed/ observations made.</p>

Interview with Agency PREA Coordinator

Interview with DCF Unit Manager

Interview with HR staff

#### Summary Determination

Indicator (a). The Maine DOC policy, 3.3 Personnel Selection and Retention, page 2, addresses the requirements of this indicator. The Policy prohibits employing or contracting 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 Downeast Correctional Facility, including employees of the Healthcare provider Wellpath. The HR staff at Mountain View Correctional Facility also oversees the DCF process. 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 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). Policy 3.3 describes in detail the expectations when a facility is looking to hire or promote an employee. The language also includes the same expectation for contracted individuals. The Policy explains that all individuals will be asked the questions described in indicator (a).

"6. The PREA Questionnaire for Applicants/Promotions form (Attachment A), a self-evaluation questionnaire about any previous PREA violations, is required to be completed:

- a. by all applicants who may have direct contact with adult residents, juvenile

residents, or community Corrections clients;

b. by any employee being considered for promotion who may have direct contact with adult residents, juvenile residents, or community Corrections clients;

c. and the completed form shall be retained in each employee's personnel file.

7. Any prior incident of sexual harassment in a prison, jail, lockup, community confinement facility, adult or juvenile facility, or other institution shall be considered in determining whether to hire or promote any individual who may have contact with adult residents, juvenile residents, or community Corrections clients." The Maine Department of Corrections subcontracts it's medical and Mental health services through Wellpath. Both Wellpath and the DOC policy prohibit the employment of individuals who may have engaged in behaviors described in indicator (a). The Auditor confirmed with the HR staff that the Maine DOC performs criminal background checks on these individuals. The Auditor also reviewed the Wellpath PREA policy, which supports their hiring policy expectations, as they are the same as those of the Maine DOC, with very similar language to meet federal PREA guidelines.

Indicator (c). The Maine Department of Corrections completes criminal background checks on all employees. The Auditor was provided information on all employees at the Downeast Correctional Facility. The information included the appropriate documentation on both the criminal background checks and, where appropriate, the prior institutional check. Staff members confirmed they had undergone criminal background checks.

Indicator (d). The Downeast Correctional Facility, 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 that they are subject to criminal records checks and that they are required to acknowledge that they have not engaged in prior sexual misconduct. As noted in indicator (b), Wellpath PREA policy has statements consistent with Maine DOC policy and the federal requirement described in this standard.

Indicator (e). The Downeast Correctional Facility provided the Auditor with information on all employees. who had been employed for over 5 years and had undergone criminal background checks within the last 5 years. All employees were run at the point they were hired or transferred to DCF when it opened. The Auditor reviewed all DCF files of staff and contractors 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 for this indicator are covered in Policy 3.05, Code of Conduct (page 5), which reiterates the responsibility to self-report any misconduct. As noted in Indicator (a) all MVCF/DCF employees are asked to complete the PREA Employee Questionnaire. This document asks all prospective employees about the required element in the aforementioned indicator. 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." Employees interviewed understood their responsibility to report and actions that contradict the PREA document they signed at the time of hire.

Indicator (h). The Maine DOC allows for the agency, with proper releases of information, to disclose to other institutions any PREA-related concerns. The policy 3.24 Background Checks states, "As allowed by law, efforts shall be made to contact any prior institutional employers for information on substantiated allegations of sexual abuse or sexual harassment, or any resignation during a pending investigation of an allegation of sexual abuse or sexual harassment." It also goes on to address the requirement to provide similar information to other institutions. "The Department's Director of Human Resources, or designee, shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work." Interviews with Human Resources staff confirm that they make requests of both internal and external employers when hiring and will provide similar information upon release. There have been no requests from



	<p>former DCF staff in the past year.</p> <p>Compliance Determination:</p> <p>The Maine Department of Corrections has policies in place to meet the standards' requirements, including background checks and pre-employment screening that support the agency's efforts to screen out predatory candidates from employment. The Auditor's discussions with Human Resources staff confirmed all staff and contractors undergo multi-state criminal background checks, FBI fingerprint checks, and driver's license checks. The Human Resource Manager works closely with facility management to maintain a line of communication. It is reported that any concerns arising from a criminal background check or an internal review of an existing employee would be brought to the Warden before a job offer is made.</p> <p>Records reviews support that all employees and contractors at the Downeast Correctional Facility undergo prior institutional employer checks, pre-employment criminal background checks, and subsequent checks every five years. Compliance for this standard is based on policies, the several levels of documentation provided in advance and confirmed during the onsite visit, and the interviews with the Human Resource staff and the Warden. The Auditor also reviewed the Wellpath PREA policy for consistent language on hiring expectations.</p>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast 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 Warden</p> <p>Interview with Unit Manager</p> <p>Interview with the PREA Coordinator</p>

Observation on tour

Random Staff spoke with on tours

#### Summary Determination

Indicator (a) Maine DOC Policy 6.11 requires the agency PREA Coordinator to collaborate “with the Department’s Director of Operations to ensure that when a new facility is designed or an existing facility is expanded or modified, or facility monitoring technology is installed or updated, consideration is given to ways of enhancing the protection of residents from sexual misconduct and harassment.” The Downeast Correctional Facility is a newly constructed facility on the grounds of the former Downeast Correctional Facility, which closed in 2018. The facility is much smaller than the previous facility. The Physical plant is based on a one-corridor design, which limits blind spots. On one end, there is a kitchen and dining space, while the other has small pods with half walls and a barracks-style living setup. Outside of the Pod area is an ample common living room space. The bathroom has four showers and 6 toilets/urinals for a maximum of 48 residents. There have been no additional changes to the main physical plant in the past three years. The facility has added a large field for planting and a greenhouse.

Indicator (b) The Downeast Correctional Facility has 22 cameras. The Unit Manager confirmed areas of a blind spot and discussed where he has made requests for additional monitoring technology or changes to the camera angles. The Unit Manager discussed the expectation that staff will monitor and respond to areas considered blind spots. Discussions with the facility and central office administration support the processes in place to continually reassess technology needs. The PREA Coordinator also confirms how his role could further support this process. The facility has made no additions to its monitoring capacity in the past three years.

#### Compliance Determination.

The Downeast Correctional Facility is an open environment. The facility has a few outbuildings and relies on active staff members moving throughout the day to monitor residents. The Department reportedly has a practice of involving PREA in the discussions when designing new facilities. The Unit Manager discussed how monitoring technology and the physical plant enable staff to provide on-site direct monitoring to residents. The Auditor did get a sense from residents and in observations that the Unit Manager and the Correctional Case Manager are approachable and routinely meet with residents about concerns. The facility does not have a high number of individuals with recent aggression, but they do take it seriously. In unit management, they ensure that work and housing take screening requirements into account.

	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.
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<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 7.1 Investigations by a Correctional Investigator</p> <p>Policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Reporting and Investigating.</p> <p>Policy 14.6 Preservation of Evidence</p> <p>Policy 18.8 Forensic Information or Evidence</p> <p>Policy 18.3 Access to Healthcare Services</p> <p>Maine Statutes 34A Chapter 3 Article 1</p> <p>Sexual Assault Forensic Examiner Program Guidelines for the Care of the Sexual Assault Patient</p> <p>DCF Sexual Assault Response Plan</p> <p>Information for Residents</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Wellpath Medical Staff</p> <p>Interview with a Sexual Assault trained Investigator</p> <p>Interview with Rape Crisis Agency representative</p> <p>Interview with Hospital staff about SAFE/SANE access and services</p> <p>Department of Health and Human Services website on SAFE training</p>

## Summary Determination

Indicator (a) The Maine Department of Corrections is responsible for completing investigations, including sexual assaults. The facility employs trained law enforcement staff, who are authorized to exercise the full powers of a police officer. The state of Maine has a protocol that was developed through the Attorney General's office with the assistance of medical, legal, and sexual assault advocates. The protocol and Maine DOC investigative policies ensure uniform steps are taken to obtain physical evidence. Neither DOC nor Wellpath staff would not complete the forensic exam. The resident victim, instead, would be sent to the local hospital with SANE-trained individuals. There are at least two hospitals in the region that have SANE-trained staff. In addition to the facility-based investigative staff, criminal investigation of alleged staff misconduct can be completed by the Maine DOC Office of Professional Review or by an Investigator from the Maine Equal Employment Opportunity Office.

Indicator (b) The protocol does cover the procedure for youth, but the Downeast Correctional Facility does not serve that population, so the first portion of the indicator does not apply. The Maine DOC has a policy to address youth under 18. The agency operates a separate facility to house individuals charged as juveniles with serious crimes. The state Protocol has a committee that reviews current practices and makes adjustments aligned with national best-practice 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 Downeast Correctional Facility will offer victims of sexual assault the ability to have a forensic exam without cost, regardless of whether 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, which explains that the state's Victims Compensation funds cover medical costs. 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) DCF has an agreement with the Maine Coalition Against Sexual Abuse (MECASA) agency to provide support services to victims of sexual assault. The Aroostook Mental Health Services (AMHC) is part of the state coalition against sexual assault (MECASA). Discussions with the representative support that Hospital accompaniment would likely be provided by the RRC in Bangor, ME. The AMHC would provide support to victims upon return and after the police interviews. There have been no instances where rape crisis agencies have been required to deliver accompaniment services for forensic exams or police interviews related to an allegation at DCF. The one victim in the past year did not need a forensic exam but was reminded by mental health about the support AMHC can provide.

Indicator (e) Both hospital and agency staff confirm that a rape crisis staff member 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 that was signed in 2024 and is good for a two-year period. The PREA Coordinator and Unit Manager are encouraged to continue building relationships with AMHC staff. The Auditor also reviewed the facility's Coordinated Response Plan, which requires medical staff to contact AMHC 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 agreed to provide rape crisis support staff through MECASA if needed. If a support advocate is unavailable, the DOC has a trained staff member available.

Compliance Determination.

The Maine Department of Corrections has two policies that address concerns in this standard 7.1 Investigations by a Correctional Investigator and 6.11.3 PREA- Reporting and Investigating. Criminal investigative procedures are in place to ensure evidence is preserved. The criminal investigation would be done by the Criminal Investigator or the Special Investigations and Intelligence Unit (SII), which

	<p>investigates crimes at both Mountain View Correctional Facility and the Downeast Correctional Facility. The SII team Captain is trained as a law enforcement officer in the State of Maine with full arrest powers. This individual is also trained in the investigation of sexual assaults in a Correctional setting. Residents who are victims of sexual assault can be taken to Northern Lights Hospital for a forensic exam with a Sexual Assault Nurse Examiner (SANE). Sexual Assault Nurse Examiners in Maine are trained on protocols developed in the state of Maine Attorney General's office in conjunction with a SANE advisory team and consistent with the National Protocol for Sexual Assault Forensic Exams. The Maine Attorney General's Office has produced a guideline for Sexual Assault Forensic Exams and the Care of Sexual Assault Patients. This 185-page document outlined specific steps for forensic examinations and was developed in collaboration with medical and legal experts from Maine, including nine SAFE or SANEs. The Auditor spoke with hospital staff who confirmed the availability of SANEs. Hospital staff confirmed 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. Aroostook Mental Health Services (AMHC) is the regional rape crisis agency that the Auditor confirmed would send a victim advocate to support the resident through the forensic exam and any investigative process. Compliance is determined based on the availability of resources to effectively investigate, secure, and process evidence. Also considered in this determination was the staff's overall knowledge, as demonstrated by random staff interviews, on 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><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Maine Statutes related to Correctional Law Enforcement Powers</p> <p>Policy 6.11.3 Sexual Misconduct</p> <p>Policy 07.01 Criminal Investigations</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with DCF Unit Manager</p>

Interview with Investigative Staff

Interview with the Deputy Director of Correctional Operations

#### 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 Mountain View Correctional Facility, of which the Downeast Correctional Facility is a part, has a Special Investigation and Intelligence (SII) unit staff trained in completing criminal investigations of sexual abuse. There has been one allegation of sexual abuse or sexual harassment in the past year. The Auditor reviewed the actions of the investigative staff in the investigation file and reviewed with the facility investigator on how conclusions were determined for administrative and criminal cases.

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) Auditor is not required to audit this provision.

Indicator (e) 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 Operations, incidents involving staff members are investigated by a centralized unit: the Office of Professional Review or the state's EEO unit. Using a different investigator from 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 led to 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 SII unit member, and interviews with the Department of Corrections Deputy Director of Operations. Compliance is determined utilizing the above-stated information, which meets the requirements of Indicators (a) and (b). The one allegation of sexual assault was substantiated administratively but lacked sufficient evidence to pursue the case criminally.</p>
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<b>115.231</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention</p> <p>DCF staff training records</p> <p>State-approved training materials, lesson plan</p> <p>2024 Staff Training Test</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with MVCF/DCF PREA Monitor</p> <p>Interviews with random staff</p> <p>Summary Determination</p> <p>Indicator (a) The Downeast Correctional Facility ensures all staff are trained in the agency’s Zero Tolerance for Sexual Misconduct. All Employees, no matter what role in the institution, are aware of their role in the prevention, detection, and response to sexual assault and sexual harassment of residents. Random staff were able to describe in the interviews how their day-to-day jobs keep residents PREA safe. The staff members 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</p>



avoiding inappropriate situations with residents, on criminal liability for failing to report a PREA incident, and on respectfully working with residents. The Auditor reviewed the training materials to confirm the elements were addressed. The curriculum outline also supports the aspects of this standard. The Agency 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 Downeast Correctional Facility is an all-male facility. All staff are trained through the Maine Justice Academy in working with both male and female

residents. New staff complete an onboarding training program at the facility after the academy, before they can work independently at DCF. No staff at DCF were transferred from the women's facility, requiring a refresher on working with males. As previously noted, there is a limited number of female employees and contractors at DCF. The Agency has provided training on how male and female residents may respond differently, though DCF is an all-male institution. The facility loaded training materials on gender responsiveness.

Indicator (c) The Maine Department of Corrections employees receive classroom training on PREA while in the state's Justice Academy, in the form of the onboarding process described in indicator (a) and through the Power DMS platform. Staff records and their knowledge of the training information indicators support that they receive training frequently. Staff report receiving full PREA-specific training annually and receiving regular policy updates. The staff also noted that they receive additional training updates/ discussions with a supervisor during shift briefings, which aid in understanding policy and its implementation daily.

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Indicator (d) Employees sign for their training, acknowledging their understanding of the content. Online training would include an electronic signature and a quiz used to confirm content knowledge. The Auditor was provided with a report showing the training dates for all staff/contractors who received PREA training in 2024 and 2025.

#### Compliance Determination.

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

Random staff member interviews confirmed they were aware of the various aspects of the training presentations and could provide examples of the information provided. Staff also reported the ability to refresh PREA issues via online information available in Power DMS. Training records and staff interviews support the conclusion

	that PREA-related staff education occurs regularly, and electronic signatures confirm that they understood the training. Compliance determination was based on training records, the materials used in presentations, and the ability of random staff to share examples of the content they had learned as part of PREA training, consistent with standard requirements.
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention</p> <p>Volunteer training</p> <p>Contracted Staff List</p> <p>Training materials for volunteers and sign-off on training</p> <p>Wellpath training materials</p> <p>Contractor Sign-in</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with DCF PREA Monitor</p> <p>Interview with Contractor</p> <p>Interview with a Volunteer</p> <p>Observation on tour</p> <p>PREA Education cards</p> <p>Summary Determination</p> <p>Indicator (a) All Contractors providing direct service to residents at the Downeast Correctional Facility are employed by Wellpath, a Medical/ Mental Health treatment provider. As such, they receive full PREA training, which all DOC employees receive, in addition to the required specialized training in Section 115.35. The supporting</p>

documentation in 115.31 indicates that Wellpath staff must complete an on-site education program on their responsibilities and procedures for maintaining a safe environment. All other contractors or volunteers who have routine access to the facility must also undergo this program. 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 Downeast Correctional Facility, the Unit Manager trains all volunteers who are approved for regular access. One-time visitors receive a PREA brochure that outlines aspects of the overall training and explains how to report. The Auditor was offered this information when I arrived at the housing unit as part of the tour. This is the registration point for most individuals visiting the facility.

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 DCF Unit Manager. An interview with both Wellpath staff at DCF supports an understanding of the importance of making a PREA notification and to whom to speak if they become aware of actual or threatened sexual misconduct. Staff report that one-time visitors would be provided information about PREA when they sign in. The Auditor was able to interview both contracted staff and a volunteer to confirm their education.

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 acknowledge receipt of the information they receive. Those one-time volunteers sign in and receive a PREA brochure upon entrance to the DCF facility. The Auditor was able to see documentation on-site showing this process in use. The Auditor was also provided with documentation showing that individuals who receive more formal training are required to sign PREA acknowledgment forms, similar to those signed by DOC employees at the time of hire. The Auditor confirmed with a volunteer and nursing staff that they were educated about PREA at DCF or MVCF.

#### Compliance Determination:

The Downeast Correctional Facility is compliant with the standard expectations. DCF ensures all contractors and volunteers receive training in the agency's efforts to prevent, detect, and respond to sexual assault and sexual harassment. Training records and formal interviews indicate that these individuals have received comprehensive training commensurate with their level of contact with 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

	<p>confirm that Wellpath staff receive the required facility PREA training, in addition to Medical/mental health-specific training. Infrequent and one-time service contractors who provide services under the supervision of DOC staff are given PREA notice upon arrival at the facility, including a PREA brochure. The Auditor was provided information about PREA upon arrival at the facility as part of the registration process. Compliance was determined through supporting documents and interviews with the contracted staff and the volunteer, who were able to identify the training elements. They were all able to explain how they could report a PREA concern at the facility if they arose.</p>
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<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Maine DOC Website (PREA Education Videos)</p> <p>6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention</p> <p>1.9 Staff communication with residents and community Corrections clients</p> <p>DCF Resident Handbook</p> <p>Resident files showing they have received PREA educational materials</p> <p>Photos of PREA Materials up in the facility.</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with CCTW</p> <p>Interview with residents</p> <p>Interview with the Unit Manager</p> <p>Observation on tour of PREA Signage in two languages</p> <p>Summary Determination</p>

Indicator (a) All residents are provided information about PREA upon admission to DCF. As a Community Confinement Facility, residents entering DCF have been educated on PREA at other Maine DOC facilities. Residents are provided 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 Correctional Care and Treatment Worker (CCTW) described the admission process and how residents are educated on PREA, including a review of the resident handbook and watching the Maine DOC PREA video. All residents are provided with information immediately upon arrival and also receive a review with the Unit Manager 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." All residents interviewed confirmed they have been educated about PREA at other Maine DOC facilities before coming to the facility. They acknowledged the process at DCF is the same as at other DOC facilities.

Indicator (b) All residents at Downeast Correctional Facility 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 DCF have been housed in other correctional facilities prior to being placed at DCF. The education includes how to protect themselves from sexual assault/sexual harassment, how to and why it's important to report a concern, the resident's rights related to PREA, and the steps DOC will take to investigate and support individuals if an incident occurs. There were no transfers from another community confinement center.

Indicator (c) All residents at the DCF have received an education in PREA and how to report any concerns. Resident education is documented in CORIS (Maine DOC electronic case management system), and random residents confirmed that PREA was addressed immediately upon transfer from their prior prison or jail. Education is available in multiple languages, 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 understanding written or oral PREA education materials. Assistance is available to any individual who needs it, including those with physical disabilities, cognitive limitations, or visual impairments or difficulty reading. Many residents stated that PREA wasn't a concern, but acknowledged that the information was available and noted that people could provide assistance, including line officers, case managers, clinicians, and the Unit Manager. The agency policy requires that educational materials be appropriate to address any disability or LEP concern. "This education shall be in formats accessible to all prisoners and residents, including, but not limited to, those who are limited English proficient, hard of hearing or deaf, visually impaired, developmentally disabled, or have limited reading skills. Receipt of this education shall be

documented in CORIS for each prisoner or resident.” As noted previously, individuals with significant disabilities or language barriers may not be classified as appropriate since most will be working in the community. The facility

Indicator (d) Records were reviewed for a random sampling of 12 clients. This supports the conclusion that they have received PREA education and is consistent with residents' statements about the education process at DCF, 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. The Auditor was shown where the client signs for education, how it is acknowledged in the electronic case management system, which informs the spotlight report. Maine DOC has developed a spotlight report, which allows facility and agency leadership to track the timeliness of PREA screenings, assessments, and education. If the timeliness is not met, the Unit Manager can review to determine if the reason.

Indicator (e) Observations throughout the tour support that there are materials available to residents continuously. The information viewed included handbooks, posters, and other signage about PREA, as well as resources such as the local rape crisis agency. The facility does post the Maine Coalition Against Sexual Abuse (MECASA) poster in the facility, which informs them of locations near their homes if they do not want to discuss past abuse while in the custody of DOC. The facility provides information in multiple languages and has tablets that inmates can use to magnify information if they have visual issues.

#### Compliance Determination:

The Maine Department of Corrections Policy 6.11.2 PREA-Prevention, on page 3, sets forth the expectation of timeliness in resident education, the manner in which education is delivered, and the requirement for materials for LEP and disabled resident education. Residents at DCF confirm that they are educated about PREA and the facility's zero-tolerance expectations as soon as they arrive. The CCTW reviews PREA information with the resident, 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 sign language. The video is also posted on the Maine DOC Website. Residents have access to handbooks that can be translated into multiple languages as needed. Resident handbooks inform residents about consequences for negative behavior, including sexual misconduct. The handbook explains PREA to residents and emphasizes the importance of reporting and seeking help. Information also includes phone numbers

	<p>to the state PREA Coordinator and the local rape crisis agency.</p> <p>During the tour, the Auditor saw posters informing residents how to report PREA events or access advocate services. Residents report receiving facility-specific PREA information within 1 day of admission. Interviews with residents confirm that they know how to report incidents if they were to occur. Residents reported comfort in telling staff or the Unit Manager if they were to experience or be a witness to an incident of sexual abuse or harassment. During interviews with residents, they expressed several ways to contact administration or outside individuals if they did not feel comfortable speaking with the line staff. Many of the residents stated that PREA was not a concern at the DCF. They also reported they believed any complaint would be taken seriously and investigated.</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 resident records, which showed their education, the materials viewed during the tours, and the videos from the state website.</p>
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<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention</p> <p>6.11.3 Sexual Misconduct (PREA and Maine Statutes) – Reporting and Investigating</p> <p>DOC Training Material on completing a sexual Assault Investigation</p> <p>Training Certificates</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with trained Investigators</p> <p>Observation on tour</p>



## Summary Determination

Indicator (a) The Maine Department of Corrections employs its own investigative body. The Department of Corrections Special Investigations and Intelligence (SII) unit and the Criminal Investigator at Mountain View Correctional Facility are law enforcement officers in the state of Maine. As such, they have received training in conducting investigations in accordance with Maine statutes and DOC policy. The Maine Department of Corrections was able to train a cadre of staff members using a curriculum developed by the PREA Resource Center. "How to complete sexual assault investigations of the Correctional setting." Agency policy (6.11.3) requires specialized training for investigators of sexual misconduct at DOC facilities. "Allegation of sexual misconduct between residents, whether or not rising to the level of a criminal offense or juvenile criminal offense, it shall be assigned by the facility Chief Administrative Officer, or designee, to a facility Special Investigations and Intelligence Unit (SII) officer for a criminal investigation and/or possible reporting as a disciplinary violation. The investigator assigned must have received special training in sexual misconduct investigations."

Indicator (b) The material from the investigator training reviewed by the Auditor supports the required topics that were addressed. The training materials and the interview with a trained investigator confirmed the training covered, how to communicate with a victim of sexual assault, the use of Miranda and Garrity Warnings, proper steps in the collection and preservation of evidence, and the factors in making a determination of substantiation for administrative action or prosecutorial referral. Discussions with the trained investigator support his use of the information in his interactions with alleged victims and perpetrators of sexual violence. There were no cases at DCF that required Miranda or Garrity warnings. The investigator explained his experience using the information from the training in investigations at the Mountain View Correctional Facility and one case at DCF in 2025. The Mountain View SII Captain is a certified law enforcement officer in the state of Maine with arrest authority. He or other trained staff would make an initial assessment of the allegation and could collect evidence if a crime appears to have occurred. The State DOC also has two detectives who would investigate the criminal case. The Captain explained that the PREA Investigator training and his law enforcement experience provided him with the tools to complete a thorough investigation.

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

	<p>Compliance Determination:</p> <p>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, more than a dozen individuals are approved by the Maine Department of Corrections to conduct criminal or administrative investigations in a correctional setting. The facility has a Sergeant trained to ensure all initial steps are taken until the SII staff can arrive from Mountain View Correctional Facility. Documents and interviews indicate that the facility's investigators are trained in PREA-related investigation requirements.</p> <p>Maine has established that if allegations are made against staff, the agency's Office of Professional Review will 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.</p>
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115.235	Specialized training: Medical and mental health care
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention</p> <p>18.18 Forensic information and evidence.</p> <p>Wellpath PREA training materials</p> <p>Documentation of staff training</p> <p>Individuals interviewed/ observations made.</p> <p>Interviews with Medical and Mental Health staff</p> <p>Interview with the Health Service Administrator</p> <p>Summary Determination</p> <p>Indicator (a) The Downeast Correctional Facility employs the services of Wellpath, a</p>

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 recognize signs and symptoms of abuse, communicate with a victim, report an allegation, and preserve evidence. The nursing staff knew that they should not clean any injuries and only treat critical health concerns before transporting them to the hospital for a rape kit. Medical staff confirmed that a significant amount of support work would be required upon the resident's return from the hospital. There are currently three medical staff members working full- or part-time at the facility. Inmates with Mental health issues or concerns are seen via telehealth network by staff at the Mountain View Correctional Facility. The Auditor interviewed Medical and Mental Health staff from Mountain View Correctional Facility, who back up the nursing staff at Downeast and work with line staff when no nurse is on duty. The Health Services Administrator confirmed that Wellpath provides healthcare staff with specialized training on dealing with sexual abuse in a correctional environment during their onboarding. He reports they continue to provide training in nursing competencies and other topics, including trauma, which keeps them prepared for working with a victim of sexual abuse.

Indicator (b) The staff does not complete a forensic exam. Agency policy 18.18 specifically prohibits nursing staff at Maine DOC facilities from being part of testing inmates as part of proving or disproving sexual misconduct. The facility will transport a victim to a hospital in the Bangor area for SAFE/SANE nursing and a forensic exam.

Indicator (c). Documentation was provided to the Auditor for Wellpath staff confirming the completion of specialized training. The Auditor reviewed the training records for the four medical professionals currently serving the residents of the Downeast Correctional Unit. The record shows that all medical staff have been refreshed on the topic in the past 18 months, in addition to the regular DOC training on PREA.

Indicator (d) A review of the training record and the interview with those who work at both DCF and MVCF confirm that all Wellpath staff receive the same training as the DOC employees annually, as well as the training described in 115.32. The training records provided in Section 115.32 confirm that these individuals have received training.

Compliance Determination:

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

	<p>and provides the PREA Monitor with the documentation. The PowerPoint reviewed by this Auditor addressed how to detect, assess signs, and preserve evidence of a sexual assault. The training materials and interviewed staff support that they were trained in responding appropriately to sexual assault victims. The Auditor met formally with Wellpath staff and was able to ask other Wellpath staff questions during the tour. Medical staff knew to whom to report allegations and suspicions of sexual abuse or sexual harassment. They explained that the reporting would proceed up their agency's chain of command and also notify the prison's chain of command. Medical staff were also instructed to report any concerns to the Investigator or the Unit Manager. The contracted staff reported that they attended PREA classes with state employees from the Maine DOC. Wellpath staff will not conduct forensic medical examinations, but 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 Wellpath staff training records, which contributed to the compliance assessment.</p>
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115.241	Screening for risk of victimization and abusiveness
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention</p> <p>Policy 18.4 Health Screening and Assessment</p> <p>DCF Stoplight CORIS Report</p> <p>Copies of Screening and Assessment forms</p> <p>Initial and follow-up assessments for residents</p> <p>Unit Team Meeting Notes</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interviews with Wellpath staff.</p>

Interview with Unit Manager

Interview with the Correctional Care and Treatment Worker

Interview with Residents

Population report

Observation on tour

#### Summary Determination

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

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

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

This information was verified through file reviews at DCF of current residents and in the interviews of random residents. Even though DCF is a satellite of the Mountain View Correctional Facility, all residents are screened upon admission, including those from Mountain View. A review of files and the Agency PREA stoplight report, which tracks screening, assessment, and education of residents on PREA supports

Indicator (b) The Policy stated in indicator (a) sets forth an obligation for the screening to be completed sooner than the standard requirement. The Maine DOC requires the screening to be completed in the first 24 hours. The review of the screening reports at Downeast Correctional Facility supports that this practice standard is met. The Department of Corrections has established a report from its CORIS system (stoplight report) that logs compliance with screening/reassessment timeliness. A review of the report shows consistent compliance with the policy. 97% of residents screened in the first 72 hours remained in the program. The resident records 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 administrators to monitor completion timelines. The DCF's Correctional Care and Treatment Worker reviewed the process for initial screenings, which they or the Unit Manager conduct when residents are transferred to DCF. Residents support that they are asked questions required to assess an individual's risk of being a victim of sexual misconduct.

Indicator (c) The tool developed by the Maine Department of Corrections 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 considers all the elements required for indicator (d), with 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 elements required in this indicator. The staff person described how interview information,

Indicator (e) The tool does consider the resident's history of violence or sexual abusiveness in the community and in prior institutional settings. There are several factors, including prior sexual and physical aggression in an institution and prior criminal charges for sexual misconduct. The staff completing the screening and reassessments confirmed that they use residents' criminal and institutional histories of violent acts, including sexual misconduct.

Indicator (f) Maine DOC Policy 6.11.2 sets forth the requirement that all residents are reassessed for PREA within 14 days of admission. This agency standard is more stringent than the PREA standard indicator. The policy states, "ensuring that the PREA assessment of all prisoners or residents transferred to a facility is administered by a case manager or other staff trained to administer the assessment between five (5) days and fourteen (14) days after the PREA screening." The CCTW at DCF completes all initial and rescreening of residents within 14 days. As a result, this measure has been consistently maintained as documented in the agency report and the files reviewed by the Auditor. The Auditor also used the CORIS report to assess overall compliance with the standard's requirements.

Indicator (g): The Auditor conducted formal interviews with staff and reviewed

documentation to support the conclusion that PREA reassessments occur for several reasons. The resident would be reassessed if they were either the victim or the perpetrator of sexual violence, if they engaged in consensual sex in violation of facility rules if additional information becomes known that would affect the scoring. There have been no instances that required a reassessment of an individual at DCF.

Indicator (h): The Auditor confirmed that residents are not disciplined for refusing to answer questions or for not disclosing information during 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 Downeast Correctional Facility ensures all residents are screened for sexual victimization and abusiveness using an objective tool. Policy 6.11.2 (page 4) requires that all residents be initially screened within 24 hours and reassessed within 14 days by the facility's classification team. Maine DOC has developed a report that can be used by the facility PREA Monitor and the State PREA Coordinator to ensure standard timeliness benchmarks are being met. The Agency also requires periodic rescreening by using the PREA assessment instrument in CORIS. This is also done when warranted due to a referral, request, incident of sexual misconduct, or receipt of additional information that bears on the prisoner's risk of sexual vulnerability or sexual violence. CORIS is the Maine DOC's electronic case file system that links records as residents move between facilities.

	<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. Interviews confirm 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 questions that may affect PREA screening during the initial assessment and will relay any new information to the intake staff to ensure the screening includes all relevant information. Compliance was determined based on the PREA screenings provided consistently, meeting the time requirements outlined in the standard. Further supporting compliance is the use of CORIS to prevent residents with conflicting scores from being housed together. Finally, residents confirmed that the questions required to determine an individual's risk of abuse are asked at intake and repeated in the first month of their stay.</p>
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115.242	Use of screening information
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.2 Sexual Misconduct – Prevention) DOC</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Facility PREA Monitor</p> <p>Interview with Random Staff</p> <p>Interview with random residents</p> <p>Population report</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) The PREA screen used at DCF provides immediate assistance in determining the appropriate housing unit for any new resident. If an individual is a known perpetrator of sexual offenses, they would be prohibited by the agency's electronic case management system from being placed in the same room as an individual with a known victim history. If residents have a sexual offense history, they may be required to undergo treatment as part of their program. Individuals</p>



with a history of victimization are provided counseling onsite by Wellpath staff or through the rape crisis agency AMHC. Unit staff determine, through a multidisciplinary team, when a resident is ready to transition to work programming. During these team meetings, potential conflict would be identified between the known individuals on each side. The PREA Coordinator has developed a reference tool to ensure the unit teams are documenting housing, bed, work, and programming.

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

Indicator (c) This provision is no longer applicable to your compliance finding as of Dec 2025.

Indicator (d) This provision is no longer applicable to your compliance finding as of Dec 2025.

Indicator (E) This provision is no longer applicable to your compliance finding as of Dec 2025.

Indicator (f) This provision is no longer applicable to your compliance finding as of Dec 2025.

#### 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 electronic case management system of Maine DOC (CORIS) will prevent housing of potential or known victims with potential or non-aggressors based on the PREA Screening tool in 115.41. All individuals entering DCF are asked about their safety concerns, which helps guide the placement process for housing and eventually programming. 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. 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.
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<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes)- Reporting and Investigations</p> <p>Policy 6.11.2 D Information for Residents</p> <p>Sexual Assault Brochure</p> <p>Resident handbook</p> <p>PREA Posters</p> <p>Penobscot 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, “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,</p>

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 a concern 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 residents understood that they can report both sexual abuse and sexual harassment behaviors, as well as any retaliation for reporting or cooperating in an investigation. Residents confirmed that no rules are preventing them from assisting another resident who may be afraid of reporting abuse.

The Auditor observed the postings on the walls and discussed with residents their access to supervisory staff and their ability to write to individuals, both 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 Penobscot County Jail, would be considered a protected communication. The Penobscot County Jail serves as an outside reporting option for residents. A representative of the Penobscot County Jail confirms the MOU and states that residents from MVCF have sent mail to the county jail, but not recently. The representative confirmed that they have not received any mail from Downeast Correctional Facility since it reopened. The residents also confirm they can place notes in the in-house mail to any staff and administration. The agency has a multi-page attachment in policy 6.11.2 that outlines all the options for reporting across the state system. The residents of DCF have also continued to have access to the posted materials and to them through their tablets.

Indicator (b) The Maine Department of Corrections has set up ways in which residents can report a PREA concern to an outside agency. The Phone numbers for the state PREA Coordinator and a county Sheriff’s office are posted prominently in each housing unit. The Poster also includes the address of the PREA Coordinator for the Penobscot County Jail, in case individuals are uncomfortable reporting to DOC staff. The posted handbook also provides the phone and mailing addresses of the state rape crisis agency. Residents were aware of these options and stated they could contact attorneys or family members to report concerns. 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 Penobscot County Jail representative would notify the DOC of any concerns while keeping the individual anonymous. The Auditor also tried to call the rape crisis agency (MECASA) 24-hour manned line for emotional support. The Down East Correctional Facility does not house residents for immigration violations. The Auditor confirmed access to the PREA Hotline. Most residents were unsure who was on the other end, but they felt it was an option to report a concern. The Auditor called the Hotline, and the state PREA Coordinator confirmed receiving a voicemail within minutes. The Auditor also reviewed the PREA

Hotline log for the state PREA Coordinator. This log tracks all allegations received from state DOC facilities and from county jails.

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. Policy states, "If a staff person, volunteer, or student intern observes, receives a report of, suspects, or otherwise discovers what appears to be sexual misconduct or sexual harassment between residents or sexual misconduct or sexual harassment by a staff person, volunteer, or student intern against a resident, that person shall immediately verbally report the incident to a security supervisor, followed by a written report to that supervisor before leaving the facility." 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) Policy language allows staff to report outside the chain of command a PREA Concern. "As an alternative, a staff person, volunteer, or student intern may make a report directly to the Department's PREA Coordinator, either by writing to or calling the hotline number for the PREA Coordinator." The Maine Department of Corrections provides several avenues for staff to report a concern of sexual assault or sexual harassment. Training materials also provide information on alternatives to reporting to one's supervisor. Beyond reporting an incident to their immediate supervisor, staff with concerns about a supervisor or another staff member being involved with a resident can report it to another supervisor or a higher-ranking individual. They can also make a report using either the posted phone numbers to AMHC 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.

#### Compliance Determination

Maine Department of Corrections Policy 6.11.3 SEXUAL MISCONDUCT - Reporting and Investigation outlines the requirements of this standard. Page one of the policies addresses the staff's responsibility to accept all forms of resident-reported Sexual Abuse and Harassment claims. The facility's Sexual Assault Brochure, policy 6.11.2 attachment D, the Resident Handbook, resident tablets, 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

	<p>assault or sexual harassment, whether done verbally, in writing, anonymously or by a third party (indicator (c)).</p> <p>Residents interviewed were aware of multiple ways to report, including telling staff, calling the PREA hotline, mailing the administration or the local county jail, or completing a grievance form. They knew they could obtain outside emotional support by 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 talking with staff, including unit staff, about their concerns. Custody staff reported knowing how to report PREA concerns to administration privately and that there is no issue with reporting outside the chain of command. The Auditor finds compliance with standard provisions based on the policy, documentation provided and viewed during the tour, testing of report options, interview findings from randomly selected staff and residents, and interview information from the PREA Monitor and PREA Coordinator.</p>
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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.4 Sexual Misconduct – Administrative Sanctions and Grievances</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with facility PREA Monitor</p> <p>Interview with DCF Unit Manager</p> <p>Interview with Random Residents</p> <p>Interview with Investigator</p> <p>Interview with the Grievance Officer</p> <p>Observation on tour</p>

## Summary Determination

Indicator (a) The Downeast Correctional Facility is not exempt from the standard; residents can file a grievance on conditions that violate their rights or prison rules. Sexual misconduct is a reason for which a resident can file a grievance. There have been no reported grievances at DCF related to PREA since the program opened, which is less than a year ago. 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 anticipated that prior to filing a lawsuit, a resident will attempt to resolve his or her allegation by using this grievance process." PREA Policy 6.11.4, detailed on pages 4-7, outlines the various requirements of this standard. Residents spoken with were aware of the grievance process as a potential avenue to report a concern.

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) sets forth these conditions. It states, "The resident may be assisted in filing the grievance by any staff or by any other person with whom the resident is permitted to have contact. Such a person may also file the grievance on behalf of the resident, provided that the resident consents to the filing." The policy goes on to state, "There is no time limit on the filing of the grievance, and there is no requirement that the resident attempt an informal resolution of the grievance." The residents interviewed clearly understood they could assist another resident in filing a grievance on sexual misconduct. The agency also has separate grievance policies for medical or other issues.

Indicator (c) All PREA-related grievances are forwarded to the grievance officer for Mountain View Correctional Facility and to the Unit Manager. Residents are allowed to send sealed mail to the grievance officer. By policy, if the grievance officer is the subject of the complaint, residents may send the grievance directly to the facility administrator, who is the Warden of Mountain View Correctional Facility.

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 according to the policy. In discussions, the grievances will be closed upon the initiation of the investigation. The Maine DOC would handle all allegations of sexual misconduct as an emergency grievance, with immediate notification to the facility investigator or law enforcement staff.

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.

	<p>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.”</p> <p>Compliance Determination:</p> <p>The Downeast Correctional Facility is not exempt from exhausting administrative remedies. The Maine Department of Corrections has policy 6.11.4 Sexual Misconduct – Administrative Sanctions and Grievances as an option for residents to file a PREA complaint. It is reported by the Warden, the PREA Monitor, and the Unit Manager that there have been no instances in the past year in which a resident used the grievance process for a sexual assault case at the DCF. There were no instances in which an emergency grievance was filed. Residents knew they could file a PREA-related concern through the grievance process, but acknowledged 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, the CCTW, or the Unit Manager about their problems. Absent a PREA-related Grievance to review, the compliance determination relied on the policy and interviews with the PREA Monitor, the Unit Manager, and the residents, all of whom were aware that the grievance process was a possible avenue for reporting sexual misconduct concerns.</p>
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115.253	Resident access to outside confidential support services
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.2 Sexual Misconduct – Prevention) DOC</p>



Policy 6.11.2 D Information for Residents

Policy 21.3 Adult resident communication

Policy 21.4 Resident Communication

DCF Resident Handbook

Posters in the Facility

Tablet Information

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Unit Manager

Interview with PREA Monitor

Observation on tour

Summary Determination

Indicator (a) Downeast Correctional Facility provides access to the local rape crisis agency, the Aroostook Mental Health Services (AMHC). AMHC is part of the statewide organization Maine Coalition Against Sexual Assault (MECASA). AMHC's employees are considered to have professional visitor status, allowing for confidential communication. The Maine DOC has adjusted policy 21.03 to specifically address the professional status of the state's rape crisis network. "A phone call between a resident and the toll-free statewide sexual assault response line concerning a complaint of sexual misconduct shall be treated as a privileged phone call." DCF is a community confinement facility and does not house individuals for civil immigration violations. The Auditor was able to see how mail is processed for internal or external distribution. The Auditor was also able to observe and with the assistance of residents, test phone systems. The DCF handbook confirms and outlines the inmates' rights to access to the Rape Crisis Center's advocates, even if the abuse took place before the individual entered into the custody of the Department of Corrections. " You have the right to request an advocate from the local sexual assault support center to either meet with you in person or talk to you on the phone. Professional staff are available to help you at any time for any sexual assault you may have suffered at any time in your life before your time at this facility. Support is also available via the statewide sexual assault crisis and support line."

Indicator (b) All residents are informed at the inception of services that confidentiality is limited when an individual has been victimized in the institution. All DCF residents sign acknowledgment forms with Wellpath as part of their service introduction for both medical and mental health services. Communication is allowed on the agency phone system, which does not record the communication. Agency policy 21.03 states, "A phone call between a prisoner and the toll-free statewide sexual assault helpline concerning a complaint of sexual misconduct shall be treated as a privileged phone call." Mail can be properly marked as privileged communication. Several unit phones can be used, or residents may request to speak to the Case Worker or Unit Manager to provide increased privacy for their information. The Auditor tested the ability to speak with an advocate via the phone system, with assistance from a resident. The residents understand the limits of privacy on the unit phones. In the past three years, the facility has added tablets, which provide information on how to report and offer a more private communication option than the unit phones. Policies @1.3 and 21.4 outline the level of privacy for communication.

Indicator (c) The Department of Corrections has a Memorandum of Understanding with MECASA, which covers both the Downeast Correctional Unit and Mountain View Correctional Facility. The agreement is renewable for two-year periods. The DOC agreement was last signed in 2024. The AMHC representative confirmed the MOU and the relationship with the DOC PREA Office. The Auditor spoke with the facility leadership and the AMHC representative on expanding relationships and communication. The one case of an alleged sexual abuse victim was reportedly provided with information about the resource, but no AMHC staff came to the facility.

**Compliance Determination:**

Resident victims at The Downeast Correctional Facility can access victim advocates for emotional support. The agency has entered into a Memorandum of Understanding with the Aroostook Mental Health Services (AMHC) to provide support to victims (Indicator (c)). Aroostook Mental Health Services is part of the Maine Coalition Against Sexual Assault (MECASA). The Deputy Commissioner has signed the MOU AMHC, which has a renewal clause. As part of the audit process, the Auditor spoke by phone to an AMHC representative, who confirmed their ability to provide services at DOC facilities. The PREA Brochure, resident handbook, and facility signage included a toll-free number for residents to access from the unit phone or through their case manager. The handbook informs residents that they can call or write to AMHC, which may come to the facility to provide services as a professional visit. Requirements for compliance with this standard are covered by agency policy 6.11.4 and policies 21.03 and 21.04. Residents whose sexual assault history was not in the institution may also pursue treatment options through the

	<p>facility's Mental Health Services or through AMHC. Residents could identify how confidential the communication is within the facility, including mail and telephone contacts. Residents knew that outside counseling staff could be consulted in a professional, visiting setting. The Auditor could see on the tour posters for AMHC. 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 AMHC representative. Finally, the Auditor communicated with the AMHC representative, who confirmed that they have been providing services to clients at DCF, including hospital escorts.</p>
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<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.2 Sexual Misconduct – PREA and Maine Statutes</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> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Corrections 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. Information is available to residents in the PREA brochure, PREA</p>

	<p>poster, resident handbook, and the website noted above. Residents are provided with information on how to submit complaints to the local county jail. Staff knew they must take all reported concerns about potential PREA violations, including those from third parties. The facility phones allow residents to dial out to the advocates or the Maine DOC PREA Coordinator. The Maine DOC Policy on communication (21.03) and PREA policy 6.11 address the requirements of this standard. “The Chief Administrative Officer, or designee, shall provide multiple internal means for prisoners or residents to report sexual misconduct or sexual harassment; attempts to deter them from reporting sexual misconduct or sexual harassment; retaliation for reporting sexual misconduct or sexual harassment; and staff, volunteer or student intern neglect or violation of responsibilities that may have contributed to such incidents. These multiple internal means shall include verbally, in writing, anonymously, and by way of third parties.” The policy goes on to state, “The Department’s PREA Coordinator shall establish a method to receive third-party reports of sexual misconduct or sexual harassment and shall distribute through the Department’s website information on how to report sexual misconduct or sexual harassment on behalf of a prisoner or resident.” The Auditor was provided with documentation from agency logs and emails to and from the local county jail, with whom they share a reciprocal role as an outside reporting mechanism. The Auditor could see how these elements led to investigations. There were zero allegations investigated that were initiated by a DCF contacting the agency hotline or through the Penobscot County Jail. No family member or other interested party has used this process to report sexual misconduct at DCF in the past year.</p> <p>Compliance Determination:</p> <p>The Maine Department of Corrections has established multiple resources for residents and families to report PREA-related concerns. The PREA Coordinator reports that he has a log of calls and emails from the local jail, where outside reporting may occur, to prove 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 considered the systematic logging of information for all calls to the PREA Line. Compliance also included policy interviews with the PREA Coordinator and discussions with staff from the Penobscot County Jail.</p>
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<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Policies and written/electronic documentation reviewed.

Downeast Correctional Facility Pre-Audit Questionnaire

Policy 6.11.5 Sexual Misconduct – responding

Policy 6.11.3 Sexual Misconduct – Reporting and Investigating

DCF PREA response plan

State PREA Coordinator hotline log

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with random staff

Interview with facility Investigator

Interviews with Medical and Mental Health staff

Investigative File

Summary Determination

Indicator (a) In several parts of the Agency's PREA policy 6.11 Sexual Misconduct (PREA and Maine Statutes), staff are directed to report all knowledge or suspicion related to sexual misconduct against a resident. The policy requires, "It is the policy of the Department to require the reporting of any sexual misconduct or sexual harassment or suspicion of either and to refer all reports for investigation." Staff understood, as evident in random staff questioning, that the expectation included that when a resident discloses information about abuse in a prior institution. In interviews, the staff were also clear that knowledge of staff misconduct, through action or inaction, that led to abuse, must be reported. The staff members were also aware that all allegations are reported, regardless of the source or their personal belief about the allegation's validity. In policy 6.11.3 (pages 2-3), the agency lays out the expectation of staff, volunteers, or contractors who become aware of an allegation of sexual assault or sexual harassment of a resident. The policy informs the reader that initial verbal reports must be followed by written reports. "If a staff person, volunteer, or student intern observes, receives a report of, suspects, or otherwise discovers what appears to be sexual misconduct or sexual harassment between residents or sexual misconduct or sexual harassment by a staff person, volunteer, or student intern against a resident, that person shall immediately verbally report the incident to a security supervisor, followed by a written report to that supervisor prior to leaving the facility." The Policy goes on to state, "If the report is of alleged sexual misconduct or sexual harassment of a resident while

confined at another Department facility, the facility PREA Monitor, or designee, shall forward a copy of the report to the Department's PREA Coordinator and the Chief Administrative Officer, or designee, of the facility where the alleged sexual misconduct or sexual harassment occurred, no later than seventy-two (72) hours after receipt of the report. The PREA Monitor, or designee, shall document that notification was provided." The policy also describes all the individuals in the facility and in the agency who need to be notified 'immediately'. In one allegation from the past year, the Auditor identified the times when individuals from DCF/MVCF were notified. Supervisory staff complete a checklist documenting dates and times of notifications.

Indicator (b) Staff were aware of the importance of keeping information disclosed by a resident to those with a need to know, such as the Supervisor on duty and appropriate medical or Mental Health staff who may respond. The policy also outlines this on page 3 of the Reporting and Investigation portion of the DOC PREA policy 6.11.3. "If a staff person, volunteer or student intern observes, receives a report of, or otherwise discovers what appears to be sexual misconduct or sexual harassment between prisoners or between residents or sexual misconduct or sexual harassment by a staff person, volunteer or student intern against a prisoner or resident, that person shall immediately verbally report the incident to the facility Chief Administrative Officer, or designee, and as soon as possible, to the facility PREA Monitor, who shall then immediately report it to the Department's PREA Coordinator." Staff spoken with understood that unnecessary disclosure was a violation of the victim's rights and could negatively impact an ongoing investigation. Policy clarifies further this expectation. "The reporting staff person, volunteer, student intern, security supervisor, and other staff shall otherwise keep the report and its contents confidential, except as necessary to facilitate any investigation of the report and any administrative, personnel, or criminal or juvenile criminal proceedings."

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. Medical staff report that, upon initiation of services, residents sign a document acknowledging they understand the limits of confidentiality for medical and mental health information. 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. The Mental Health clinician who was interviewed also confirmed that they review confidentiality limitations.

Indicator (d) The Downeast Correctional Facility does not house juveniles. The Auditor confirmed with the investigator that sexual assault of disabled or elderly individuals can impact the charges. Maine DOC Policy covers the standard indicator. "If the victim of the alleged sexual misconduct or sexual harassment is under the

	<p>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 ensure the allegation is reported 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."</p> <p>Indicator (e) All staff are clearly aware that the Criminal Investigator from DOC must be called as part of the response plan. There was one allegation at Downeast Correctional Facility, for which the Auditor reviewed the investigative file and found materials further supporting this indicator.</p> <p>Compliance Determination:</p> <p>Some policies direct the staff of Downeast Correctional Facility in handling a report of Sexual Assault or Sexual Harassment. These policies include Maine DOC's Sexual Misconduct Policies 6.11.3 and 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 regarding the information. Staff were aware that exceptions apply when reporting to supervisory staff, investigative staff, or when information is needed to secure treatment or provide for the safety/security of others.</p> <p>The facility's medical staff were aware of the concerns regarding timely reporting to Wellpath and the DCF Administration. Medical and Mental Health staff have all residents sign a form understanding the limits of their confidentiality before service. All staff, including contractors, were aware of the mandated reporting requirements, their legal responsibility to report, and that information should only be shared with those who need to know, such as Supervisors. The above-stated facts support compliance, and the Downeast Correctional Facility staff clearly understands their responsibility to report concerns related to PREA. The investigative file provided information on timely notification. There was no victim or aggressor in the current population in one case in the past year.</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Policies and written/electronic documentation reviewed.

Downeast Correctional Facility Pre-Audit Questionnaire

Policy 6.11.2 Sexual Misconduct (PREA and Maine Statutes)

Individuals interviewed/ observations made.

Interview with the Deputy Director of Correctional Operations for Maine DOC

Interview with the Warden of Mountain View Correctional Facility

Interview with the Unit Manager

Interview with Agency PREA Coordinator

Interviews with random residents

#### Summary Determination

Indicator (a) The Downeast 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, Warden of Mountain View, 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 moving residents to increase safety. The agency PREA Coordinator, who works for the Director of Operations, would also be notified of these events. As a community confinement facility, the situation would be investigated immediately, with the parties separated. Once a Unit Manager or investigator determines the validity of and the level of risk to the resident, consideration would be given to the movement of one or both parties to alternative Correctional environments within the DOC. Because DCF is a community confinement environment, aggression is rare. The Unit Manager confirmed that the aggressor(s) would be removed if any validity 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 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



	<p>include but is not limited to: changing the prisoner's or resident's housing, changing a program location; starting an investigation into the situation; and any other steps deemed necessary to prevent an incident of sexual misconduct."</p> <p>A review of the one allegation from the past year supported that the individuals were immediately separated. The file supports that the aggressor was moved to a high-level correctional facility, and the victim was asked about their perception of safety in the environment immediately after and during retaliation monitoring.</p> <p>Compliance Determination:</p> <p>The Downeast Correctional Facility staff are committed to resident safety. The facility and agency administration support it has options to protect residents from potential abuse, rather than placing them involuntarily in administrative segregation, which does not exist at DCF. If it is determined that risk exists, one resident may be moved to another institution. Interviews with the facility and agency administration supported the ability to be responsive to individuals at risk of abuse and those who may have been the victims of abuse. Interviewed staff members identified steps to take in situations of imminent risk, including immediate separation of the parties, increased contact with residents, support for residents, notification up the chain of command, and documentation of the incident.</p> <p>Compliance was determined through interviews with the facility Administration and line staff. The Auditor also considered 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
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>6.11.3 Sexual Misconduct- PREA Reporting and Investigations</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Warden</p> <p>Interview with the Unit Manager</p>

Interview with the PREA Monitor

Interview with the Investigator

#### Summary Determination

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 designee, of the facility where the alleged sexual misconduct or sexual harassment occurred, no later than seventy-two (72) hours after receipt of the report by the Chief Administrative Officer, or designee. The Chief Administrative Officer, or designee, shall document that notification was provided. " There was no sexual abuse allegation that required notification to another facility. The facility also reports that there was no notification from another site of a past abuse at Downeast Correctional Facility.

Indicator (b) The PREA Monitor, Unit Manager, and Warden were all aware in their formal interviews that notifications to outside facilities should be made as soon as possible, but no later than 72 hours.

Indicator (c) The Warden is aware of the need to follow up any telephone notification with a written email.

Indicator (d). The Warden and Unit Manager of DCF both confirmed that the DOC investigator would be immediately notified of any allegation of abuse, including any allegations of past misconduct. As noted above, there were no such incidents at DCF in the past year.

#### Compliance Determination:

Maine Department of Corrections Policy 6.11.3 Sexual Misconduct- PREA Reporting and Investigations pages 3 and 4; addresses the requirements of reporting to other confinement facilities of incidents of sexual assault that had occurred in those facilities. The Policy requires that notification be done in writing and within 72 hours

	at all DOC facilities. The interview with the Warden confirmed he was aware of his responsibilities, including the documentation of notifications. The Unit Manager discussed the expected response if another site notices, including ordering an investigation and notification to the facility PREA Monitor. Compliance, absent an allegation, is based on policy and interviews with the facility and agency leadership.
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<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.5 Sexual Misconduct- PREA Reporting and Investigations</p> <p>PREA Response Plan</p> <p>DOC PREA Training Slides</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with investigative staff</p> <p>Summary Determination</p> <p>Indicator (a) The Downeast Correctional Facility Coordinated Plan and Policy 6.11.5, Sexual Misconduct Responding, covers the requirements of the first responder duties, “including: 1) separating victim and alleged abuser 2) preserving and protecting the crime scene 3) directing the alleged victim on protecting evidence until they can be transported for forensic examination 4) ensure the alleged abuser also does not take actions to destroy evidence.”</p> <p>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. Policy provides a comprehensive description of the expectations for the first responding person.</p> <p>“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,</p>

bathe, brush his or her teeth, clean his or her nails, or otherwise clean himself or herself, should not use the bathroom, should not eat, drink liquids, or smoke, should not change clothes, and should not take any other action that could damage or destroy evidence before it is collected.

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

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

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

Indicator (b) The Department of Corrections has trained staff on how to protect evidence in the event of a sexual assault. The staff members interviewed recognized the importance of closing 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 relied on consistent answers about the steps staff would take to protect evidence. Policy language in indicator (a) described steps taken to protect evidence. The Auditor asked staff to describe the steps to protect evidence and the importance of the first responder's actions in preventing contamination or destruction of evidence. The facility response plan states the following about evidence protection. "Ensure that the victim is advised, that he/she should not shower, bathe, douche, brush his/her teeth, clean his/her nails, or otherwise clean himself/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. " The one allegation in the past year did not have evidence protection requirements.

Compliance Determination:

The Maine DOC trains all employees in the duties of a first responder. The Maine

	<p>DOC has developed a coordinated response plan that provides first responders with directions and information to support them throughout the crisis. The compliance determination relied on interviews with staff who could identify steps 1-4 in (Indicator A) and who were told 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 Downeast Correctional Facility are prepared to respond, as evidenced by their answers that support compliance. The staff have separated individuals while investigative teams complete investigations. In the absence of DCF staff acting as first responders, compliance is based on policies, the facility response plan, and interviews.</p>
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<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11. Sexual Misconduct- (PREA and Maine Statutes) General</p> <p>Policy 6.11.5 Sexual Misconduct- (PREA and Maine Statutes) Responding</p> <p>DCF Sexual Assault Response Plan</p> <p>Documentation of staff training</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with the Unit Manager of DCF</p> <p>Interview with Investigators</p> <p>Interview with Medical Staff</p> <p>Interview with Sergeants</p> <p>Interview with the Hospital with SAFE/SANE staff</p> <p>Interview with local Rape Crisis Agencies</p> <p>Summary Determination</p>

	<p>Indicator (a) The Maine Department of Corrections updated its facility preparedness plan in July of this year for sexual assault incidents. The revised plan directs staff in their duties, ensuring a coordinated response is completed each time consistently. The nine-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 10), The described duties of the PREA Monitor outline their responsibility for developing an institutional response plan to address how individuals in various roles within the facility will ensure that appropriate tasks are taken in the event of a sexual assault or sexual harassment case. It states under duties of the PREA Monitor, “developing and, as necessary, revising a written facility plan to protect residents against sexual misconduct and sexual harassment and to coordinate actions taken by 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 in response to an incident of sexual misconduct or sexual harassment. The plan shall be reviewed at least once a year with the PREA Coordinator.” Policy 6.11.5 ensures understanding by requiring the DCF Unit Manager 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.” Though the CAO is the Warden of MVCF, the Unit Manager of DCF oversees daily operations in Machiasport.</p> <p>Compliance Determination:</p> <p>Downeast Correctional Facility is determined to be compliant because it has developed a coordinated response plan that directs staff in their duties. The Maine DOC Policy 6.11.5 and 6.11 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 instructions on contacting the local hospital to ensure a SANE staff member is available, as well as details on the local rape crisis agency. The Auditor confirmed with these agencies their ability to provide the services described in the plan. Interviews with the Unit Manager, Sergeants, MVCF PREA Monitor, and Medical staff all confirm knowledge of their roles in the plan. Compliance is based on the policies, the plan provided, available community resources, and staff knowledge of the plan.</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Policies and written/electronic documentation reviewed.

Downeast Correctional Facility Pre-Audit Questionnaire

AFSCME and MESA Union Contracts

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

Policy 3.16 Administrative Leave

Individuals interviewed/ observations made.

Interview with Deputy Director of Operations

Interview with Warden

Interview with an Investigative Staff

Summary Determination

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. Policy 3.16 states management's right to remove individuals when it states, "The Chief Administrative Officer of a facility, the Regional Correctional Administrator of a community Corrections region, or the Commissioner of Corrections may place an employee on administrative leave when determined to be beneficial to the Department, including, but not limited to, situations in which:

a. there has been an allegation that the employee has engaged in conduct warranting disciplinary action and administrative leave is determined necessary to preserve the integrity of the investigation or the safety of the employee or another person." PREA policy 6.11.5 also supports the ability of the chief administrative officer to keep resident victims away from staff alleged to have committed a sexual assault. "If the alleged perpetrator of sexual misconduct is a staff person, volunteer or student intern, the Chief Administrative Officer, or designee, shall ensure that the staff person, volunteer or student intern has no contact with the alleged victim at least until the investigation into the alleged incident is completed. " The Warden confirmed his ability to place people on administrative leave during an investigation. Union contracts have language that shows that the state and the union members understand the state's obligation to comply with the Prison Rape Elimination Act. There were no cases at DCF requiring a staff person to be placed out on administrative leave.

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

	<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 Department of Corrections from removing an alleged Staff Sexual Abuser from having contact with the reported victim. Each contract includes 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 Maine DOC and the Warden reported that they could remove staff from contact with residents if needed. The agency has used administrative suspensions to separate staff from residents during investigations at its other facilities. This standard is compliant based on the information provided and interviews that support the practice. The Auditor also considered the policy language and the contractual documentation when determining compliance.</p>
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<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.3 Sexual Misconduct (PREA and the MAINE Statutes) Reporting and Investigating</p> <p>Retaliation monitoring form</p> <p>Investigative file</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Deputy Director of Correctional Operations</p> <p>Interview with the Warden</p> <p>Interview with DCF Unit Manager</p> <p>Interview with an Investigative Staff</p> <p>Summary Determination</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, "Procedure C: Monitoring, Reporting Parties and Alleged Victims.

1. The Chief Administrative Officer, or designee, shall ensure that a resident or staff, volunteer, or student intern who reports sexual misconduct or sexual harassment and the resident who is alleged to have been the victim of the sexual misconduct or sexual harassment 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, program changes, and negative performance evaluations, as applicable. Monitoring shall include monthly contact directly with the person monitored.

2. The Chief Administrative Officer, or designee, shall also ensure that any resident or staff, volunteer, or student intern who cooperates with an investigation into alleged sexual misconduct or sexual harassment 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 an adult resident is being monitored, the Unit Manager, or other designated facility staff, shall be responsible for the monitoring. If a juvenile resident is being monitored, the Juvenile Program Manager, or other designated facility staff, shall be responsible for the monitoring.

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

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

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

9. For each person being monitored, the monitoring staff shall document the monitoring weekly on a PREA Retaliation Monitoring form (Attachment B) and forward the completed form to the facility PREA Monitor and the Department's PREA Coordinator at the end of the monitoring period. The completed form shall be retained by the facility PREA Monitor.

The agency has a tracking form to ensure more consistent documentation across all facilities. The PREA Monitor and Unit Manager were aware of the form if an incident was to occur. In the 2025 case reviewed, the facility's CCTW was the on-site individual who monitored the victim for concerns about retaliation.

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Indicator (b) The Unit Manager, Warden, and Deputy Director of Correctional Operations each supported that the facility has the ability to support a victim from any retaliation for making a PREA allegation or cooperating in an investigation. The individual involved in a criminal offense would be removed to a higher level of custody (MVCF), and the victim would continue to be monitored for any retaliatory behaviors by other residents or staff. The Warden reported that the staff involved would be monitored for any concerns after an event. The Warden and the Unit Manager believe incidents can be safely managed to prevent retaliation at DCF. Resident victims would routinely be offered counseling services, and case workers would provide regular check-ins to ensure the client felt safe. In the 2025 case, the aggressor was moved immediately to a higher level.

Indicator (c) As noted in Indicator (a), the Department of Corrections policy supports all individuals (Residents and Staff) who report a PREA Incident, are monitored for changes in behaviors that might be a symptom of their being retaliated against. The form also addresses the indicator's elements. The individual completing the form must document whether they have reviewed discipline, whether housing moves occur or are requested, whether programmatic or job performance changes occur, and whether a face-to-face communication has occurred or whether mental health follow-up was requested due to any of the monitoring concerns. The Auditor reviewed the monitoring form completed in the 2025 case and confirmed with the individual that the resident was monitored for the full 90-day period. Documentation supports that there was no retaliation and that the resident was comfortable with ending the monitoring.

Indicator (d) The occurrence of status checks can be documented through the form, as well as the unit management team notes, or the resident's Wellpath medical/mental health chart. The Auditor observed in file reviews that direct communication had occurred with the resident from both the CCTW and the Mental Health Team.

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 may consider whether suitable housing is available at another DOC facility. The Facility has a second program at Mountain View Correctional Facility and another facility for males with similar classification statuses.

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

	<p>Compliance Determination:</p> <p>The Department of Corrections has a policy in place to address the elements of this standard. The Human Resources staff are aware of the standard, and the Warden would also utilize his administrative staff to monitor staff further.</p> <p>The Deputy Director of Correctional Operations for Maine DOC, the Warden, and the DCF Unit Manager described multiple mechanisms that would be put in place to protect individuals who report sexual assaults, which include changing housing, preventing contact between the accused and the victim, and monitoring reports about the resident or staff to see if there is any change in behaviors. The Unit Manager and Warden were aware that protection monitoring should be done with all individuals who cooperate with the investigation. The standard is compliant based on the information provided in the 2025 investigative file, interview statements, and the policy.</p>
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115.271	Criminal and administrative agency investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.3 Sexual Misconduct (PREA and 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>2025 investigation file</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with DCF Unit Manager</p> <p>Interview with an Investigative Staff</p> <p>Summary Determination</p>

Indicator (a). The Maine Department of Corrections, in Policy 6.11.3 on pages 4-6, sets forth the investigative team's responsibilities, including the need for a prompt and thorough investigation of the facts and for 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 assault and sexual harassment allegations. The policy language includes. "All alleged sexual misconduct between prisoners or between residents shall be assigned by the facility Chief Administrative Officer, or designee, to a facility Inner Perimeter Security Officer for a criminal investigation and/or possible reporting as a disciplinary violation. The investigator assigned must have received special training in sexual misconduct investigations. The investigating officer shall secure the place where the incident occurred (if not already secured), and secure any evidence, both direct and circumstantial, including any available physical and DNA evidence; shall interview the alleged victim, suspected perpetrator, and witnesses; and shall review prior complaints and reports of sexual misconduct involving the alleged victim and suspected perpetrator. The investigating officer shall assess credibility on an individual basis without regard to the person's status as a prisoner or resident, staff, volunteer, student intern, or otherwise. The investigation of a report of sexual misconduct against a prisoner or resident shall be conducted in accordance with Department Policy 7.1, Investigations by Correctional Investigative Officers." The Policies and the Sexual Assault Response Plan define duties, and agency policy requires investigation of all allegations, including those from third-party or anonymous sources. Random staff 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 that conducts all criminal and administrative investigations of DOC staff members. The State of Maine Equal Employment Opportunity Department can also investigate allegations of staff and contractor misconduct.

Indicator (b) As noted in 115.34, the Maine DOC has several staff who have completed courses on Investigations of Sexual Assaults in a Correctional Institution. The members of the current Mountain View 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. The state Attorney General's office has a protocol that supports law enforcement and medical professionals in the collection of evidence and effective communication with victims of abuse. In addition to the MV SII staff, the department employs two full-time detectives and a team of law enforcement investigators in its Office of Professional Review.

Indicator (c) In the Investigator's interview with the Auditor, he described the steps he takes to protect evidence. This includes reviewing the staff actions that should occur immediately to protect evidence while he is en route to the facility. As a

trained law enforcement officer, he knows how to collect evidence from a crime scene to ensure its preservation, including DNA. As noted in 115.21, a forensic exam of the victim would not occur at DCF, but rather at a local hospital with SANE-trained nurses. The custody and medical staff also discussed the steps they would take to protect the evidence. In addition to potential DNA and physical evidence, the Investigator emphasized the importance of obtaining video footage and any written reports documenting the staff's actions and observations. He reports that interviews with witnesses, the alleged perpetrator, and the alleged victim would all take place in a private setting, but the interviews would be recorded. A victim advocate would be allowed to support a victim during the process. The Investigator also reports that he would then look at the individuals involved to see if there was any history of past behaviors. The Auditor reviewed the case file information from the one 2025 allegation of sexual abuse with the investigator. He was able to recount the steps taken as described in the investigation and how he arrived at his conclusion.

Indicator (d) The investigator supports that they can complete compelled interviews after they discuss with the local prosecutor the case. Policy 7.1 describes the expected interactions with the prosecutorial authorities (page 3). "After the Department's Director of Security, or designee, has approved the investigation, the Correctional Investigative Officer may consult with the Maine Attorney General's Office, or appropriate prosecutor's office, to plan how the case will be handled going forward." The Investigator interviewed supported that they routinely work with local prosecutorial authorities on criminal cases in Penobscot and Washington Counties. The 2025 case was administratively substantiated but did not include enough physical evidence to support a criminal prosecution.

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 Investigating Officer will assess the credibility of each individual involved in the case without bias toward their position as a staff or resident. He looks for consistency in statements and how they match with physical or electronic evidence.

Indicator (f) All criminal investigations potentially can include a referral to the Office of Professional Review (OPR). 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 Downeast Correctional Facility has not disciplined an employee in the past year, reportedly for failing to report information. All completed administrative investigations must include a related investigation file that includes written or oral statements, video or other physical evidence, and the reasoning behind the conclusions reached. The Mountain View Investigator will open all

investigations of sexual abuse as potential criminal cases. If, in fact, it appears to be such, the state will send a Detective or an investigator from OPR to complete the criminal investigation while continuing to review the case administratively.

Indicator (g). All criminal investigations completed by the MVCF/DCF investigative team will result in a written report as required in the agency's related policies. All files also have an investigation checklist to allow tracking of information obtained. The 2025 case file was 38 pages long.

Indicator (h) Agency policy requires all criminal acts to be referred for criminal prosecution (policy 6.11.3, page 5). "If the investigator determines that there has been sexual misconduct rising to the level of a criminal offense or juvenile criminal offense, the investigator shall refer the matter to the appropriate criminal or juvenile criminal prosecuting authority, i.e., the Attorney General's office or a District Attorney's office and shall notify the Commissioner, or designee, the Chief Administrative Officer, or designee, and the Department's PREA Coordinator of the referral."

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

Indicator (j) Agency policy and the Investigators interviewed confirmed that an individual's departure from the institution would not result in the case being closed. The Department has trained law enforcement officers, as defined by the Maine Justice Academy, with full police authority to conduct investigations outside the institution to continue pursuing information related to the case. Agency policy confirms this in a statement on when an investigation can not be terminated. "An investigation shall not be terminated due to the release from custody of the alleged victim. If the alleged perpetrator is a prisoner or resident, an investigation shall not be terminated due to that person's release from custody. If the alleged perpetrator is a staff person, volunteer, or student intern, an investigation shall not be terminated solely because that person leaves their 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.

	<p>Indicator (I) This indicator does not apply as noted above; the Maine DOC has full authority to complete criminal investigations in its facilities.</p> <p>Compliance Determination:</p> <p>The Maine Department of Corrections, in accordance with Policy 6.11.3, Sexual Misconduct - Reporting and Investigation, requires that all incidents be investigated promptly upon staff notification. This Policy, along with Section 7.1, Criminal Investigations, enables prompt investigations of sexual misconduct and sexual harassment within Maine’s DOC facilities. In determining compliance, the Auditor considered multiple factors. The Maine DOC has 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 that 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 office’s Office of Professional Review would lead the investigation.</p> <p>During the Auditor’s interview, the investigator identified the steps taken to gather evidence, assessed the credibility of each individual involved, and confirmed that polygraph exams would not be required to initiate an investigation. Consistent with policy, it was stated that investigative reports will be completed on all administrative and criminal investigations. The agency has implemented standardized forms that direct a consistent report format, including its content. In determining compliance without an investigation, the Auditor considered the information stated in the policy, the 2025 investigative file, and interviews with the investigative staff.</p>
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<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.4 Sexual Misconduct</p> <p>Policy 7.3 Administrative and Personnel Investigations</p>

	<p>Individuals interviewed/ observations made.</p> <p>Interview with an Investigative Staff</p> <p>Summary Determination</p> <p>Indicator (a) Maine DOC Policy 6.11.4 (Page 4) states, “The burden of proof for determining whether there is substantiated an allegation concerning sexual misconduct, sexual harassment, or another violation of a departmental sexual misconduct policy by a department employee is a preponderance of the evidence.” The Investigator confirmed that the preponderance of the evidence is how he makes his decisions in administrative investigations.</p> <p>Compliance Determination:</p> <p>The Department of Corrections has staff trained as PREA investigative staff for the Mountain View Correctional Facility and the Downeast Correctional Facility, as noted in 115.34. The investigative staff throughout the Maine Corrections system consistently reports using no standard higher than a preponderance of the evidence in making determinations in administrative cases. Compliance was based on the policy and the Investigative Officer's interview, in which he explained his process for determining whether to substantiate a case. The Auditor had previously spoken with an investigator from the DOC Office of Professional Review on a staff-involved case. This investigator also applied the preponderance-of-the-evidence standard in the 2025 case.</p>
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115.273	Reporting to residents
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Investigations</p> <p>Policy 7.3 Investigations</p> <p>Individuals interviewed/ observations made.</p>



Interview with an Investigative Staff

Interview with DCF Unit Manager

Interview with PREA Monitor

#### Summary Determination

Indicator (a) Maine DOC provides notification to all residents on the outcome of their investigations into Sexual misconduct. The agency policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Investigations, page 7, requires 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,

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

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

3. The Chief Administrative Officer, or designee, shall also inform the prisoner or resident whenever any alleged perpetrator has been indicted on a charge related to the alleged sexual misconduct or has been convicted on a charge related to the sexual misconduct.” The Auditor could see from the signed resident notice and other documents in the file that they were aware of the outcome and that the other resident had been moved from the facility.

Indicator (b) The first portion of the indicator does not apply as Maine DOC completes criminal and administrative investigations at all DOC facilities. DCF has access to the investigative team at Mountain View Correctional Facility, since DCF is a satellite program of the Correctional Facility. The one allegation of sexual abuse or sexual harassment at DCF in the past year was investigated administratively, as there was not enough physical evidence to support a criminal case, but the resident was still informed during the investigation about their separation from the aggressor and the outcome of the investigation.

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

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

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

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

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

#### Compliance Determination:

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 Downeast Correctional Facility provided documentation of notifications consistent with policy, the interviews with the investigative staff person, and the DCF Unit Manager further supported a compliance determination.

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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances</p> <p>Policy 3.15 Disciplinary Sanction</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with an Investigative Staff</p> <p>Interview with Human Resources representative</p> <p>Interview with Warden</p> <p>Summary Determination</p> <p>Indicator (a): The Maine DOC provides notification to all employees through two policies regarding the sanctions for violating agency policies. In its Disciplinary policy (3.15) the DOC states that the use of sanctions is to “enforce high standards of professional conduct and assure a safe and efficient operation in compliance with all applicable State laws”. The policy also goes on to state, “Misconduct that is considered to be egregious may result in disciplinary action, up to and including termination, as applicable, without progressive discipline.” The Auditor confirmed this expectation with the Agency Head’s representative and the facility administration. There have been no disciplinary actions against staff at Downeast Correctional Facility in the past three years for any form of sexual misconduct. As noted, investigation of staff actions or inactions that lead to a sexual assault of a resident will be investigated criminally and through the DOC Office of Professional Responsibility.</p> <p>Indicator (b) The Maine Department of Corrections has in place a policy on disciplining staff who engage in sexual misconduct. The PREA policy 6.11.4</p>

encourages the reporting of any violation and acknowledges the rights of adult and juveniles in their custody rights to grieve any sexual abuse or sexual harassment. The policy defines the consequences for staff who engage in sexual misconduct. "If the violation is that a Department employee engaged in, attempted, threatened, or requested an act constituting sexual misconduct, termination of the employment of the employee shall be the presumptive disciplinary sanction." There were no terminations at this facility in the past three years.

Indicator (c) Maine Department of Corrections Policy allows for other sanctions to occur besides termination if the incident is of a non-criminal act. Discipline can occur for other behaviors related to PREA, such as making inappropriate comments/ language that is not acceptable. In these cases, the DOC would review the individual's history and impose 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 since opening.

Indicator (d) The Auditor was able to confirm, with the DOC's Investigator, that any termination or resignation would not stop the case from being referred for prosecution. The DOC employs individuals to 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 Unit Manager confirmed that no disciplinary action has been taken against staff related to PREA since the unit opened. In addition to notifying state licensing boards of healthcare staff, the facility will also report serious misconduct to the Maine Justice Center, which oversees the certification of law enforcement officers and Correctional Officers in Maine.

#### Compliance Determination:

The Department policy 6.11. Sexual Misconduct (page 2) and Section 3.15 Employee Discipline state that staff who violate agency sexual abuse or sexual harassment policies are subject to disciplinary action. Disciplinary actions include a

	<p>variety of sanctions, including termination, which will be presumed for a substantiated finding of sexual abuse. Absent any cases of staff sexual misconduct at DCF, compliance is based on policy, interviews, and the reported track record of DOC handling cases.</p>
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<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances</p> <p>Memo from Deputy Warden</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with an Investigative Officer</p> <p>Human Resources representatives</p> <p>Interviews with Contracted staff</p> <p>Interview with Warden</p> <p>Interview with PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator (a) 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 in nature, 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 acknowledgement at the time they are initially granted access that their access can be terminated, and at risk for criminal and or civil litigation for engaging in sexual misconduct. Agency PREA Policy 6.11.4 Sexual</p>

Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances states, "If the violation is that such a person engaged in, attempted, threatened, or requested an act constituting sexual misconduct, barring that person from Department property and from contact with residents and, if possible, community Corrections clients shall be the presumptive action." The policy goes on to state, "Termination of employment for a violation of a departmental sexual misconduct policy, or the resignation by a Department employee who would have been terminated if not for his or her resignation, shall be reported to the appropriate criminal prosecuting authority, i.e., the Attorney General's office or a District Attorney's office, unless the activity was clearly not criminal, and to any relevant licensing or certifying bodies." The Deputy Warden's memo confirms there have been no instances where contractors or volunteers committed sexual abuse of a resident. Interviews with the Warden and Unit Manager confirmed that contracted employees or volunteers who violate the zero-tolerance policy can be removed from inmate contact. Interviews with contracted staff and volunteers confirm that they can be terminated for violating the facility's expectations on undue familiarity with residents.

Indicator (b) Interviews with agency and facility leadership support that violations other than actual sexual assault by a contractor or volunteer would be reviewed to determine if it was appropriate to continue services. Policy addresses this indicator when it states, "Actions taken for a violation of departmental sexual misconduct policy by a staff person who is not a Department employee or by a person who is a volunteer or student intern shall be commensurate with the nature and circumstances of the person's act or failure to act, the person's history, and the actions taken for comparable violations by other persons with similar histories, or as otherwise determined appropriate in the complete discretion of the appropriate departmental official." The Warden would use information from the investigation to determine if it was appropriate to allow continued access. Interviews with contracted staff confirmed they were aware of PREA and the legal rights of the residents to be free from sexual abuse or harassment.

#### Compliance Determination:

The Downeast Correctional Facility requires contractors and volunteers 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. Policy 6.11.4 Sexual Misconduct -Administrative Sanctions (page 3) allows DCF to bar entry to any contractor or volunteer to prevent contact with potential victims in incidents of sexual abuse or harassment. The policy requires the agency to refer incidents involving these individuals to law enforcement agencies for investigation. There were no incidents requiring the removal of a contractor or volunteer for Sexual Assault or Sexual Harassment, according to the Deputy Warden, the Warden, the Unit Manager, and the PREA Coordinator.

	Contracted staff were aware that they could be barred for violating DOC PREA rules. The Auditor was able to speak to a volunteer and contractors to confirm their training and understanding of PREA. Absent any allegations, compliance is based on policy, supporting documentation, and interviews.
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<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes)</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>Disciplinary hearing tracking</p> <p>Inmate tablets</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with an Investigative Officer</p> <p>Interview with Residents</p> <p>Interview with Warden</p> <p>Interview with PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator (a) Residents who have been found to have engaged in a criminal offense, 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.</p>

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. Residents have access to the inmate discipline code which is available to them on their tablets. There was one case investigated for sexual assault. Although there was insufficient evidence to pursue a criminal case, the administrative case was sustained, and the resident was referred for disciplinary action.

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 with frequent discipline can receive additional sanctions. "If facility staff observes, receives a report of, or otherwise discovers prisoner conduct that is considered a Class A rule violation, the staff shall complete and submit a disciplinary report in accordance with the formal resolution process." There was one substantiated case of resident-on-resident sexual abuse in the past year. The individual was removed from DCF, but the documentation provided showed that he was subjected to a hearing after the report was completed.

Indicator (c) In policy 20.1 Resident Discipline, Residents are allowed assistance in the form of translation services or other aids to prepare their own defense. The Hearing Officer can assign a staff person to assist individuals unless with cognitive challenges. If the Hearing Officer finds the resident guilty, the case is forwarded to the Warden, who considers 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." The Auditor reviewed the hearing forms, which support many of the elements, including the accused's ability to request assistance in preparing his defense, language assistance, and the



ability to call witnesses.

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

Indicator (f) Page four of Policy 6.11.4 states that a resident cannot be disciplined for a PREA allegation unless it is proven the allegation was filed in bad faith. The Investigative team must conclude this, and the resident would then 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." No residents were disciplined for false statements related to sexual misconduct.

Indicator (g) Residents who engage in consensual sexual misconduct can be subjected to discipline as defined in policy 20.1. Sexual activity not by force or under duress is considered a class B offense. An individual may receive sanctions similar 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. The Unit Manager reports that residents who engage in sexual contact would be disciplined, and a separate determination would be made with administration on the appropriate housing of those involved.

#### Compliance Determination:

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. The policy 20.1 addresses the requirements of indicators (a)- (d) relating to disciplinary hearing, the consideration of the mental health of the resident in determining consequences, the requirement of ongoing treatment, and that sanctions in the facility will be proportional to the offense. The Maine Department of Corrections prohibits consensual relationships between residents and

	<p>between residents and staff, which is also stated in the resident handbook.</p> <p>Residents who engage in sexual misconduct with staff can be disciplined unless it is determined that the staff consented to the act. Residents can be disciplined for making an intentional false report related to PREA. Compliance was based on policy, interviews, and documentation provided.</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding</p> <p>Policy 18.03 Access to Care</p> <p>Policy 18.4 Health Screening and Assessment</p> <p>Policy 18.5 Healthcare</p> <p>Policy 18.6 Mental Health Services</p> <p>Website of the Maine Attorney General</p> <p>Website of Wellpath</p> <p>Memo from HSA</p> <p>Resident records</p> <p>Resident screenings</p> <p>Individuals interviewed/ observations made.</p> <p>Interviews with Medical Staff</p> <p>Interviews with Mental Health Staff</p> <p>Interview with Residents</p> <p>Interview with PREA Coordinator</p> <p>Observation of the medical unit</p>

## Summary Determination

Indicator (a) The Doweast Correctional Facility has a part-time 7-day medical clinic. The state works with a contracted medical and mental health provider, Wellpath of Nashville, Tennessee. Wellpath's website reports they work in 135 state and federal prisons and an additional 350 jails and community institutional settings. The contract states that Registered Nurses are on-site and that on-call medical and mental health practitioners are available after hours. As a satellite of Mountain View Correctional Facility, Doweast Correctional Facility has access to off-hours medical support, and residents in medical emergencies can be taken to the local hospital. The services are diverse and consistent with community health clinics. Since DCF is a work program, it is rare to find individuals with significant medical needs.

Residents report that they can access these services in a crisis. Medical staff report having medical autonomy when the resident must leave the building for emergency services, and they would facilitate the trip. The Wellpath medical staff states that the facility administration supports their work and works to resolve issues as they arise. SANE Services are available approximately an hour away from the facility, though the local hospital reports that all nurses are trained in how to complete a rape kit, but they are not currently certified. Residents were able to describe the process to request to be seen by medical or mental health staff. They support the requests that are met in a timely fashion. Mental Health Supports are most often done through telehealth. If a resident were a victim of sexual abuse at the facility, mental health staff would reportedly come on-site to support the individual.

Indicator (b) Random staff knew that, as part of their first responder duties, immediate notification to medical was required. This is also stated in the facility's Sexual Assault Response plan. The Auditor confirmed with the Nurse that, in addition to the nursing staff on site, on-call medical and mental health practitioners are available through Mountain View. The Auditor also confirmed with the Health Service Administrator that there is backup availability of clinicians, including on-call resources of both medical and mental health practitioners.

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Indicator (c) Discussions with hospital staff and facility medical staff confirm that sexual assault victims would be offered prophylaxis medications. The Auditor confirmed the same medications would be offered to the resident again upon return from a forensic exam, even if they initially denied it. Medical staff confirmed they would educate the resident on the importance of such medications for continued health. As an all-male facility, pregnancy testing is not applicable.

Indicator (d) The Auditor confirmed that Wellpath medical services related to sexual assault victims are provided without cost. This is guaranteed in policy 6.11, which states, "The Chief Administrative Officer, or designee, shall ensure that medical and

	<p>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 regardless of whether the victim wants to pursue a criminal case. This is done to encourage all victims to come forward for help. The clinic at DCF would operate in the same way, providing follow-up care.</p> <p>Compliance Determination.</p> <p>The Downeast Correctional Facility can respond quickly to emergencies, provide emergency care, and refer to a local hospital for forensic services. The agency's PREA incident response plan outlines the steps taken to ensure access to care. Maine DOC has on-site medical nursing staff during the day, with 24-hour backup from Wellpath staff at the Mountain View Correctional Facility. The facility also has on-call providers who can facilitate referrals to outside medical providers. There were no cases requiring a resident to undergo a forensic exam. Wellpath and Maine DOC will follow the requirements as outlined in Policy 6.11.5 Sexual Misconduct. The State of Maine has a list of several facilities with SAFE or SANE capabilities. The residents at DCF would be referred to Downeast Hospital in Machias or to Bangor hospitals for SANE services. The Auditor did speak with a representative of the regional hospitals to find the extent of training for nurses for victims of sexual assault. There is no financial cost to any resident in DOC. The State of Maine Website has the document: SEXUAL ASSAULT FORENSIC EXAMINER PROGRAM GUIDELINES for the CARE OF THE SEXUAL ASSAULT PATIENT, which covers the need to offer victim patients prophylaxis treatments for STD and emergency contraception. The compliance determination took into consideration access to services, Wellpath policies, DOC policies, information from the State of Maine on Forensic exam requirements, and interviews.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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>

Policy 18.5 Healthcare

Policy 18.6 Mental Health Services

Maine Attorney General's website

Individuals interviewed/ observations made.

Interview with Medical Staff

Interview with Resident

Interview with hospital staff

Interview with PREA Coordinator

Observation of the medical unit

#### Summary Determination

Indicator (a) The Maine Department of Corrections ensures that all residents are provided with the appropriate level of medical and mental health services for any issues of sexual abuse. Wellpath staff will provide the appropriate level of care depending on how long ago the abuse occurred. If the incident has occurred recently, the resident will be offered a forensic exam at a local hospital. If the incident is a prior life event that occurred in another institution or community, the medical and mental health teams will complete a health assessment and mental health referral for services. If the resident is more comfortable discussing the abuse with a rape crisis agency staff person, a mental health referral can be made to AMHC to provide the appropriate level of counseling. Individuals who previously disclosed abuse may have already sought treatment in other DOC facilities. All residents were aware of how to access mental health services if needed through the sick call system or speaking to a staff person if they were in an acute emotional state. Policy 6.11.5 states, "The Chief Administrative Officer, or designee, shall ensure that the alleged victim of sexual misconduct is referred to the facility mental health care staff for assessment, counseling, and/or treatment, as appropriate. Facility mental health care staff shall ensure that a prisoner or resident is informed of the option of referral to a community sexual assault response services agency and shall ensure that a prisoner or resident who requests it is referred to a community sexual assault response services agency for the provision of services in the facility or after release."

Indicator (b) Residents who are victims of sexual assault in a Maine Correctional

institution are immediately referred to mental health services as well as Medical services. If the assault occurred in the community or county jail, the resident is referred to Wellpath for follow-up services once identified. If the resident prefers, they can be referred to AMHC for support services post an incident of sexual misconduct. The Wellpath Medical and Mental Health staff interviewed to confirm, as did the AMHC representative, that they would make referrals to ensure continuity of care if the resident was released home or transferred to another facility. As noted in indicator (a), there is an expectation of ensuring continuity of care when residents are discharged. A review of healthcare policies 18.03, 18.04, 18.05, 18.06, and 18.08 provides the reader with information that supports not only continuity of care as described in indicator (a) but also a complete plan for treating the medical and mental health needs of residents, including emergency hospital care and required follow-up assessments. The Doweast Correctional Facility can use a community-based specialist if needed. Agency Policy 27.1 Release and Reentry Planning addresses healthcare staff and unit case managers, ensuring continuity of care upon release or transfer between facilities.

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

Indicator (d) Not Applicable -The facility has an all-male population.

Indicator (e) Not Applicable – The facility has an all-male population.

Indicator (f) The Auditor confirmed with both the medical staff and the representative of local hospitals that victims of sexual assault are offered testing for sexually transmitted diseases. This testing is provided free of charge, consistent with agency policy. Policy 6.11.5 addresses the expectation of this indicator. “If the prisoner or resident has not been offered testing for sexually transmitted diseases at the hospital or has not been transported to the hospital, the facility medical staff shall offer it as soon as possible and shall offer antibiotic and/or anti-viral treatment, as deemed medically appropriate by the facility medical provider.” Healthcare policies speak to the handling of a resident’s potential exposure to communicable diseases, including STDs and HIV

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

	<p>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 Downeast Correctional Facility in the past year. As a non-secure setting, the alleged aggressor would be moved to a higher custody facility where the services would be provided. The state protocol for care of sexual abuse victims, including those not incarcerated repeatedly, requires notice to the patient that the state covers their treatment. "Inform the patient that the costs of all medical forensic examinations that include evidentiary collections (with use of the Maine state sex crimes kit) are paid for by the Victims' Compensation Fund. Payment also covers medical care, including STD and pregnancy prophylaxis. All billing goes directly to Victims' Compensation; neither the patient nor her/his insurance company should receive a bill."</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 to standard indicators, along with information from the PREA policies. Wellpath, the DOC health services provider, would provide follow-up medical and mental health services for victims of sexual assault or perpetrators of sexual offenses. Wellpath would ensure that all medical needs and follow-up treatment were provided after an initial referral to Downeast Hospital or to Bangor's two hospitals for a forensic exam. Medical staff confirmed that they could educate residents about the importance of testing and prophylactic treatment if they initially refused these treatments at the hospital. DCF is an all-male facility, so indicators (d) and (e) do not currently apply. Compliance is based on the resources available on-site and in community-based services, interviews with medical and mental health staff, and interviews with representatives of the hospital where services would occur.</p>
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<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Policies and written/electronic documentation reviewed.

Dowseast Correctional Facility Pre-Audit Questionnaire

Policy 6.11.1 Sexual Misconduct (PREA and the Maine Statutes)

Individuals interviewed/ observations made.

Interview with an Investigative Officer

Interview with Residents

Interview with DCF Unit Manager

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 goes on to describe the individuals who should be on 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 pre-audit questionnaire, it stated that one case was reviewed. The Auditor spoke to the Investigator, Unit manager, and Warden to confirm there was one case in the past year. The PREA Monitor and the Unit Manager confirmed the review was completed. The review of documents supported the multi-disciplinary nature of the committee that reviewed the incident.

Indicator (b) The policy states the review should occur within 30 days of the



investigation conclusion, as noted in indicator (a). The 2025 allegation had a post-incident review 22 days after the investigation was closed.

Indicator (c) As noted in indicator (a), the policy language addresses the multi-disciplinary nature of the team. The Auditor reviewed with the facility leadership and the PREA Monitor to ensure understanding of who should be on the review committee, including the state PREA Coordinator. In the 2025 review, the panel included the Warden, Deputy Wardens, Medical and Mental Health Professionals, the security staff supervisor, the investigator, and the PREA Compliance Monitor

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 whether the policy needs to be reviewed and looks at the underlying motivation of the incident, including whether the victim was targeted because of their perceived membership in a particular group. It goes on to examine staffing, physical plant issues, and surveillance needs. The Warden was aware of the elements required. The Auditor also confirmed with the Unit Manager of their understanding of the required elements of the critical review process.

Indicator (e) The form documents the findings of the various questions and provides the reader with information if the team has determined any recommended actions to take. In the reviewed form, the Auditor could see a staffing recommendation for a

	<p>specific housing unit. PREA Policy 6.11.1 addresses the requirement for this indicator. "The Chief Administrative Officer shall implement the recommendations for improvement made by the review team or shall document any reasons for not doing so." The interview with the Warden confirmed that he would take the team's recommendations to ensure the overall safety of the environment. In the 2025 case documentation, recommendations included training a Sergeant to investigate potential sexual abuse or harassment claims to support the SII Investigators from MVCF.</p> <p>Compliance Determination</p> <p>The Maine DOC PREA 6.11.1, pg. 2, requires completion of the steps outlined in this standard. The steps to provide for a critical incident review on all PREA sexual assault cases. The policy requires the inclusion of identified information in the incident review consistent with the standard. The language comes directly from the standard. The information supported that the questions in indicator D would be asked and answered. Compliance was determined based on the policy language, the 2025 review notes, the documentation provided, and the staff's understanding of the requirements.</p>
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<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Institutional data tracking</p> <p>Agency annual report</p> <p>SSV reports</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Deputy Director of Correctional Operations</p> <p>Interview with PREA Coordinator</p> <p>Interview with Unit Manager</p>

## Summary Determination

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

- a. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.
- b. The Department's PREA Coordinator shall collect and review data as needed from all available incident-based documents, including reports, investigation files, and sexual misconduct incident reviews.
- c. The Department's PREA Coordinator shall maintain the data reported or collected for at least ten (10) years.
- d. Upon request, the Department's PREA Coordinator shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.
- e. At least annually, all aggregated sexual misconduct data shall be made readily available to the public through the Department's website; after all personal identifiers have been removed."

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

Indicator (c) The Auditor was able to confirm 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 PREA Coordinator confirms that all information is provided to the Central Office. As the PREA Coordinator, he reports that it is his responsibility to ensure that the materials can 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 last requested information was provided to the US DOJ in 2023. During the Audit period, the USDOJ asked for a new SSV report for the past year. The PREA Coordinator provided documentation during the post-site visit

	<p>Indicator (d) The agency has rules on the retention of records at all DOC facilities. Copies of criminal files involving resident-on-resident contact will be retained locally, with a copy to the agency PREA Coordinator. If the alleged incident involved a staff person as the accused perpetrator, the Maine DOC Office of Professional Review would retain a copy of the incident. The OPR will work with the PREA Coordinator to ensure all necessary information is provided. The Auditor was provided with a sample of the tracking documentation the PREA Coordinator uses to compile information across all its facilities, including the one contracted site.</p> <p>Indicator (e) The Department of Corrections has provided the Auditor with the Data from the county jail with whom they subcontract. There was one reported incident at the facility in the past year. The Auditor did find information of PREA on the contracted agency's website.</p> <p>Indicator (f) The Department of Justice has not requested PREA-related information from the Maine DOC in the past year. The Maine DOC just completed an SSV report for the US DOJ and added it to the OAS, its first since 2023.</p> <p>Compliance Determination</p> <p>The Auditor has found the standard to be in compliance with the PREA standards for Adult Prisons and Jails. The Maine DOC has a system in place for collecting uniform data that could be used to complete the Survey of Sexual Violence. The 2021 Maine Department of Corrections Prevention of Rape in Prison report outlines the efforts, including data for each of Maine DOC's adult and juvenile facilities. The agency policy 6.11.1 pg.3 commits the agency to comply with the data collection requirement of the standard. The policy states, "Each facility's PREA Monitor shall ensure the collection of incident-based sexual misconduct data and shall report that data to the Department's PREA Coordinator at least annually, who shall aggregate it for all Department facilities." The agency has not been required to complete the Survey of Sexual Violence for this year, but the State PREA Coordinator reports he has all the information available to complete the report and provided the previous year's report to further support their compliance.</p>
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<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Policies and written/electronic documentation reviewed.

Policy 6.11.1 Sexual Misconduct

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with the Warden

Interview with the DCF Unit Manager

Interview with the Deputy Director of Operations

Summary Determination

Indicator (a) The Maine Department of Corrections utilizes both data related to PREA incidents and data related to other critical safety incidents to determine program improvements. The department's central office staff and the facility's administrative teams review critical incidents with an eye toward improving safety. Interviews with the Warden, DCF Unit Manager, and the Deputy Director of Correctional Operations support the view that critical analysis occurs not only at the facility level but also at the system level. Examples were provided of how improvements have been used across the system to improve resident safety. The Warden also confirmed that his management team looks for trends to determine if resources need to be adjusted or if the policy or practice of the facility needs to be modified. The Deputy Director of Operations also echoed that this process occurs at the agency level. There was one PREA Allegation, and the management team will consider all security or safety concerns related to enhancing sexual safety. Agency policy 6.11.1 supports the expectations of this standard. "The Department's PREA Coordinator shall review data collected and totaled in order to assess and improve the effectiveness of the Department's sexual misconduct prevention, detection, and response policies, procedure, practices, and training, including by identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of findings and corrective actions for each facility, as well as the Department as a whole.

Indicator (b) The Maine Department of Corrections' annual report has a comparison by each facility of the number of sexual assault and sexual harassment claims. Each facility's data compares the current year to prior years' data. The report shows whether the accused was a staff member or a resident and provides the outcome determination.

	<p>Indicator (c) The Deputy Director of Operations confirms the Commissioner approves the PREA report developed by the agency's PREA Coordinator before being placed on the agency's website.</p> <p>Indicator (d) The DOC removes all identifiers from summary reports.</p> <p>Compliance Determination:</p> <p>Maine Department of Corrections meets the requirements of this standard in Policy 6.11.1. The data elements are required to be reviewed by the agency's PREA Coordinator to ensure consistent data. The Deputy Director of Operations and the DCF Unit Manager supported the use of data to make informed decisions on programmatic and policy needs. This is consistent with the standard expectation to do a critical review of data to identify problem areas and enact corrective actions. The PREA Coordinator works in the Operational Oversight Unit of the Maine Department of Corrections. Trends can be reviewed, and changes supported either from the facility level, such as supporting the need for additional staff or electronic surveillance equipment, or from a central administrative level, such as policy/procedural modifications. The agency also showed compliance with PREA standards through the annual report that combines data, graphs, and narrative information on Maine's efforts since 2011 in the development of PREA safe facilities. The report highlights each facility and tracks trends of incidents without identifying information.</p>
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115.289	Data storage, publication, and destruction
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p>Policy 5.3 Computer Safety</p> <p>Policy 18.09 Healthcare Records</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p>

	<p>Intake staff persons</p> <p>Medical and Mental health staff</p> <p>File security</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Corrections has policies that protect the security of information. Policies 5.3, 6.11, and 18.09 outline the safety of PREA information and who has access. Discussions with PREA Coordinator, individuals who complete screenings, and medical and mental health staff describe 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, including the responsibility for collecting all incidents. Maine 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>Compliance Determination:</p> <p>The Standard is compliant. Maine State Statute (Title 5) and Department of Corrections policies ensure that records are maintained securely. Since much of the DOC documentation is stored in the CORIS information system, policy 5.3 dictates security requirements. Aggregate data for DOC and contracted facilities are available annually. The Auditor reviewed the agency website to ensure the report was posted without any identifying information. The Policy 6.11.1 requires "The Department's PREA Coordinator shall maintain the data reported or collected for at least ten (10) years." DOC PREA Coordinator confirmed compliance with this standard's expectations.</p>
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	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility Pre-Audit Questionnaire</p> <p>Maine Department of Corrections website</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Corrections website shows that all its current and former facilities have been audited for PREA Compliance starting in 2014. The website states that audits are conducted every 3 years since the initial audits. The State has one current contracted facility for beds, which underwent its PREA audit in 2024.</p> <p>Indicator (b) The Maine DOC has no fewer than two facilities audited in a year. The number of DOC facilities audited per year has been affected by the state's changing needs over the last decade. The state has consistently ensured that all facilities are audited every three years. The Downeast Correctional facility is undergoing its second audit, following the closure of its prior facility after the initial PREA Audit Cycle.</p> <p>Indicator (h) The Auditor did have open access to all parts of the facility. The Auditor was able to move freely about the housing units during the tour to speak informally with residents, ensuring they were aware of the Audit, the agency's efforts to educate residents, and how to seek assistance if the need arises. Since most residents were working, the auditor worked into the middle evening hours of day one to meet with staff and residents.</p> <p>Indicator (i) The Maine Department of Corrections has used electronic PREA auditing files for several years and changed over to the OAS this year. The agency stores information electronically on its server network, which centralizes information and enables them to create reports that aid ongoing compliance with PREA expectations. The Auditor was also able to obtain copies of other requested</p>



	<p>documentation on-site.</p> <p>Indicator (m) The Auditor was able to interview residents in private spaces throughout the facility. The space provided was appropriate for the Auditor and the resident to speak freely without others hearing our conversations. The music room was used for interviews with both staff and residents at DCF, and a white noise machine provided an added layer of privacy.</p> <p>Indicator (n) The Auditor did not receive any confidential mail, nor did any residents request to speak with the Auditor when on site. The Auditor's information was posted in the housing units and in the main building of DCF. The Auditor informed the facility Unit Manager that the posting should remain up until the final report is issued. The Auditor has not received any communication from staff, residents, or other interested parties in the post-audit phase.</p> <p>Compliance Determination:</p> <p>The Maine Department of Corrections has had PREA audits of each of its facilities since 2014. The DOC has spread its facility audits over the three-year PREA cycle and 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 any areas of the facility upon request. The Auditor was provided ample space and privacy to conduct confidential interviews with staff and residents. The facility did post the Audit notice; it was visible during the tour, and residents were aware of the posting and the audit. Random residents were aware of the audit and the posting. Compliance is based on the facts mentioned above, which support a culture of daily PREA monitoring.</p>
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115.403	Audit contents and findings
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Downeast Correctional Facility</p> <p>Maine Department of Corrections website</p>

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

#### Summary Determination

Indicator: (f) The Maine Department of Corrections website has all the previous PREA Audits posted. This was determined through a review of the state's DOC Website. This is the second Audit of the Downeast Correctional Facility, which opened in 2021 on the grounds of a larger Downeast Correctional Facility that was closed and torn down after its last PREA Audit in 2016.

#### Compliance Determination:

The Maine Department of Corrections website has all previous facility PREA Audits posted under its PREA information link. The Auditor's prior experience with the agency provides firsthand knowledge of the prompt uploading of these documents. The Auditor also considered that the Agency PREA Coordinator was aware of the timing requirement for posting the audit.

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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	yes

	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?	
	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
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and	yes

	expressively, using any necessary specialized vocabulary?	
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes



<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	
	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	yes

	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?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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.)	na
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	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
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect 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.)	na
<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>	

<b>(a)</b>		
	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
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim	yes

	advocate from a rape crisis center?	
	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
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	yes
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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	yes

	investigation is completed for all allegations of sexual harassment?	
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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).)	yes
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
<b>115.231 (b)</b>	<b>Employee training</b>	
	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
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	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
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a	yes

	resident is transferred to a different facility?	
<b>115.233 (c)</b>	<b>Resident education</b>	
	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
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	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
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing	yes



	sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
	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
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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	yes

	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.)	
	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
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	yes
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive	yes

	toward other residents?	
	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
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na

	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
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>	

<b>(h)</b>		
	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
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

<b>115.242 (c)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.242 (f)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (b)</b>	<b>Resident reporting</b>	

	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
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	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
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	



<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	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.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	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?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

	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
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	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?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	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
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data	yes



	necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	
<b>115.287 (d)</b>	<b>Data collection</b>	
	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
<b>115.287 (e)</b>	<b>Data collection</b>	
	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
<b>115.287 (f)</b>	<b>Data collection</b>	
	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
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (b)</b>	<b>Data review for corrective action</b>	

	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

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

(f)			
	<table><tr><td data-bbox="316 174 1289 568">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.)</td><td data-bbox="1289 174 1490 568">yes</td></tr></table>	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
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